

Self-Certification under CRS and FATCA Business Customers and Non Personal Customers

To be completed by business customers including limited companies, financial institutions, organisations, partnerships, trusts, pension schemes, charities, etc. (Unincorporated sole traders should complete the Personal Customers CRS and FATCA Self Certification Form.)

Purpose

This form is designed to capture your tax residency and your U.S. FATCA status.

Customer Information Notice:

Under Irish Tax Legislation (Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 refers), financial institutions including KBC are obliged to collect and review information on customer's tax arrangements. If the Account Holder and in certain circumstances the Controlling Persons has a tax residency outside of the Republic of Ireland or are a U.S. person, we are required to report (where relevant) the following details in respect of all accounts that the Account Holder holds with us, and where relevant Controlling Persons, to the Irish Revenue: name, address, date of birth, place of birth, account number, U.S. citizenship and/or jurisdiction(s) of tax residence, Tax Identification Number (TIN), account balance at year end and interest payments made in the calendar year. Irish Revenue will report this data to the tax authorities of each participating country where the Account Holder and/or Controlling Person is tax resident, or to the IRS (U.S. Tax Authority) in the case of U.S. tax residents and certain U.S. persons. If due to a change in circumstances, any certification on this form becomes inaccurate, please advise us promptly.

You can find more information on <http://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

As a financial institution, we are not in a position to provide tax advice. If you have any questions about this form or defining your tax residency or U.S. FATCA status, please contact your tax advisor, or Irish Revenue.

How to complete the form:

All Business/Non Personal Customers should complete Section A, B, C, E. Section D should be completed if it applies to your organisation. All fields in Sections are mandatory. Please find an explanation of the terms used in the separate glossary.

SECTION A: Entity Identification Details

Account Number: (if available)	<input type="text"/>
Name:	<input type="text"/>
Country of Incorporation:	<input type="text"/>
Current Registered Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business/Mailing Address: (if different from above)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION B: US Foreign Account Tax Compliance Act - FATCA

Question 1 and either Question 2 or Question 3 (whichever is applicable) within Section B should be completed by all entities including Irish entities.

1. Is your organisation a U.S. Person?

(Please tick one option below. If you selected no, proceed to Q2. If you selected yes, proceed to Section C).

No Yes - Specified U.S. Person Yes - U.S. Person that is not a Specified U.S. Person

Please provide your U.S. TIN where you are a Specified U.S. Person: _____

2. Is your organisation a Non U.S. Financial Institution (FI)?

(If no, please go to question 3 within Section B. If yes please tick one of the options below and proceed to Section C.)
(Deemed Compliant FI includes amongst others, certain charities and bodies established for the promotion of athletics or amateur games, Exempt Beneficial Owner includes amongst others, Pension Trusts/Schemes).

Irish FI or Partner Jurisdiction FI Participating Foreign (Non U.S.) FI Non-Participating Foreign FI Exempt Beneficial Owner
 Excepted Foreign FI Certified/Registered Deemed Compliant Foreign FI

Please provide your Global Intermediary Identification Number "GIIN" where available:

3. If your organisation is not a Financial Institution, it is a Non-Financial Foreign (Non U.S.) Entity (NFFE). (Please tick one option below and proceed to Section C).

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. A Passive NFFE is one that is not an Active NFFE.

Active NFFE Passive NFFE (If this box is ticked, please complete Section D)

SECTION C: Common Reporting Standard (CRS)

1. Is your organisation tax resident outside of the Republic of Ireland and outside the U.S.?

(If no please go to question 2. If yes, please list on the right all countries in which your organisation is tax resident and provide the corresponding TIN/functional equivalent for each country and please tick Yes/No to identify if your organisation is one of the entities listed below.

Country	TIN or Equivalent
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The organisation is one of the following entities:	Yes	No
(i) A corporation, the stock of which is regularly traded on one or more established securities markets or corporation that is a related entity of such a corporation.	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A Governmental entity, an International Organisation, or a Central Bank.	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Financial institution – Depository Institution, Custodial Institution, Specified Insurance Company or Investment Entity other than that described in (iv) below	<input type="checkbox"/>	<input type="checkbox"/>
(iv) An investment entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution (If Yes box is ticked, please complete Section D)	<input type="checkbox"/>	<input type="checkbox"/>

2. Is your organisation a Financial Institution? Yes No

(If no please go to question 3.)

3. If your organisation is not a Financial Institution, it is a Non-Financial entity (NFE).

(Please tick one option).

Typically an NFE will be an Active NFE 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. A Passive NFE is one that is not an Active NFE.

(a) Active NFE (b) Passive NFE (If this box is ticked, please complete Section D)

SECTION D: Certification of Beneficial Owners/Controlling Persons

Only complete this section if you have ticked that you are a Passive NFFE (in Section B3) or a Passive NFE (in Section C3b) or an Investment Entity located in a Non-Participating Jurisdiction (in Section C1 (iv)).

In respect of these entities, we are required to establish whether any Beneficial Owner/Controlling Person is a U.S. citizen or tax resident in a country other than the Republic of Ireland.

Note: Beneficial Owner/Controlling Persons means the natural persons who exercise control (as defined in the glossary) over an entity.

Controlling Person 1: (Block Capitals please)

Name:
 Address:
 Country of Birth: Date of Birth

Is the Controlling Person a U.S. Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, enter your U.S. TIN number (Taxpayers Identification No.):
Is the Controlling Person tax resident in a country other than the Republic of Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If Yes, please list in the table on the right all countries/territories in which the Controlling Person is tax resident, and provide a TIN or functional equivalent for each country/territory.		Country	TIN
		<input type="text"/>	<input type="text"/>

Controlling Person 2: (Block Capitals please)

Name:
 Address:
 Country of Birth: Date of Birth

Is the Controlling Person a U.S. Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, enter your U.S. TIN number (Taxpayers Identification No.):
Is the Controlling Person tax resident in a country other than the Republic of Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If Yes, please list in the table on the right all countries/territories in which the Controlling Person is tax resident, and provide a TIN or functional equivalent for each country/territory.		Country	TIN
		<input type="text"/>	<input type="text"/>

Controlling Person 3: (Block Capitals please)

Name:
 Address:
 Country of Birth: Date of Birth

Is the Controlling Person a U.S. Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, enter your U.S. TIN number (Taxpayers Identification No.):
Is the Controlling Person tax resident in a country other than the Republic of Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If Yes, please list in the table on the right all countries/territories in which the Controlling Person is tax resident, and provide a TIN or functional equivalent for each country/territory.		Country	TIN
		<input type="text"/>	<input type="text"/>

Controlling Person 4: (Block Capitals please)

Name:

Address:

Country of Birth: Date of Birth

Is the Controlling Person a U.S. Citizen? Yes No If yes, enter your U.S. TIN number (Taxpayers Identification No.):

Is the Controlling Person tax resident in a country other than the Republic of Ireland? Yes No

If Yes, please list in the table on the right all countries/territories in which the Controlling Person is tax resident, and provide a TIN or functional equivalent for each country/territory.

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SECTION E: Declaration and Signature

Please sign the Final Declaration below

DECLARATION to KBC Bank Ireland plc

Please confirm the following:

I/We 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/We undertake to submit a new form within 30 days if, due to a change in circumstances, any certification on this form becomes inaccurate.

Authorised Signature _____ Print Name _____

Capacity (Position in Entity): _____ Date / /

How we use your Personal Information

In our Data Protection Notice, we explain how we collect your personal information, what information we collect, why we collect it and how we use that information as well as your privacy rights. We recommend that you read our Data Protection Notice in full. This is available on the data protection section of KBC.ie and on our KBC Mobile App. You can also request a copy from any of our Hubs or alternatively contact us by phone on 1800 51 52 53 or email salesenquiries@kbc.ie.