

Part 1: Identification of Account Holder

A	Full Legal Name of Entity/Branch*	ABNAMRO Clearing bank NV		
B	Current Registered Address (For TAX Purposes)			
	Registered Street	Gustav Mahlerlaan 10		
	Registered City	Amsterdam		
	Registered State / Province	Registered Zip/ Postal Code	1082PP	
	Registered Country	The Netherlands		

Part 2: Entity Type* Please provide the Account Holder's Status by ticking one of the following boxes.

1	(a) Financial Institution – Investment Entity
<input type="checkbox"/>	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(2) below
<input type="checkbox"/>	ii. Other Investment Entity
<input checked="" type="checkbox"/>	(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 Holders Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.
	V Q 9 C J 6 . 0 0 0 0 1 . M E . 5 2 8
	(c) Financial Institution – Non-Reporting. Please specify the category of Non-Reporting Financial Institution.
<input type="checkbox"/>	(d) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a related entity of such a corporation If you have ticked (d), please provide the name of the established securities market on which the corporation is regularly traded: <input type="text"/> If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (d) is a Related Entity of: <input type="text"/>
	(e,f,g,h) NFE
2	If you have ticked 1(a)(i) An Investment Entity located in a Non-Participating Jurisdiction or 1(h) passive NFE above, then please complete section 7 (Controlling Persons) for each Controlling Person.

Part 3: Country of Residence for Tax Purposes

3	Country of residence for tax purposes of the Account Holder:*
	<input type="text" value="The Netherlands"/>

Part 4: Taxpayer Identification Number ("TIN") or functional equivalent*

Please complete the following sections (a)-(c)

4	Country of residence for tax purposes of the Account Holder:*
	(a) TIN in the country of residence for tax purposes shown in Part 3:
	<input type="text" value="0061.16.127"/>
	<input type="checkbox"/> (b) The country of residence in Part 3 does not issue TINs to its residents (tick box if relevant)
	<input type="checkbox"/> (c) The entity is otherwise unable to obtain a TIN (tick box if relevant)
	If Box (c) above is ticked then please provide an explanation of why you are unable to obtain a TIN:
	<input type="text"/>

Please now complete either Part 5 or Part 6 (as applicable)* and read and sign Part 8 (Declaration)*

Part 5: Confirmation of Sole Residency

<input checked="" type="checkbox"/>	I certify that for the purposes of taxation the Account Holder is not tax resident in any other country other than the country indicated in Part 3 above.
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Part 6: Additional Countries of Residency for Tax Purposes

For the purposes of taxation, I certify that in addition to the country set out in Part 3, the Account Holder is tax resident in the following countries; the TIN in each additional country is set out below; or I have ticked the box to indicate that a TIN is unavailable: *(please use a separate sheet if tax resident in more than two additional countries).*

Country		TIN		or TIN unavail- able	<input type="checkbox"/>
Country		TIN		or TIN unavail- able	<input type="checkbox"/>

Please explain why you are unable to obtain a TIN if 'TIN unavailable' is ticked:

<input type="text"/>

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Part 8: Declaration and Signature*

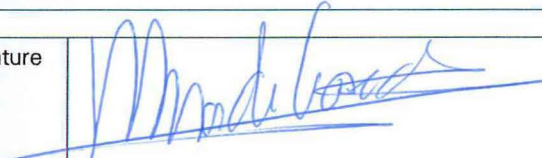
I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with ABN AMRO Clearing Bank N.V. setting out how ABN AMRO Clearing Bank N.V. may use and share the information supplied by me to ABN AMRO Clearing Bank N.V. .

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information with the country/ies in which this account(s) is/are maintained.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise ABN AMRO Clearing Bank N.V. of any change in circumstances which affects my tax residency status or causes the information contained herein to become incorrect, and to provide ABN AMRO Clearing Bank N.V. with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature		Full Name	MMA de Goede-Kisman
Position	Global FATCA & QI Coordinator	Date	22-3-2016

Note: Please indicate the capacity in which you are signing the form (for example 'Authorised Officer').

If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: *


A. van Dijk
 Manager ARC Europe
 ABN AMRO Clearing Bank N.V.

ABN AMRO Clearing Bank N.V.
Manager: J. J. J. J. J.
A. van der