



# MAURITIUS HOUSING COMPANY

CRS – Common Reporting Standard

Self-Certification Form – CRS Individual Tax Residency Form

**PLEASE COMPLETE PART 1-3 IN BLOCK LETTERS**

## PART 1 - IDENTIFICATION OF A CONTROLLING PERSON

### A. Personal Details of Controlling Person

Title: Mr  Mrs  Miss  Other, please specify

Surname:  First Name:

Maiden Name:   
(If applicable)

Marital Status: Single  Married  Widow/er  Divorced

NID No.:  Passport No.:

Date of Birth:  /  /  Nationality:

### B. Place of Birth

City or Town of Birth:  Country of Birth:

### C. Address Details

Residential Address:  Postal Address:

Country:  Country:

ISO Country Code:  ISO Country Code:

Postal/ZIP Code:

### D. Contact Details

Residential No.:  Mobile No.:

Office No.:  Email Address:

### E. Occupation Details

Designation:  Employer:

Sector:  Local:  Foreign:

## PART 2 - COUNTRY OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT (“TIN”)

If the Controlling Person is tax resident in more than three countries, please use a separate sheet to provide us with additional information. If a TIN is unavailable, please select the most appropriate reason to fill the table below. You are also required to provide the following information:

- i) where you are tax resident; and, ii) your TIN for each country indicated.

**Reason A** The country where you are liable to pay tax does not issue TINs to its residents

**Reason B** You are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you are selected this reason)

**Reason C** No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do require the TIN to be disclosed).

<b>PORT LOUIS,</b> MHC Building Reverend Jean Lebrun St. Tel : 405 5555 Fax: 212 3325	<b>CUREPIPE</b> Charles Lees St. Tel : 676 0245/46/49 Fax: 676 0248	<b>GOODLANDS</b> Blk A2 Cnr Royal Road & Route Les Pensees. Tel : 282 1460/42 Fax: 282 1461	<b>FLACQ</b> Francois Mitterand St. Tel: 413 5139/40 Fax: 413 5138	<b>BAMBOUS</b> Royal Road Tel/Fax : 452 0372	<b>TRIOLET</b> Royal Road Seme Mille Tel : 261 7623 Fax : 261 5324	<b>RODRIGUES</b> Camp Du Roi Tel : 831 1787 Fax : 261 5324	<b>MOKA</b> Avenue Ledezio, Tel : 460 1234	<b>ROSE BELLE</b> Domah Com, Centre Royal Rd Tel : 660 9787
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	Country/Jurisdiction of Tax Residency	TIN	If no TIN is available enter Reason A, B or C
1			
2			
3			

In the event, you have selected Reason B above, please provide a brief explanation as to why you have been unable to obtain a TIN.

1	
2	
3	

## PART 3 -DECLARATIONS AND SIGNATURE

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant to intergovernmental agreements regarding exchange of financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within **15 days** of signing this form, notify those persons that I have provided such information to the Mauritius Housing Company Ltd (MHC Ltd) and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be a tax resident pursuant to intergovernmental agreements pertaining to exchange of financial account information.

**I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.**

I undertake to advise the MHC Ltd within **15 days** of any change in circumstances which affects the tax residency status of the individual identified in PART 1 of this form or causes the information contained herein to become incorrect, and to provide the MHC Ltd with a suitably updated Self-Certification Form within **30 days** of such change in circumstances.

NAME:

SIGNATURE:

DATE:

CAPACITY:

For more information, please read the Information Sheet on CRS which is available on the MHC Ltd's website: [www.mhc.mu](http://www.mhc.mu)

### OFFICE USE ONLY

The data as per the document provided by customer are the same as information provided in this form

	NAME	SIGNATURE	DATE
MAKER			
CHECKER			

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