

Tax residency self-certification form – Entity

The term 'Tax Regulations' refers to regulations created to enable the automatic exchange of information and includes the Foreign Account Tax Compliance Act ('FATCA') and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information ('CRS') relevant EU regulations and national regulations to rely on EU regulations.

Section 1: Entity details

1.1 Legal Name of Entity/Branch (in full)*: **BANCO BPM SPA**
 1.2 Country of incorporation or organisation: **ITALY**

Section 2: Current Permanent Residence Address

2.1 Entity's current permanent residence address*:

Line 1 (e.g. Number and Street) **4 PIAZZA FILIPPO MEDA**
 Line 2 (e.g. Town/City/Province/State)* **MILANO**
 Postal Code / ZIP **20121**
 Country* **ITALY**

2.2 Entity's mailing address (if different from above):

Line 1 (e.g. Number and Street)
 Line 2 (e.g. Town/City/Province/State)
 Postal Code / ZIP
 Country

Section 3: Country of Residence for Tax Purposes

3.1 Entity's country of residence for tax purposes*: ITALY
 3.2 Does the country of tax residence issue a TIN (Tax Identification Number)* to its entities? **YES XX** **NO**

If yes,

3.3 I further certify that the TIN in the country of residence is*: **09722490969**

3.4 Or I am otherwise unable to provide a TIN (tick box if relevant)

Please provide the reason why the TIN is unavailable:

3.5 Confirmation of Sole Residency for Tax Purposes:

I further certify that the account holder is not resident in any other country for tax purposes. **xx**

(If ticking this statement please proceed to Section 4 otherwise please proceed to Section 3.6 of this form.)

3.6 Additional Countries of Residence for Tax Purposes (if applicable)

I certify that in addition to the country set out in Section 3.1 the Entity is tax resident in the following countries and the Entity's TIN in each additional country is set out below or I have ticked the box to indicate that a TIN is unavailable (use a separate sheet if the Entity is tax resident in more than four additional countries):

Country*: _____	TIN*: _____	or TIN unavailable: <input type="checkbox"/>
Country*: _____	TIN*: _____	or TIN unavailable: <input type="checkbox"/>
Country*: _____	TIN*: _____	or TIN unavailable: <input type="checkbox"/>
Country*: _____	TIN*: _____	or TIN unavailable: <input type="checkbox"/>

If you have ticked the boxes above, please provide the reason why the TIN is unavailable:

Section 4: Entity's classification under FATCA

Please tick the **only** relevant box that applies:

4.1 If you have indicated in Section 3.1 or 3.6 that the Entity is tax resident in the US or if you are a US Person for any other reason, please confirm if the Entity is a **Specified US Person**:

- i. Specified US Person
- ii. Non-Specified US Person

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

- i. Participating Foreign Financial Institution (PFFI) or Reporting FATCA Partner FI
- ii. Registered Deemed Compliant (RDC-FFI)
- iii. Sponsored Investment Entity

If you have ticked any of the boxes above, please provide the Entity's GIIN:

TJZ22C.00000.LE.380

If unable to provide a GIIN, please provide the reason why the Entity does not have a GIIN:

4.3 If the Entity is a Financial Institution that is not covered by one of the classifications in 4.1 or 4.2, please tick the relevant box that applies:

- i. Non-Reporting FATCA Partner FI
- ii. CDC-FFI
- iii. Owner-Documented FFI¹
- iv. Exempt Beneficial Owner
- v. NPFFI or Limited FFI

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

- i. Active NFFE or Excepted NFFE
- ii. Passive NFFE (please complete Section 6)
- iii. Direct Reporting NFFE (please provide GIIN below)
- iv. Sponsored Direct Reporting NFFE (please provide your Entity's GIIN below)

If the status of the entity does not match any of the above statuses in 4.1, 4.2, 4.3 and 4.4, you must provide, in addition to this self-certification form, a W-8 form.

Section 5: Entity's classification under OECD CRS

Please tick the **only** relevant box that applies:

5.1 If the Entity is a Financial Institution, please tick the relevant box that applies:*

- i. Reporting Financial Institution
- ii. Non-Reporting Financial Institution

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

- i. Active NFE – Publicly traded NFEs and related entities, governmental entities, int. organizations, central banks or their wholly owned entities
- ii. Active NFE – Other
- iii. Passive NFE – Non active NFE (please complete Section 6)
- iv. Passive NFE – Investment entity that is not a Participating Jurisdiction FI² (please complete Section 6)

¹ This status does not apply immediately if you have checked this box. A preliminary analysis will be carried out by the Bank (additional documentation may be requested). The Bank reserves the right of refusal. In case of an agreement between both parties, a contract should be signed in order to benefit from this status.

² Please note that if the related jurisdiction becomes a Participating jurisdiction, the status of the entity will automatically be changed to Reporting FI. Therefore, a new self-certification may be requested.

Section 6: Passive NFFE/NFE Controlling Persons

6.1 Controlling Persons information of non resident persons for CRS and/or "Specified US persons" for FATCA

Please list below each Controlling Person information for non-resident person for CRS and/or "Specified US person" for FATCA (or non resident Beneficial Owner if different) of the Entity, confirming ALL countries of tax residence and ALL Tax Identification Numbers for EACH Controlling Person.

Or by checking this box, I certify that I have attached self-certifications forms executed by Controlling Persons of the entity identified in this form.

	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4
Full Name* (First and last name)				
Date of Birth* (DD/MM/YYYY)				
Country of Birth*				
Full Address* (House No, Street, City, Country, Post Code)				
Country(s) of Tax Residence(s)* (Do Not Abbreviate)				
Associated TIN(s) or reason of unavailability*				
Type of Controlling Person* (please see instructions)				
Is the Controlling Person a "Specified US person" ?* (Yes / No)				

Please attach additional sheets if necessary.

Declaration*

- I confirm that all information and statements made in this form are to the best of my knowledge and belief correct and complete. I confirm the details of each non resident controlling person have been correctly completed when applicable.
- I authorize the Bank to provide a copy of this self-certification, any IRS form (W8 and/or W9) filled out and transmitted by me or by any controlling person of the entity, or any other information necessary for establishing my tax status to any competent tax authority, any authority empowered to audit or control the Bank for tax purposes as well as any entity, which, at the time of disclosure, belongs to the OTP Group.
- I agree that any information contained in this self-certification including information on controlling persons and any information regarding his/her current and future financial account(s), including their balance(s) and income revenues transactions, may be reported to (i) any authority to which the Bank is required to provide tax-related information, (ii) any other parties the Bank considers as relevant in order to comply with the applicable regulations FATCA and CRS and to prevent the potential violation of these regulations and (iii) any entity to whom the Bank decided to entrust all or part of its FATCA and CRS reporting obligations, including any company that, at the time of disclosure, belongs to the OTP Group.
- I agree that I will submit a new self-certification form to the Bank within 90 days if any information on this self-certification form changes or becomes incorrect including for controlling persons.
- I will inform each beneficial owner of the entity (current and future) of the requirements under FATCA and CRS legislations. I will guarantee to the Bank that I obtained the express consent of such persons, in compliance with all applicable regulations regarding the protection of personal data and/or professional secrecy, so that information concerning them referred to in 6.1, their links (direct or indirect) with the entity and any relevant information or documentation under FATCA and CRS, can be collected and transmitted to the above mentioned authorities and entities. I undertake to submit to the the Bank, upon its first request, those consents.

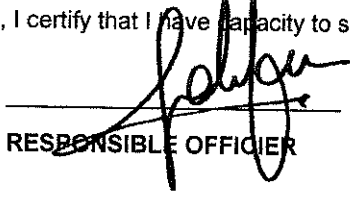
I certify that I am the Account Holder (or authorized to sign for the Account Holder) of all the accounts to which this form relates.

I certify that the entity mentioned on Part 1.1 of this form :

- Is a "Specified US person" **If you are a "Specified US Person" under the US Internal Revenue Service ("IRS") regulations you should also complete and provide an IRS Form W-9 if applicable.**
- Is not a "Specified US person"

By checking this box, I certify that I have capacity to sign for the Entity identified in this form. **XXX**

Sign Here*:



Print Name:

FABIO FAINA

Capacity:

RESPONSIBLE OFFICIER

Date (DD-MM-YYYY)*: _____

Personal data: The personal data collected in this document are mandatory to allow the Bank to precisely determine and qualify your fiscal status in accordance with any applicable regulation. These data, as well as those collected later, may be used by the Bank for customer relations management and in particular for risk management, incident and fraud prevention, Know-Your-Customer and anti-money laundering purposes. These personal data may not be used by the Bank for direct marketing. They may, as expressly agreed upon and to the extent necessary to achieve the above purposes, be disclosed to other legal entities of the OTP Group as well as to competent authorities such as fiscal authorities. These recipients could be established within or outside the European Economic Area, including countries with data protection legislation differing from European Union legislation. Such data transfers take place under conditions and guarantees offering appropriate protection of your personal data. You may access your personal data and obtain rectification or deletion of incomplete or inaccurate data. You may also object on legitimate grounds to the processing of your data. You may also submit justified complaint regarding the processing of your data by contacting the Service where your account is opened.

----- [FI name] internal use only below this line -----
Form to be used in IGA 1 countries (Intergovernmental Agreement model 1)

Internal Account Holder ID number: _____

Received (DD-MM-YYYY): _____

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