



Tax Residency Self-Certification - Controlling Person¹

<input type="checkbox"/> Account- / <input type="checkbox"/> Register No	
Account- / Register Holder	

Name of Controlling Person	
Family Name/ Surname	
First/ Given Name	

Current Residence Address	
Street, Number	
Postal Code, City/ Town	
Country	

Date of Birth (dd.mm.yyyy)	
Place of Birth (city/ country)	

Country of Residence for Tax Purposes and related Taxpayer Identification Number (TIN) or functional equivalent number		
Country of Residence for Tax Purposes	Taxpayer Identification Number (TIN)	If no TIN available enter Reason A , B or C *
1		
2		

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

- A. The country where the Account Holder is liable to pay taxes does not issue TINs.
- B. The Account Holder is otherwise unable to obtain a TIN or equivalent.
- C. No TIN is required (note: only select if the authorities of the country of tax residence entered above do not require the TIN to be disclosed).

If you selected **B** above, please explain why you are unable to obtain a TIN.

1	
2	

¹ Please fill in this form if the account holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution. For joint or multiple controlling persons use a separate form for each controlling person.



Type of Controlling Person		
1	Controlling Person of a legal person	<input type="checkbox"/> Control by ownership (beneficial owner) <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official
2	Controlling Person of a trust or of a legal arrangement (non-trust)	<input type="checkbox"/> Settlor/ Settlor-equivalent <input type="checkbox"/> Beneficiary/ Beneficiary-equivalent <input type="checkbox"/> Protector/ Protector-equivalent <input type="checkbox"/> Trusee/ Trustee-equivalent <input type="checkbox"/> Other Controlling Person/ Other Controlling Person-equivalent

The undersigned acknowledges that the information provided herein is governed by and may be used and shared in accordance with General Terms and Conditions of European Depositary Bank SA.

The undersigned acknowledges that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities in Luxemburg. The undersigned further acknowledges that the information provided may be exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

The undersigned authorizes European Depositary Bank SA. to report all given information as described above.

The undersigned undertakes to inform European Depositary Bank SA within 30 days of any change in circumstances which affects the information provided in this form with respect to his/ her tax residency status and to provide European Depositary Bank SA with an updated self-certification without further delay.

The undersigned declares that all statements made in this declaration are, to the best of his/her knowledge and belief, correct and complete.

Place, Date

Signature

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European Depositary Bank SA

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