



# MAURITIUS HOUSING COMPANY

CRS – Common Reporting Standard

Self-Certification Form – Non-Resident Customers – Controlling Person (CRS-CP)

**PLEASE COMPLETE PART 1-4 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:

### F. Name of the relevant entity Account Holder(s) of which you are a Controlling Person

Entity 1:

Entity 2:

Entity 3:

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

Please complete the table below indicating:

- i) where the Controlling Person is a tax resident;
- ii) the Controlling Person's TIN for each country indicated; and,
- iii) if the Controlling Person is a tax resident in a country that is a Reportable Jurisdiction(s) then please also complete **Part 3 "Type of Controlling Person"**.

PORT LOUIS, MHC Building Reverend Jean Lebrun St. Tel : 405 5555 Fax: 212 3325	CUREPIPE Charles Lees St. Tel : 676 0245/46/49 Fax: 676 0248	GOODLANDS Blk A2 Cnr Royal Road & Route Les Pensees. Tel : 282 1460/42 Fax: 282 1461	FLACQ Francois Mitterand St. Tel : 413 5139/40 Fax: 413 5138	BAMBOUS Royal Road Tel/Fax : 452 0372	TRIOLET Royal Road 8eme Mille Tel : 261 7623 Fax : 261 5324	RODRIGUES Camp Du Roi Tel : 831 1787 Fax : 261 5324	MOKA Avenue Ledezio, Tel : 460 1234	ROSE BELLE Domah Com, Centre Royal Rd Tel : 660 9787
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You can also find out more about whether a country is a Reportable Jurisdiction on the **OECD automatic exchange of information portal**: [www.oecd.org/tax/automatic-exchange](http://www.oecd.org/tax/automatic-exchange).

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:

- Reason A** The country where the controlling person is liable to pay tax does not issue TINs to its residents
- Reason B** The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the following table if you have selected this reason)
- Reason C** No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence do not require the TIN to be disclosed)

	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 -TYPE OF CONTROLLING PERSON

This section should be completed only if you are a tax resident in one or more Reportable Jurisdictions and also required to provide the Controlling Person's Status by **clicking the appropriate box**.

SN	CONTROLLING'S PERSON STATUS	ENTITY 1	ENTITY 2	ENTITY 3
A.	Controlling Person of a legal person – <b>control by ownership</b>			
B.	Controlling Person of a legal person – <b>control by other means</b>			
C.	Controlling Person of a legal person – <b>senior managing official</b>			
D.	Controlling Person of a trust – <b>settlor</b>			
E.	Controlling Person of a trust – <b>trustee</b>			
F.	Controlling Person of a trust – <b>protector</b>			
G.	Controlling Person of a trust – <b>beneficiary</b>			
H.	Controlling Person of a trust – <b>other</b>			
I.	Controlling Person of a legal arrangement (non-trust) – <b>settlor-equivalent</b>			
J.	Controlling Person of a legal arrangement (non-trust) – <b>trustee-equivalent</b>			
K.	Controlling Person of a legal arrangement (non-trust) – <b>protector-equivalent</b>			
L.	Controlling Person of a legal arrangement (non-trust) – <b>beneficiary-equivalent</b>			
M.	Controlling Person of a legal person – <b>other-equivalent</b>			

PORT LOUIS,  
MHC Building  
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Tel : 405 5555  
Fax: 212 3325

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Pensees.  
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FLACQ  
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St.  
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Fax: 413 5138

BAMBOUS  
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Tel/Fax : 452 0372

TRIOLET  
Royal Road  
Seme Mille  
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Fax : 261 5324

RODRIGUES  
Camp Du Roi  
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Royal Rd  
Tel : 660 9787



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## PART 4 -DECLARATIONS AND SIGNATURE

I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be reported 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/the Controlling Person] may be tax resident pursuant to intergovernmental agreements for exchange of financial account information.

I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, for all the account(s) held by the Entity/Account Holder to which this form relates and where I am not the Controlling Person.

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 tax resident pursuant to intergovernmental agreements regarding 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
<b>MAKER</b>			
<b>CHECKER</b>			

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