



B3

Self certification for entities

(with exclusion of natural persons, self-employed in business or agriculture but including **civil partnerships**)

ENTITIES SELF-CERTIFICATION

I – IDENTIFICATION

Legal Name of entity

Country of incorporation or organisation

Permanent address

Number, Street
Postal Code
City/Province/State
Country

Mailing address

Number, Street
Postal Code
City/Province/State
Country

NumerEQ (wprowadza Doradca)

II – TAX RESIDENCY

Polish Act dated March 9, 2017 on Exchange of Tax information with other Countries (Official Law Journal Dz.U. of 2017, item, 648) („AEOI Act”) requires Bank BGZ BNP Paribas S.A. to collect certain information on their client’s tax status.

Please provide in the table below the list of **ALL** the Countries where the entity is resident for tax purposes and indicate its TIN (Taxpayer Identification Numbers) in those countries.

COUNTRY/COUNTRIES OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)*

**Please indicate N/A if the Country of Tax Residence does not issue a TIN*

The only acceptable reason for accepting self certification without a TIN is that the country of tax residence does not issue TINs. In other cases, the tax identification number is required.

Polish Act dated October 9, 2015 on Execution of Agreement between the Government of the Republic of Poland and the Government of the United States of America on improving fulfillment of international tax obligations and the implementation of FATCA legislation (Official Law Journal Dz. U. of 2016, item 1712) („FATCA Act”) requires Bank BGZ BNP Paribas S.A. to collect certain information concerning American tax residents.

Please provide answers to below questions:

Is the Entity incorporated, organized or resident in the US ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>If Yes, please:</p> <ul style="list-style-type: none"> • Additionally fill a W-9 IRS Form, and • Indicate whether the entity is a: <ul style="list-style-type: none"> <input type="checkbox"/> a FATCA Specified US person <input type="checkbox"/> a FATCA Non-specified US person 		

III – FATCA AND AEOI STATUSES

Please indicate the status of the entity by ticking **one single type** (A, B, C or D) of entity below and provide the information required for the selected status:

(A) Financial Institution

FATCA TYPE OF FINANCIAL INSTITUTION (PLEASE TICK ONLY ONE BOX)
<input type="checkbox"/> US Financial Institution (US FI) (Please submit additionally an IRS W-series form)
<ul style="list-style-type: none"> • Foreign Financial Institution (FFI) <ul style="list-style-type: none"> • Registered FFI: <ul style="list-style-type: none"> <input type="checkbox"/> Participating FFI (Final Regulations environment) <input type="checkbox"/> Reporting Model 1 FFI (IGA 1 environment) <input type="checkbox"/> Reporting Model 2 FFI (IGA 2 environment) <p>For the 3 types of Registered FFI above, please provide its GIIN:</p> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> Non-Reporting IGA FFI (including IGA exempted pension funds) Please provide the entity status allowing for an IGA exemption : _____ If you are an FFI treated as a registered deemed-compliant FFI under an applicable Model 2 IGA, provide your GIIN: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> Non-Participating FFI (NPFFI) <input type="checkbox"/> Other FFI (certified deemed-compliant FFI, sponsored FFI...): Please submit additionally a W-8 series IRS Form

Is the Entity An Investment Entity and managed by another Financial Institution ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	------------------------------	-----------------------------

If Yes, is the Entity located in a Non-Participating Jurisdiction? : YES NO

- **If Yes**, then the Entity is considered as a Passive NFE under the AEOI and the Section IV and the Table in Appendix A must be completed.

(B) Entity exempted under FATCA and AEOI

TYPE OF EXEMPTED ENTITY

- Corporation that is publicly traded or an affiliate of a publicly traded corporation
name one securities exchange upon which the stock is regularly traded : _____
- Governmental entity (or their wholly owned Entities)
- Central Bank (or their wholly owned Entities)
- International Organisation (or their wholly owned Entities)

(C) Active Non-Financial Entity (Active NFE)

TYPE OF ACTIVE NFE (OTHER THAN (B))

- Active NFE by reason of income and assets
- Non-Profit Organisation
- Other Active NFE (provide exact status): _____

(D) Passive Non-Financial Entity (Passive NFE) (other than (B))

- Please complete the Section IV and the Table in Appendix A
- If the Entity is a FATCA Direct reporting Passive NFFE, please provide its GIIN:

- - -

(If the Direct Reporting Passive NFFE does not have any GIIN, please tick this box and submit additionally a W-8BEN-E IRS Form)

IV – INFORMATION ON CONTROLLING PERSONS

Using the **table presented in Appendix A**, please indicate the Controlling Persons of the entity if the Entity is any of the following:

- **Passive Non-Financial Entity (Status D of Section III)**
- **Investment Entity (A) meeting all the following criteria:**
 - It is an Investment entity whose gross income is primarily attributable to investing, reinvesting, or trading in Financial Assets, **AND**
 - It is managed by a Financial Institution, **AND**
 - At least one of the countries of Tax Residence declared in section II is not an AEOI Participating Jurisdiction.

V – PRIVACY NOTICE AND CONFIDENTIALITY

In order to comply with its obligations under the Polish Act dated March 9, 2017 on Exchange of Tax information with other Countries (Official Law Journal Dz.U. of 2017, item, 648) („AEOI Act”) and the Polish Act dated October 9, 2015 on Execution of Agreement between the Government of the Republic of Poland and the Government of the United States of America on improving fulfillment of international tax obligations and the implementation of FATCA legislation (Official Law Journal Dz. U. of 2016, item 1712) („FATCA Act”) and the executive regulations to AEOI act or FATCA Act, Bank BGŻ BNP Paribas S.A. with its registered seat in Warsaw, (01-211), Kasprzaka 10/16, the data controller, may be required to collect, process and disclose your personal data and information concerning your account(s) to the national tax authority or other competent authorities which may provide such information to the country or countries where the entity or/ and Controlling persons are resident for tax purposes.

The requested personal information, except TINs of Controlling Persons issued by countries which are not Reportable Jurisdictions as of the date hereof, is compulsory and failure to complete this form could mean that Bank BGŻ BNP Paribas S.A may not be able to process your application.

In accordance with the Polish Act dated August 29, 1997 r. on Personal Data Protection (Official Law Journal Dz. U. of 2016, item 922), you have the right to access, rectify or remove your data.

VI - CERTIFICATION SECTION

I declare that the information provided in this form is, to the best of my knowledge and belief, true, accurate and complete.

I acknowledge and agree to the collection, processing and disclosure of my personal data, including TINs issued by countries which are not Reportable Jurisdictions as of the date hereof, and information regarding my account(s) for the purposes indicated in Section III above.

I undertake to notify Bank BGŻ BNP Paribas S.A promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide a new self-declaration within 30 days of such change in circumstances

Date: __ - __ - ____

Place: _____

Authorized representative 1	Authorized representative 2
First name and surname in block capitals:	First name and surname in block capitals:
Capacity in which acting:	Capacity in which acting:
Signature ¹ :	Signature ¹ :

KLASYFIKACJA FATCA/AEOI (WPROWADZA DORADCA) ____ / ____

DATA WERYFIKACJI (WPROWADZA DORADCA).....

PODPIS DORADCY.....

¹ If the representative authorized to sign is jointly authorized, please note that in that case this form has to be signed by at least two of the jointly authorized representatives.

Appendix B: Type of the Controlling Person

Code	Role of the Controlling Person
CRS801	CP of legal person – ownership
CRS802	CP of legal person – other means
CRS803	CP of legal person – senior managing official
CRS804	CP of legal arrangement – trust – settlor
CRS805	CP of legal arrangement – trust – trustee
CRS806	CP of legal arrangement – trust – protector
CRS807	CP of legal arrangement – trust – beneficiary
CRS808	CP of legal arrangement – trust – other
CRS809	CP of legal arrangement – other – settlor-equivalent
CRS810	CP of legal arrangement – other – trustee-equivalent
CRS811	CP of legal arrangement – other – protector-equivalent
CRS812	CP of legal arrangement – other – beneficiary-equivalent
CRS813	CP of legal arrangement – other – other-equivalent