

Account Number: 

**Do NOT use this Self-Certification Form for:**

Individual accountholder (use instead the AEOI Individual Self-Certification Form)

Beneficial Owner / Controlling Person (use instead the AEOI Beneficial Owner / Controlling Person Self-Certification Form)

### Automatic Exchange of Information - “AEOI” (CRS & FATCA) Entity Self-Certification Form

Please read the AEOI Entity Self-Certification Form Instructions before completing this Form.

#### PART I: IDENTIFICATION OF THE ACCOUNTHOLDER

	Required Items	Details
A.	Name of the Entity	
B.	Country of incorporation / organisation	
C.	Current residence address	
	Line 1 (e.g. House / Apt / Suite Name / Number, Street)	
	Line 2 (e.g. Province / County / State, if relevant)	
	Postal Code	
	City	
	Country	
D.	Mailing address (if different than above)	
	Line 1 (e.g. In care of)	
	Line 2 (e.g. House / Apt / Suite Name / Number, Street)	
	Postal Code	
	City	
	Country	

#### PART II: U.S. VS. NON-U.S. STATUS

Please check one box only

<input type="checkbox"/>	The accountholder is a U.S. Person [If applicable, please complete U.S. Form W-9]
<input type="checkbox"/>	The accountholder is <u>NOT</u> a U.S. Person

#### PART III: TAX RESIDENCE AND TIN (TAX IDENTIFICATION NUMBER)

An entity is tax resident in at least one country and can be tax resident in more than one country.

Please complete the following table indicating (i) where you are tax resident, and (ii) your TIN for each country indicated.

If you are tax resident in **more than one** country, please indicate all countries.

If a TIN is unavailable, please provide the appropriate reason A or B where indicated below:

- **Reason A** - Your country of residence does not issue TINs, or
- **Reason B** - You are otherwise unable to obtain a TIN or equivalent number.

	Country of tax residence	Taxpayer Identification Number	If no TIN available enter A or B
1			
2			
3			

#### Intesa Sanpaolo Bank Luxembourg S.A. – Amsterdam Branch

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If you have selected **Reason B** above, please provide an additional explanation below, e.g. you have just applied for a TIN, the country of residence issues TINs automatically but only on certain dates (In such case, please provide your TIN as soon as you receive it).

1	
2	
3	

For more information on TINs and the concept of tax residency you may visit:

- [OECD explanations on TINs](#), and
- [OECD explanations on tax residency rules](#).

#### **PART IV: FATCA AND CRS STATUSES**

Please check in **both columns** (FATCA and CRS), but only **one box per column**.

#	FATCA	CRS	
<b>Section Financial Institution</b>			
1	<input type="checkbox"/>	<input type="checkbox"/>	<b>Financial Institution (FI) other than Investment Entity</b> (i.e. Depository Institution, Custodial Institution or Specified Insurance Company) If you are a <b>Reporting FI</b> for FATCA, please provide a GIIN: _____
2	<input type="checkbox"/>	<input type="checkbox"/>	<b>Investment Entity - Reporting FI</b> (other than an Investment Entity located in a CRS Non-Participating jurisdiction and managed by another FI) If you are a <b>Reporting FI</b> for FATCA, please provide a GIIN: _____
3	<input type="checkbox"/>	<input type="checkbox"/>	<b>Investment Entity - Non-Reporting FI</b> (other than an Investment Entity located in a CRS Non-Participating jurisdiction and managed by another FI) Please specify the CRS sub-category: _____ Please specify the FATCA sub-category: _____ If your sub-category is <b>Sponsored Investment Entity</b> for FATCA, please provide the following information: Name of the Sponsor: _____ GIIN of the Sponsor: _____ Your GIIN (if issued to you): _____
4		<input type="checkbox"/>	<b>Investment Entity managed by another FI.</b> If the Investment Entity managed by another FI is also located in a non-CRS participating jurisdiction, please fulfil the section <b>Passive NFFE / Passive NFE</b> and the <b>Part V Beneficial Owner / Controlling Person</b> .

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#	FATCA	CRS	
<b>Section Active NFFE / Active NFE</b>			
5	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Active NFFE / NFE</b> - The stock of the NFFE / NFE is regularly traded on an established securities market (or the accountholder is a Related Entity of such NFFE / NFE), as per (b) of the Glossary.</p> <p>Please provide the name of the established securities market:</p> <p>_____</p> <p>If Related Entity of an NFFE / NFE the stock of which is regularly traded on an established securities market, please provide the following information:</p> <p>Name of the NFFE / NFE the stock of which is regularly traded on an established securities market:</p> <p>_____</p> <p>Name of the established securities market:</p> <p>_____</p>
6	<input type="checkbox"/>	<input type="checkbox"/>	<b>Active NFFE / NFE</b> - A Governmental Entity, an International Organization or a Central Bank.
7	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Active NFFE / NFE</b> - Other than the above.</p> <p>Please specify under which sub-categories <u>as per the Glossary</u> ((a) to (h) for Active NFE; (a) to (j) for Active NFFE):</p> <p>FATCA: _____ CRS: _____</p>
<b>Section Passive NFFE / Passive NFE</b>			
8	<input type="checkbox"/>	<input type="checkbox"/>	<b>Passive NFFE / NFE</b>
<b>Section Other</b>			
9	<input type="checkbox"/>		<p><b>FATCA: Exempt Beneficial Owner (under the U.S. Final Regulations)</b></p> <p>Please specify:</p> <p>_____</p>
10	<input type="checkbox"/>		<b>FATCA: In any other case, please submit a U.S. Form W-8BEN-E or W-9</b>

**PART V: BENEFICIAL OWNER / CONTROLLING PERSON**

Please list all the individuals who qualify as Beneficial Owner(s) / Controlling Person(s) of the Entity if you are classified as Active N(F)FE, Passive N(F)FE or Investment Entity in a Non-Participating Jurisdiction managed by another Financial Institution statuses:

1	Family Name / First Name _____	6	Family Name / First Name _____
2	Family Name / First Name _____	7	Family Name / First Name _____
3	Family Name / First Name _____	8	Family Name / First Name _____
4	Family Name / First Name _____	9	Family Name / First Name _____
5	Family Name / First Name _____	10	Family Name / First Name _____

Please obtain a “AEOI Beneficial Owner / Controlling Person Self-Certification Form” duly completed and signed by each listed individuals.

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**PART VI: DECLARATION AND SIGNATURE**

As a representative(s) authorized to sign on behalf of the accountholder, I/we declare that I/we have examined the information on this Form and that to the best of my/our knowledge and belief it is true, correct and complete. In particular I/we confirm that the person concerned by this Form is not tax resident in any other country than the one(s) listed.

I/we certify, towards the Bank, that the accountholder respects all its declarative tax obligations to the relevant authorities in its country(ies) of tax residence, and, where required, that the accountholder is committed to pay all taxes and fees related to the assets held in the Bank.

**Notification of changes**

I/we personally commit to notify the Bank promptly in writing of any change affecting the declarations on this Form within 30 days of the change.

If there is a change of circumstances that causes the Bank to know, or have reason to know, that the information in the Form is incorrect or unreliable, the Bank will not be able to rely on this original Form and I/we commit to complete a new valid Form.

Should the accountholder status change from "Non-U.S. Person" to "U.S. Person", the accountholder commits to provide a valid IRS Form W-9 within 30 days of the change of circumstances.

Furthermore, should there be a change affecting the Beneficial Owner / Controlling Person (for example, new Beneficial Owner), the accountholder commits to inform the Bank and provide with the related Form within 30 days of the change of circumstances.

**Harmless Clause**

In case the Form should become untrue, and if the accountholder does not communicate/sign the appropriate documentation to the Bank (inter alia, the new set of Form(s) as well as the IRS Form W-9 if required), the accountholder acknowledges that the Bank is entitled to apply its reason to know procedures and/or presumption rules to assign a status by default.

The accountholder understands that it (and/or its Beneficial Owner(s)/Controlling Person(s) as the case may be) may consequently be subject to reporting and that the Bank shall take all actions deemed as necessary, e.g. the blocking or closure of the account.

Finally, the accountholder understands that it may be held personally liable by the Bank for any and every consequence in this respect.

**Declarations & Data privacy**

By application of FATCA and CRS regulations, the accountholder declares being informed, and agrees, that its personal data (including, but not limited to, the name of the accountholder, its address, its country of residence for tax purposes, its TIN) as well as personal data of its Beneficial Owner(s)/Controlling Person(s) as the case may be and financial information may be exchanged with the Netherlands tax authorities that can in turn transfer this information to the relevant foreign tax authorities, including the U.S. tax authorities (if relevant).

In this context the accountholder is informed, and agrees, that to ensure an efficient service, the data may be processed and the reporting may be prepared either by the Bank or any authorised third party which will then transmit them to the Netherlands tax authorities. The data will be treated with the utmost confidentiality. The Bank (or any authorized third party), acting as FATCA and CRS data controller and data processor, will in no circumstances use the compiled data other than for FATCA and CRS purposes.

The accountholder must provide any additional information that might be required from time to time by the Bank for the purposes of the FATCA and CRS Laws, and failure to do so within the prescribed timeframe may trigger a reporting to the NTCA.

Date:	_____	Date:	_____
City:	_____	City:	_____
Printname:	_____	Printname:	_____
Signature:	_____	Signature:	_____

Note: Please indicate in which capacity you are signing the form (e.g. "Authorised officer" "Power of attorney"). If signing under a power of attorney, please also attach a copy of the power of attorney.

Capacity:	_____	Capacity:	_____
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