

## Tax Residency Self-Certification – Legal Entity

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

Registered Office	
Street, Number	
Postal Code, City/ Town	
Country	

Entity Type
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Please provide the Account Holder's Status by ticking one of the following boxes

### 1. (a) Financial Institution – Investment Entity

- i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution  
(Note: if ticking this box please also complete Part 2. below)
- ii. Other Investment Entity
- (b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked **(a)** or **(b)** above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes:

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- (c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a Related Entity of such a corporation

If you have ticked **(c)**, please provide the name of the established securities market on which the corporation is regularly traded:

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If you have ticked **(c)** and you are a Related Entity of a regularly traded corporation, please provide the name of that regularly traded corporation you are related to:

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- (d) Active NFE – a Government Entity or Central Bank
- (e) Active NFE – an International Organisation
- (f) Active NFE – other than (c) – (e) (for example a start-up NFE or a non-profit NFE)
- (g) Passive NFE

(Anmerkung: wenn Sie dieses Kästchen ankreuzen, befüllen Sie bitte ebenfalls den nachfolgenden Teil 2)



## 2. If you have ticked 1(a) i) or 1.(g) above then

a) Indicate the name of any Controlling Person(s) of the Account Holder:


b) Complete „Controlling Person tax residency self-certification form“ for each Controlling Person.

## 3. Further Information of the Account / Register Holder

Country of Residence for Tax Purposes and related Taxpayer Identification Number (TIN) or functional equivalent number of the Account Holder		
Country of Residence for Tax Purposes	Taxpayer Identification Number (TIN)	If no TIN available, please enter Reason <b>A</b> , <b>B</b> or <b>C</b> *
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	

The undersigned certify(ies) that he/she/they is/are an authorised representative of the entity Account Holder.

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



The undersigned authorise(s) European Depositary Bank SA. to report all given information as described above.  
The undersigned undertake(s) 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 the tax residency status of the entity Account Holder and to provide European Depositary Bank SA. with an updated self-certification without further delay.

**The undersigned declare(s) that all statements made in this declaration are, to the best of his/her/their knowledge and belief, correct and complete.**

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**Place, Date**

**Signature(s)**

**Capacity**

**EDB20-200-111-EN 1.1 09.19**