

Entity tax residency self-certification form INSTRUCTIONS

Please read these instructions before completing the form.

Regulations based on the OECD Common Reporting Standard (“CRS”) require Financial Institutions to collect and report certain information about an account holder’s tax residency. If account holder’s tax residence is located outside the country where the FI maintaining the account is located, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the tax authorities in the country where the FI is located and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

You can find summaries of defined terms such as an account holder, and other terms, in the Appendix. This form will remain valid unless there is a change in circumstances relating to information, such as the account holder’s tax status or other mandatory field information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

This form is intended to request information consistent with local law requirements.

Please complete this form where you need to self-certify on behalf of an entity account holder.

If you are an individual account holder or sole trader or sole proprietor do not complete this form. Instead please complete an *“Individual tax residency self-certification form.”*

For joint or multiple account holders please complete a separate form for each account holder.

If the Account Holder is a U.S. tax resident under U.S. law, you should indicate that the account holder is a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form. For more information on tax residence, please consult your tax adviser or the information at the OECD automatic exchange of information portal.

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution

Please provide information on the natural person(s) who exercise control over the Account Holder (individuals referred to as “Controlling Person(s)”) by completing a *“Controlling Person tax residency self-certification form”* for each Controlling Person. This information should be provided by all Investment Entities located in a Non-Participating Jurisdiction and managed by another Financial Institution.

You should indicate the capacity in which you have signed in Part 4. For example you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a signatory authority or power of attorney.

As a financial institution, we are not allowed to give tax advice.

If you have any questions about this form, these instructions, or defining your tax residency status, please speak to your tax adviser or local tax authority.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information portal.

Fields marked with a * are mandatory, subject to variations in local rules. In addition to the mandatory information, client should complete the entire self-certification form to ensure that all of their information is included in their account file and nothing is inadvertently missing.

Entity tax residency self-certification FORM - (please complete parts 1-3 in BLOCK CAPITALS)

Part 1 – Identification of Account Holder

A. Legal Name of Entity/Branch* Credit Suisse Securities (Europe) Limited

B. Country of incorporation or organisation United Kingdom

C. Current Residence Address
 Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)* One Cabot Square
 Line 2 (e.g. Town/City/Province/County/State)* London
 Country * United Kingdom
 Postal Code/ZIP Code, if any* E14 4QJ

D. Mailing Address (please only complete if different to the address shown in Section C above)
 Line 1 (e.g. House/Apt/Suite Name, Number, Street) _____
 Line 2 (e.g. Town/City/Province/County/State) _____
 Country _____
 Postal Code/ZIP Code _____

Part 2 – Entity Type 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 2(a) and 2(b) below)

ii. Other Investment Entity

(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

Q	7	6	2	8	F	.	0	0	0	2	4	.	M	E	.	8	2	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

Part 2 – Entity Type (continued).

(c) Nonreporting Financial Institution (excluding Active NFEs described in (d)-(g) below.) Specify the category:

- i. Broad Participation Retirement Fund
- ii. Narrow Participation Retirement Fund
- iii. Pension Fund of a government entity, international organization or central bank
- iv. Exempt Collective Investment Vehicle
- v. Trustee-Documented Trust
- vi. Qualified Credit Card Issuer
- vii. Other (*only tick if the entity type is contained in your local jurisdiction legislation where you are resident*)

(d) 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 (d), please provide the name of the established securities market on which the corporation is regularly traded: _____

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: _____

(e) Active NFE – a Government Entity or Central Bank

(f) Active NFE – an International Organisation

(g) Active NFE – other than (d)-(f) (*for example a start-up NFE or a non-profit NFE*)

(h) Passive NFE (*Note: if ticking this box please also complete 2(a) AND 2(b) below*)

2. If you have ticked 1(a)(i) or 1(h) above, then please

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.* Please see the definition of Controlling Person in Appendix

Part 3 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent* (“TIN”) (see Appendix)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

*If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.
If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet*

If a TIN is unavailable please provide the appropriate reason **A, B or C** where appropriate:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C – No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of tax residence		TIN	If no TIN available enter Reason A,B or C
1	United Kingdom	268/13500 41921	
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

Part 4 – 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 the Financial Institution that maintains the account setting out how that Financial Institution may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

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 the Financial Institution within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete(including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide the Financial Institution that maintains the account with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature:* 

Print name:* Robert Lombardi

Date:* (dd/mm/yyyy) 08/11/2017

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 if available.

Capacity: * POA