FI Name,

Address,

Contact number,

Website if available

Email of signatory

Date

St. Kitts & Nevis AEOI Competent Authority

Inland Revenue Department

P.O. Box 34, Bay Road

Basseterre

St. Kitts

Dear Sir/Madam,

**Re: Financial Institution Name**

**FI GIIN *(a GIIN must be provided whenever an FI, or Sponsoring Entity, has registered with the IRS)***

**FI number *(except in cases of new enrolment)***

We have authorised the following two individuals as our Principal Point of Contact and Authorising Person, respectively, in relation to the International Tax Compliance Regulations under the Common Reporting Standard (Automatic Exchange of Financial Account Information) Act, 2016; Common Reporting Standard (Automatic Exchange of Financial Account Information) Regulations 2016 and the Foreign Account Tax Compliance (United States of America)

(Implementation and Enforcement of Inter-Governmental Agreement) Act, 2015.

**Contact details of Authorising Person (cannot be same as below)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Email address |  |
| Telephone number |  |
| Business entity |  |
| Physical address |  |

**Contact details of Principal Point of Contact (cannot be same as above)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Email address |  |
| Telephone number |  |
| Business entity |  |
| Physical address |  |

We will promptly provide you with an updated version of this authorisation letter in the event there is any change in the above information regarding the Principal Point of Contact or the Authorising Person.

We have authorised the Principal Point of Contact to represent us in that capacity for the purpose of compliance with the said Regulations and also to give you any change notice in respect of any subsequent change in the required information under the Regulations, except in respect of the identity of the Principal Point of Contact himself/herself.

We have authorised the Authorising Person to give you any change notice which may subsequently be required in respect of the identity of the Principal Point of Contact for the purpose of the said Regulations.

Yours sincerely,

<signature>

Name

Position [must be a Director of the FI / General Partner / Trustee]