



TAX RESIDENCY SELF-CERTIFICATION - CONTROLLING PERSON¹

Account 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

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* 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.

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The undersigned certifies that he/she is the/ one of the Controlling Person(s) of the above mentioned entity Account/ Register Holder.

Type of Controlling Person

- | | | |
|---|---|---|
| 1 | Controlling Person of a legal person | Control by ownership (beneficial owner)
Control by other means
Senior managing official |
| 2 | Controlling Person of a trust or of a legal arrangement (non-trust) | Settlor/ Settlor-equivalent
Beneficiary/ Beneficiary-equivalent
Protector/ Protector-equivalent
Trustee/ Trustee-equivalent
Other Controlling Person/ Other Controlling Person-equivalent |

¹Please 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.

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(s)