LEGAL NOTICE NO. 11

REPUBLIC OF TRINIDAD AND TOBAGO

THE TAX INFORMATION EXCHANGE AGREEMENTS (UNITED STATES OF AMERICA) ACT, 2017

ORDER

MADE BY THE MINISTER UNDER SECTION 17(5) OF THE TAX INFORMATION EXCHANGE AGREEMENTS (UNITED STATES OF AMERICA) ACT, 2017

THE TAX INFORMATION EXCHANGE AGREEMENTS (UNITED STATES OF AMERICA) (PRESCRIBED FORM) ORDER, 2018

1. This Order may be cited as the Tax Information Exchange Agreements (United States of America) (Prescribed Form) Order, 2018.


3. The form required to be prescribed under section 17 of the Act is set out in the Schedule.

SCHEDULE

[Section 17(5)]

FORM

NOTIFICATION OF TRANSMISSION OF SENSITIVE PERSONAL INFORMATION

Name of account holder: ..........................................................................................................

Address of account holder: .......................................................................................................

................................................................................................................................................

Dear Sir/Madam

Subject: .................................................................................................................................

In accordance with the Inter-Governmental Agreement (“IGA”) between Trinidad and Tobago and the United States of America dated August 19, 2016 in respect of the Foreign Account Tax Compliance Act, 2010 (FACTA) and section 17 the Tax Information Exchange Agreements (United States of America) Act, 2017 you are advised that sensitive personal information as it pertains to you was transferred to the Secretary to the United States Treasury on .................................

(dd)/(mm)/(yyyy).
You should note that the sensitive personal information means the following:

(a) the name, address and USTIN of a Specified United States Person that is an account holder:

Name: .................................................................................................................................
Address: ............................................................................................................................
...........................................................................................................................................
USTIN ...................................................................................................................................

(b) the name, address and USTIN, if any, of a Non-US entity that after the application of the due diligence procedures set out in Schedule 4 is identified as having one or more controlling person that is a Specified United States Person and the name, address and USTIN of each United States Person:

Name: .................................................................................................................................
Address: ............................................................................................................................
...........................................................................................................................................
USTIN: ....................................................................................................................................
Name of United States Person: ...........................................................................................
Address of United States Person: ......................................................................................
...........................................................................................................................................
USTIN of United States Person: ...........................................................................................

(c) the account number or functional equivalent in the absence of an account number:

Account Number: .............................................................................................................
Other Equivalent Number: ............................................................................................... 

(d) the name and identifying number of the reporting financial institution:

Name of financial institution: ............................................................................................
Identifying number of financial institution: .........................................................................

(e) the account balance or value, including, in the case of a cash value insurance contract or annuity contract, the cash value or surrender value as at the end of the relevant calendar year or the appropriate reporting period or, if the account was closed during that year, immediately before closure:

Account balance or value: .................................................................................................
Cash value or surrender value of cash value insurance contract: ......................................
.............................................................................................................................................
(f) in the case of a custodial account—

(i) the total gross amount of interest, the total gross amount of dividends, and the total gross amount of other income generated with respect to the assets held in the account, in each case paid or credited to the account, or with respect to the account, during the calendar year or other appropriate accounting period; and

(ii) the total gross proceeds from the sale or redemption of property paid or credited to the account during the calendar year or other appropriate reporting period to which the reporting financial institution acted as a custodian, broker, nominee or otherwise as an agent for the account holder:

   Total gross amount of interest: .................................................................

   Total gross amount of dividends: .............................................................

   Total gross amount of other income: .......................................................:

   Total gross proceeds from the sale or redemption of property paid or credited to the account: .................................................................

(g) in the case of a depository account, the total gross amount of interest paid or credited to the account during the calendar year or other appropriate reporting period:

   Total gross amount of interest paid or credited to the account:

   ..................................................................................................................

(h) in the case of any account not distributed in paragraph (f) or (g), the total gross amount paid or credited to the account holder with respect to the account during the calendar year or other appropriate reporting period with respect to which the reporting financial institution is the obligor or debtor including the aggregate amount of any redemption payment made to the account holder during the calendar year or other appropriate reporting period:

   Total gross amount paid or credited to the account holder: .................

   Aggregate amount of any redemption payment made to the account holder:

   ..................................................................................................................

You may contact ....................................................... for further clarification in this matter.

Name: ..........................................................................................................

Designation: ..............................................................................................

Dated this 30th day of January, 2018.

C. IMBERT
Minister of Finance