

**TAX SELF-CERTIFICATION
LEGAL ENTITY**

GENERAL INFORMATION OF THE ACCOUNT HOLDER

Name or business name of the entity			ID No.	Country of incorporation
Street/Building	City	State/County	Country	Phone number

MAILING ADDRESS

Postal Address	City	State/County	Country
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TAX SELF-CERTIFICATION FOR FATCA

- 1 Is your entity a US Person? (See definition of US Person)
 Yes _____. (* Continue to Question 2)
 No _____. (* Continue to Question 5)
- 2 Is the entity a Specific Person from the USA? (See definition of US Specific Person)
 Yes _____. (* Continue to Question 3)
 No _____. (* Continue to Question 4)
- 3 Indicate your TIN/EIN number (Tax ID number in the US): _____. If the entity does not have a TIN/EIN number, indicate the reason:

- 4 Select one of the following options listed below and indicate your number in the space below _____.
 - 4.1. A capital company whose capital stock is usually traded in one or more recognized securities markets.
 - 4.2. A capital company that is a member of the same large group of affiliated companies, as defined in section 1471(e) (2) of the US Internal Revenue Code, as the capital company described in the preceding point.
 - 4.3. The entity is the United States of America, its agencies or organizations.
 - 4.4. Any State or Territory of the United States of America, its political subdivisions or agency or organization that is wholly owned by one or more of the foregoing.
 - 4.5. The entity is a Tax-Exempt Organization under section 501 (a) of the US Internal Revenue Code or is an Individual Retirement Plan defined in section 7701 (a) (37) of the US Internal Revenue Code.
 - 4.6. The entity is a Bank, as defined in section 581 of the Internal Revenue Code.
 - 4.7. The entity is a Listed Real Estate Investment Entity, as defined in section 856 of the Internal Revenue Code.
 - 4.8. The entity is an Entity with a Regulated Investment Regime, as defined in section 851 of the Internal Revenue Code or is a Registered Entity with the US Securities and Exchange Commission in accordance with the Investment Companies Act of 1940 (15 USC 80a-64).
 - 4.9. The entity is a Common Trust Fund, defined in section 584 (a) of the Internal Revenue Code of the United States.
 - 4.10. The entity is an Exempt Trust from Imposition in application of section 664 (c) of the Internal Revenue Code of the United States or as described in section 4947 (a) (1) of the US Internal Revenue Code.
 - 4.11. The entity is a Stock Operator or Commodities Operator or Derivative Financial Instruments (including notional value contracts, standard futures contracts (forwards) and options) registered as such pursuant to the laws of the United States of America or of any State.
 - 4.12. The entity is a Stockbroker in accordance to the definition given to this term in section 6045 (c) of the Internal Revenue Code of the US.
 - 4.13. The entity is a Trust Exempt from Taxes under a plan described in section 403 (b) or section 457 (g) of the US Internal Revenue Code.
- 5 Select one of the options for the classification of entities according to FATCA and indicate your number in the following space _____.
 - 5.1. Active Foreign Non-Financial Entity (NFFE Active) according to FATCA. (see definition NFFE Active according to FATCA)
 - 5.2. Passive Non-Financial Foreign Entity (NFFE Passive) according to FATCA. (see definition NFFE Passive according to FATCA)
 - 5.3. Cash-Exempt Beneficiary according to FATCA. (see definition Beneficiary Effective Exempt under FATCA)

(* If you selected one of the three options above, go to Question 7)

 - 5.4. Financial Institution
 - 5.5. Financial Institution in Compliance

(* If you selected one of the three options above, go to Question 6)
- 6 The entity as a Financial Institution has a GIIN number (Global Intermediary Identification Number)
 Yes _____. If your answer is positive, indicate the GIIN No.: _____.
 No _____.
 (* In both cases go to Question 7)

TAX SELF-CERTIFICATION COMMON REPORTING STANDARD "CRS"

- 7 Indicate if your entity has a fiscal residence:
Yes _____. (*Go to Question 8)
No _____. (*Go to Question 9)

What you have indicated in this point will be equivalent to a declaration for all legal purposes.

- 8 Indicate the countries where your entity is treated as a resident for tax purposes, and the taxpayer identification number (TIN or Tax ID) related or equivalent:

COUNTRY		TAX ID	
1.		1.	
2.		2.	
3.		3.	

If your entity does not have a Tax ID number, indicate the reason:

- 9 Select one of the following options by placing the number in the space below _____.
- 9.1. The entity is a company whose capital is regularly traded in one or more established securities markets.
9.2. The entity is an entity related to a company whose capital is regularly traded in one or more established securities markets.
9.3. The entity is a government entity.
9.4. The entity is an international organization.
9.5. The entity is a central bank.
9.6. The entity is a financial institution, with the exception of an investment entity managed by another financial institution, resident in a non-participating jurisdiction of the CRS.
- (*If you selected one of the six options above, go directly to sign the document)
- 9.7. None of the above.
- (*If you selected any of the above, continue to Question 10)
- 10 Choose one of the following three options according to the Common Reporting Standard definitions and indicate the number of the selected definition in the following space: _____.
- 10.1. The entity is an Investment Entity administered by another Financial Institution, resident in a Non-Participating Jurisdiction.
10.2. The entity is an Active Non-Financial Entity (NFE Active) ([see definition of an NFE Active according to CRS](#))
10.3. The entity is a Passive Non-Financial Entity (NFE Passive) ([see definition of a NFE Passive according to CRS](#))
- (*In any of the three cases, read the statements that appear below and proceed to sign the document)

RECITALS

I hereby declare under the seriousness of oath and under penalty of perjury:

- That we have examined the information completed in this Self-certification, and it is true, correct and complete to the best of our knowledge.
- I know and accept that Banistmo, S.A. (hereinafter The Bank), is required under the laws of its jurisdiction on issues of automatic exchange of tax information, to collect certain information about the tax status of its account holders, therefore I have completed this Self-certification and I have provided information in other documents and forms of the Bank. That I know that the Bank may be required to share and/or deliver to the relevant tax authorities (including but not limited to the tax authority in the Bank's jurisdiction as well as those in the jurisdiction of the Taxpayer's fiscal residence) the information contained in this Self-certification, and other data provided in other documents and forms of the Bank, and which by this mean we authorize the Bank to share and/or deliver such information or data.
- That we understand and know that declaring false information in any material part of this Self-certification is a violation of the law, which could have criminal consequences in the jurisdiction of the Bank, as well as in the jurisdiction of the Account Holder or Beneficial Owners.
- That we are authorized by the Account Holder, account owner or all the accounts with which this form relates, to make this Declaration.
- That by this mean we agree to notify you, within a period not exceeding 30 calendar days, counted from your concurrence, by submitting a new Declaration, of any change with respect to the information provided in this Declaration, which may cause the information in it to be inaccurate, incomplete or incorrect.
- Likewise, we are aware that the Bank will treat the data with confidentiality and that they will be used according to the purpose for which it was collected. However, I authorize the Bank to provide personal data to its branches, its subsidiaries, representative offices, affiliates, agents or to its Head Office, either in Panama or abroad, in order to access the different services and/or products provided by them.

Signature: _____ Name: _____ # Identification: _____ Date: _____
Legal Representative and/or General Proxyholder