

TAX COMPLIANCE: INTERNATIONAL EXCHANGE OF INFORMATION ENTITY SELF-CERTIFICATION – CRS AND FATCA

Please note: Kleinwort Hambros is not permitted to complete this form on your behalf and does not provide tax advice. If you require assistance in completing this form you should contact your tax advisor or local tax authority. Please complete all mandatory fields on this form, as denoted with an asterisk (*).

PART 1: Entity Information*

Full legal name of Entity*

Jurisdiction of incorporation or organisation*

Entity's residence address

Number and street*

Town/city*

Postcode*

Country*

Entity's mailing address (if different from residence address)

Number and street

Town/city

Postcode

Country

PART 2: Entity residence for tax purposes and Tax Identification Number (TIN)*

Please specify the country(ies) in which the entity is resident for tax purposes and provide the entity's corresponding TIN(s).

You may wish to refer to the OECD guidance for further assistance on how to determine your TIN. If you are still unsure, please consult your professional tax advisor.

Primary country of residence*	TIN 1*	TIN 1 is unavailable <input type="checkbox"/>
Additional country of residence	TIN 2	TIN 2 is unavailable <input type="checkbox"/>
Additional country of residence	TIN 3	TIN 3 is unavailable <input type="checkbox"/>

Please tick this box to confirm you have specified above all countries in which the entity is resident for tax purposes*

If TIN is unavailable please specify the reason why.

A) Country where the entity is liable to pay tax does not issue TINs to residents

TIN 1 TIN 2 TIN 3

B) Laws of country of residence do not require the entity to provide a TIN (see below)

C) The entity is otherwise unable to obtain a TIN or equivalent (see below)

Please provide further details as to why the entity is unable to obtain a TIN if (B) or (C) above was selected.

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PART 3: Entity FATCA status*

Please only select the status that applies to you, providing any supporting information and/or documentation as required. You may wish to refer to the Glossary for more detailed definitions.

If you are uncertain as to whether your entity is a US Person, a Foreign Financial Institution (FFI), or a Non-Financial Foreign Entity (NFFE), please consult your professional tax advisor.

1. US Person

A. Specified US Person

Please complete a Form W-9 to accompany this Self-Certification Form.

B. A US Person but not a Specified US Person (see Glossary)

2. Non-US Person

If the entity is a Foreign Financial Institution (FFI), please tick the relevant box that applies:

A. FFI – Participating FFI/Reporting Model 1 IGA FFI/Reporting Model 2 IGA FFI

Please provide the entity's Global Intermediary Identification Number (GIIN)

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Please tick this box if the FFI has applied for but not yet received a GIIN
(Please provide an updated version of this form including your GIIN within 60 calendar days)

B. Non-Reporting FFI

i. Trustee Documented Trust

Please provide the name of the Trustee

Please provide the Trustees own GIIN

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ii. a) Sponsored Investment Entity

b) Sponsored Closely Held Investment Vehicle

Please provide the name of the Sponsoring Entity

Please provide the Sponsoring/Sponsored GIIN (as applicable)

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iii. Exempt Beneficial Owner

iv. Other Non-Reporting FFI

Includes other Non-Reporting FFIs that are treated as Deemed Compliant FFIs under Annex II of an applicable Model 1 or 2 Intergovernmental Agreement (IGA).

Please specify the type of Non-Reporting FFI (see Glossary) and complete a Form W-8 to accompany this Self-Certification Form.

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PART 3: Entity FATCA status* continued

2. Non-US Person continued

If the entity is a Non-Financial Foreign Entity (NFFE), please tick the relevant box that applies:

C. NFFE

i. Active NFFE or Excepted NFFE

ii. Passive NFFE (please complete Part 5)

iii. Direct Reporting NFFE

Please provide the entity's GIIN

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iv. Sponsored Direct Reporting NFFE

Please provide the name of the Sponsoring Entity

Please provide the Sponsoring/Sponsored GIIN (as applicable)

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PART 4: Entity CRS status*

Please only select the status that applies to you. You may wish to refer to the Glossary for more detailed definitions.

If you are uncertain as to whether your entity is a Financial Institution (FI) or Non-Financial Entity (NFE), please consult your professional tax advisor.

If the entity is a Financial Institution (FI), please tick the relevant box that applies:

A. Reporting FI

B. Non-Reporting FI

Includes Trustee Documented Trusts and Certain Retirement Funds, but not Sponsored entities under the FATCA regime (see Glossary for more information).

If the entity is a Non-Financial Entity (NFE), please tick the relevant box that applies:

C. Active NFE

D. Passive NFE (please complete Part 5)

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PART 5: Controlling Persons

Please only complete this section if the entity is classified as a Passive NFFE/NFE at Parts 3 and 4.

Controlling Persons (CPs) are the **natural person(s)** who exercise control over an entity.

In the case of an **entity**, control is generally exercised by the natural person(s) who ultimately has a controlling ownership interest, typically on the basis of a certain percentage (**10% or more** per Kleinwort Hambros policy) of shares, voting rights, etc. of an Entity. Where no natural person(s) exercises control through ownership interests, the CPs of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is/are identified as exercising control of the Entity through ownership interests, the CPs of the Entity will be the natural person(s) who hold the position of senior managing official.

In the case of a **trust**, the CPs are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership).

In the case of a **legal arrangement other than a trust**, CPs means persons in equivalent or similar positions.

If there are more than 4 CPs, please complete an additional copy of this page.

	CP 1	CP 2	CP 3	CP 4
Full name*				
Date of birth*	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Jurisdiction of birth* (city/town and country)				
Full residence address* (including house number, street, city, country and postcode)				
Jurisdiction(s) of tax residence* (please state all applicable Jurisdiction(s) of tax residence)				
Primary*				
Additional				
Additional				
Tax Identification Number(s) (TINs)* (please state all applicable TINs) (see overleaf if TIN is unavailable)				
TIN 1*				
TIN 2				
TIN 3				
Is the CP a Specified US Person?*(if yes, please also provide a valid Form W-9)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of CP* (see Note below)				

Note

The Type of CP includes (but is not limited to):

- In the case of an entity or other legal person: Control by ownership (10% or more), Control by other means, or Senior Managing Official.
- In the case of a trust: Settlor, Trustee, Protector, Beneficiary or Other.
- In the case of a legal arrangement other than a trust: Settlor – Equivalent, Trustee – Equivalent, Protector – Equivalent, Beneficiary – Equivalent or Other – Equivalent.

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PART 5: Controlling Persons continued

TIN Unavailable	TIN 1	TIN 2	TIN 3
If TIN is unavailable please specify the reason why.			
A) Country where the CP is liable to pay tax does not issue TINs to residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Laws of country of residence do not require the CP to provide a TIN (see below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) The CP is otherwise unable to obtain a TIN or equivalent (see below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling Person(s) the reason(s) relate to (please specify as CP 1, CP 2 etc.)	_____	_____	_____

Please provide further details as to why the CP(s) is/are unable to obtain a TIN if (B) or (C) above was selected

PART 6: Declaration and Signature*

- I declare that all information and statements made in this form are, to the best of my knowledge and belief, true, accurate, complete and up to date.
- I confirm the details of each Beneficial Owner and Controlling Person have been correctly completed.
- 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 Kleinwort Hambros, including how Kleinwort Hambros may use and share the information supplied by me within Societe Generale Group entities.
- I acknowledge that the information contained in this form, information regarding the account holder and information regarding any reportable account(s) held with Kleinwort Hambros may be reported to the governmental authorities of the jurisdiction in which this/these account(s) is/are maintained and exchanged with governmental authorities of another jurisdiction or jurisdictions in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I acknowledge that Kleinwort Hambros' records will also be updated to reflect the information given in this form, and that such information may be used by Kleinwort Hambros to comply with legal and regulatory requirements.
- I undertake to advise Kleinwort Hambros within 30 days of any change in circumstances which affects the tax residency of the Entity account holder identified in Part 1 of this form or causes the information contained herein to become incorrect (including any changes to the information on Controlling Persons identified in section 6), and to provide Kleinwort Hambros with a suitably updated Self-Certification Form and declaration within 30 days of such change in circumstances.
- I certify that I am the account holder (or authorised to sign for the account holder) of all the accounts to which this form relates.

Please indicate the capacity in which you are signing the form (e.g. "Authorised Officer"). If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Signature*	Signature*
Print name*	Print name*
Capacity*	Capacity*
Date* DD / MM / YYYY	Date* DD / MM / YYYY

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PERSONAL DATA

Kleinwort Hambros is a data controller in respect of your personal data. The collection of information (including personal data) in this document is necessary to enable us to provide our services to you, to comply with our legal obligations and to pursue our legitimate interests. Further information on how we gather, store and process your personal data and your rights in respect of such personal data can be found in our Privacy Notice which is available on our website at: www.kleinworthambros.com/en/important-information/privacy-notice/

It is important that you read and understand the Privacy Notice and the conditions in the Terms of Business headed “Confidentiality”, “Data Protection” and “Credit Reference Agencies” which explain how Kleinwort Hambros will deal with your information (including your confidential information and personal data). The Terms of Business are also available on our website at: www.kleinworthambros.com/en/important-information/banking-and-investment-terms-business/

INTERNAL USE ONLY

Please write your name below to confirm that each of the tests have been performed and the date of review.

Test	Front Office Reviewer (Full name)	Middle Office Reviewer (Full name)
Validity test		
Reasonableness test		
Reason to know test		Not applicable
Date of review		