

FATCA and CRS Self-Certification Form - Entity Only

Financial institutions in Ireland are required as a matter of Irish law to (i) seek answers to certain questions to identify accounts which are reportable under the Foreign Account Tax Compliance Act (FATCA) and (ii) collect and report certain information about an account holders tax residency under the Common Reporting Standard (CRS). Customers of Financial Institutions such as KBC must provide the answers to these specific FATCA and CRS questions. KBC may be legally obliged to share the information in this form, and, other financial information with respect to your financial accounts with relevant tax authorities. Please note that KBC is unable to offer taxation advice. For tax related queries please contact your professional tax advisor or Irish Revenue. For further information on FATCA or CRS please refer to the Irish Revenue website at www.revenue.ie/en/business/aeoi/index.html

How to complete the form:

If your organisation is **not** a U.S. Person then you should complete **Section 1, Section 2, Section 3, Section 5 (if applicable) and, Section 6.** If your organisation is a U.S. Person then you should complete **Section 1, Section 2, Section 4 and Section 6.**

Section 1: Entity Identification Details

Entity Name:

Entity Address:

Country of incorporation/organisation:

Section 2: Tax Residence

Please complete the following table listing (i) all countries where the organisation is tax resident and (ii) the organisation's TIN (Tax Identification Number) for each country indicated.

| Country of tax residence: | TIN: |
|---------------------------|------|
| 1. | |
| 2. | |

Section 3: Non U.S. Person

Please complete either 3A or 3B as appropriate and Section 6 also. Please complete Section 5 if it applies to you.

3A Non Financial Institution

Please tick either (a) or (b) as appropriate:

(a) The entity is an Active Non-Financial Entity (NFFE)*

(b) The entity is a Passive Non-Financial Entity (NFFE)**

* Typically an NFFE will be an active NFFE if less than 50% of its gross income is from passive sources (including dividends, interest, annuities and rent) AND less than 50% of its assets are held for the production of passive income. It is expected that the majority of organisations will fall into the Active NFFE category. A Passive NFFE is one that is not an Active NFFE.

** If you have ticked Passive NFFE, under the FATCA regulations you are required to provide us with details relating to the beneficial owners of the entity. Please provide the required information in Section 5 overleaf.

3B Financial Institution (The FATCA definition of a financial institution may include certain other entities such as pension schemes, trusts, charities, etc.)

Please tick one of the boxes and provide your FATCA GIIN at (g) if available and applicable:

- (a) The entity is an Irish Financial Institution or a Partner Jurisdiction Financial Institution
- (b) The entity is a Registered Deemed Compliant Financial Institution
- (c) The entity is a Certified Deemed Compliant Financial Institution
- (d) The entity is a Participating Financial Institution
- (e) The entity is a Non-Participating Financial Institution
- (f) The entity is an Exempt Beneficial Owner
- (g) Please provide your Global Intermediary Identification Number (GIIN) _____

Section 4: U.S. Person

If your organisation is a U.S. Person please complete (a) or (b) below and part (c) if applicable. Please complete Section 6 also.

- (a) The entity is a Specified U.S. Person (complete part (c))
- (b) The entity is a U.S. Person but is not a Specified U.S. Person
- (c) If yes to (a) Please provide the entity's U.S. Federal Taxpayer Identification Number (U.S. TIN) _____

Section 5: Beneficial Owners of Passive NFFE's

Please complete the sections below in relation to all beneficial owners of the entity, that is, individuals who ultimately control, whether directly or indirectly, more than 25% of the share or voting rights in the company, or otherwise exercise control over the management of the company. Where there are more than four persons, you may use an additional form as required.

Beneficial Owner 1

Name:

Address:

Are you a U.S. Citizen? Yes No Are you a U.S. Tax Resident? Yes No

If you answered "Yes" to either of the previous questions, please provide the U.S. TIN (Tax Identification Number):

Please complete the following table indicating (i) where the beneficial owner is tax resident; and (ii) the beneficial owners TIN for each country indicated.

| Country of tax residence: | TIN: |
|---------------------------|------|
| 1. | |
| 2. | |

Beneficial Owner 2

Name:

Address:

Are you a U.S. Citizen? Yes No Are you a U.S. Tax Resident? Yes No

If you answered "Yes" to either of the previous questions, please provide the U.S. TIN (Tax Identification Number):

Please complete the following table indicating (i) where the beneficial owner is tax resident; and (ii) the beneficial owners TIN for each country indicated.

| Country of tax residence: | TIN: |
|---------------------------|------|
| 1. | |
| 2. | |

Beneficial Owner 3

Name:

Address:

Are you a U.S. Citizen? Yes No Are you a U.S. Tax Resident? Yes No

If you answered "Yes" to either of the previous questions, please provide the U.S. TIN (Tax Identification Number):

Please complete the following table indicating (i) where the beneficial owner is tax resident; and (ii) the beneficial owners TIN for each country indicated.

| Country of tax residence: | TIN: |
|---------------------------|------|
| 1. | |
| 2. | |

Beneficial Owner 4

Name:

Address:

Are you a U.S. Citizen? Yes No Are you a U.S. Tax Resident? Yes No

If you answered "Yes" to either of the previous questions, please provide the U.S. TIN (Tax Identification Number):

Please complete the following table indicating (i) where the beneficial owner is tax resident; and (ii) the beneficial owners TIN for each country indicated.

| Country of tax residence: | TIN: |
|---------------------------|------|
| 1. | |
| 2. | |

Section 6: Declaration and Undertakings

I declare (as an authorised signatory of the Entity) that the information provided in the 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 where any change in circumstances occurs, which causes any of the information contained in this form to be incorrect.

Authorised Signatory:

Print Name:

Capacity:

Date:

Data Protection

The details provided by you in this form, together with any other information that is furnished to us in connection with your accounts ("information") will be retained and processed by KBC Bank Ireland ("KBCI") and it's subsidiary companies ("we" / "us") for the following purposes:

- Administering your account;
- Verifying information and otherwise meeting our legal and compliance obligations (which include those relating to the prevention of money laundering, financing of terrorism and fraud);
- Quality control and group reporting and management;

If you have consented, for marketing purposes. We may disclose Information in the following circumstances:

- To other companies within KBC Group;
- To our agents, advisors, service providers and contractors for the above purposes;
- To other persons connected with your accounts (e.g. company directors, partners etc.) and to your financial advisors and other intermediaries;
- In the context of the sale of our business; or
- Where we are required by any regulatory body, law enforcement agency, court or other legal process.