



## B4

### 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  NO

If Yes, please:

- Additionally fill a W-9 IRS Form, **and**
- Indicate whether the entity is a:
  - a FATCA Specified US person
  - 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)

US Financial Institution (US FI) (Please submit additionally an IRS W-series form)

• Foreign Financial Institution (FFI)

• Registered FFI:

- Participating FFI (Final Regulations environment)
- Reporting Model 1 FFI (IGA 1 environment)
- Reporting Model 2 FFI (IGA 2 environment)

For the 3 types of Registered FFI above, please provide its GIIN:

-  -  -

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:

-  -  -

Non-Participating FFI (NPFFI)

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  NO

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.



## V – PRIVACY NOTICE AND CONFIDENTIALITY

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.

## 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 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 <sup>1</sup> :	Signature <sup>1</sup> :

**KLASYFIKACJA FATCA/AEOI (WPROWADZA DORADCA)** \_\_\_\_ / \_\_\_\_

**DATA WERYFIKACJI (WPROWADZA DORADCA)**.....

**PODPIS DORADCY**.....

<sup>1</sup> 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