



APPROVED LIMIT \$ [ ] LOAN NO. [ ] MEMBER NO. [ ]

EXPIRATION DATE [ ]

For value received I/We [ ] as Principal

Borrower and [ ] as Co-borrower "the Borrowers" (waiving my/our rights of demand and notice) jointly and severally promise to pay to the CICSA CO-OPERATIVE CREDIT UNION LTD. "the Credit Union" the sum of Cayman Islands Dollars:

[ ] (CI\$ [ ])

as follows: \$ [ ] on [ ] 20 [ ] and (\$ [ ]) each succeeding month, thereafter, the whole sum to be repaid over a 36 month term from date of the initial loan advance or any subsequent Top Up; interest to be at [ ] % on the unpaid balance due and payable monthly.

During the term of the Overdraft Xpress loan, subject to a minimum principal repayment of \$700.00, the Borrowers may obtain additional advances by way of an Overdraft Xpress Loan Top Up application to a maximum of their Overdraft Xpress Loan Approved Limit.

The Borrowers acknowledge that the Overdraft Express Loan Limit is a revolving facility, granted for a period of 36 months. The Borrower further acknowledge that any Top Up must be for a provident or productive purpose. The Credit Union may review the Overdraft Xpress Loan from time to time and request updated financial information from the member.

As Collateral security for this note said Principal Borrower, Co-borrower and or Co-maker has/have deposited with the Credit Union. [ ]

In case of any default as herein agreed, unless excused by the Board of Directors, the entire balance of this loan shall become immediately due and payable on demand. This loan shall also become due and payable when the borrower becomes bankrupt, or leaves the Cayman Islands without giving at least six months' notice or loses his or her membership in the Credit Union.

Said Principal Borrower and Co-borrower jointly and severally promise to pay all fines imposed in accordance with the rules of the Credit Union, for failure to comply with the terms of this loan together with all costs or expenses incurred in the collection of any sum due; also, if the holder hereof after default, shall place this loan in the hands of an attorney-at-law for collections, to pay all costs incurred.

Executed at [ ], [ ] this [ ] day of [ ] 20 [ ]

[ ]

Signature of Witness

[ ]

Signature of Witness

[ ]

Signature of Witness

[ ]

Signature of Witness

[ ]

Signature of Principal Borrower

[ ]

Signature of Co-Borrower

[ ]

Signature of Co-Maker

[ ]

Signature of Co-Maker



**Instructions for completion**

We are obliged under the Tax Information Authority Law, the Regulations, and Guidance Notes made pursuant to that Law, and treaties and intergovernmental agreements entered into by the Cayman Islands in relation to the automatic exchange of information for tax matters (collectively "AEOI"), to collect certain information about each account holder's tax status. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant Cayman Islands Regulations, Guidance Notes or international agreements. If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this Form, please contact your tax advisor.

COMPLETE ALL SECTIONS. Do not leave any section blank. If N/A, state so.

**SECTION 1: ACCOUNT HOLDER IDENTIFICATION**

ACCOUNT HOLDER NAME			
DATE OF BIRTH (DD/MM/YYYY)	PLACE & COUNTRY OF BIRTH		
PERMANENT RESIDENCE ADDRESS:			
NUMBER & STREET		CITY/TOWN	
STATE/PROVINCE	POST CODE	COUNTRY	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
NUMBER & STREET		CITY/TOWN	
STATE/PROVINCE	POST CODE	COUNTRY	

**SECTION 2: DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES**

PLEASE TICK EITHER (A) OR (B) OR (C) AND COMPLETE AS APPROPRIATE.

- A  I CONFIRM THAT I AM A U.S. CITIZEN AND/OR RESIDENT IN THE U.S. FOR TAX PURPOSES (GREEN CARD HOLDER OR RESIDENT UNDER THE SUBSTANTIAL PRESENCE TEST) AND MY U.S. FEDERAL TAXPAYER IDENTIFYING NUMBER (U.S. TIN) IS AS FOLLOWS: \_\_\_\_\_
- B  I CONFIRM THAT I WAS BORN IN THE U.S. (OR A U.S. TERRITORY) BUT AM NO LONGER A U.S. CITIZEN AS I HAVE VOLUNTARILY SURRENDERED MY CITIZENSHIP AS EVIDENCED BY THE ATTACHED DOCUMENTS.
- C  I CONFIRM THAT I AM NOT A U.S. CITIZEN OR RESIDENT IN THE U.S. FOR TAX PURPOSES.

**SECTION 3: DECLARATION OF TAX RESIDENCY (OTHER THAN U.S.)** *Complete section 3 if you have non-U.S. tax residences.*

I HEREBY CONFIRM THAT I AM, FOR TAX PURPOSES, RESIDENT IN THE FOLLOWING COUNTRIES (INDICATE THE TAX REFERENCE NUMBER TYPE AND NUMBER IN EACH COUNTRY).

COUNTRY/COUNTRIES OF TAX RESIDENCY	TAX REFERENCE NUMBER TYPE	TAX REFERENCE NUMBER

**Declaration and Undertakings**

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities. I acknowledge that it is an offence to make a self-certification that is false in a material particular.

SIGNATURE	PRINT NAME	DATE (DD/MM/YYYY)
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<b>FOR CREDIT UNION USE ONLY</b>	VALID SELF-CERTIFICATION	REVIEWED AND APPROVED BY	DATE
	<input type="checkbox"/> YES <input type="checkbox"/> NO		