



Self certification form to establish foreign tax status – Legal Entities

LEGAL ENTITY IDENTITY	
Legal Entity Name:	_____
Country of Tax Residency:	_____
Registration Number:	_____

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 this case you must notify the Bank and provide an updated self-certification.
 This form is intended to request information consistent with local law requirements.

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

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, you may seek assistance from your tax advisor or local tax authority.

PART A – FATCA Classification

The provisions commonly known as the Foreign Account Tax Compliance Act (FATCA), became law in the United States of America in March 2010. FATCA targets tax non-compliance by U.S. taxpayers with foreign accounts. FATCA focuses on reporting:

- By U.S. taxpayers about certain foreign financial accounts and offshore assets.
- By foreign financial institutions about financial accounts held by U.S. taxpayers or foreign entities in which US taxpayers hold a substantial ownership interest.

Financial Institutions are required to verify whether entities and/or their controlling persons are U.S. Persons. Alpha Bank Cyprus Ltd due to a contractual obligation with the Internal Revenue Service and the upcoming Intergovernmental Agreement between the Republic of Cyprus and the United States of America is obliged to request for certain information, as shown on this form. We are bound to report the data of Persons clarified by FATCA as reportable, to the Republic of Cyprus tax authorities. The Republic of Cyprus tax authorities will report these data to the United States tax authorities.

Several words in this Part A are underlined. A detailed explanation of these terms can be found in the Intergovernmental Agreement between the United States of America and the Republic of Cyprus to Improve International Tax Compliance and to implement FATCA, and in the relevant decree issued by the Tax Department of the Republic of Cyprus.

SECTION 1. Are you a Financial Institution? <i>Financial Institution means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company.</i>	<input type="checkbox"/> YES (Please complete section 2)
	<input type="checkbox"/> NO (Please complete section 3)

SECTION 2. FINANCIAL INSTITUTIONS <i>Please check the category that applies for your Institution</i>	Please complete this section only if you answered YES to Section 1
<u>Participating Foreign Financial Institution</u>	<input type="checkbox"/> Global Intermediary Identification Number (GIIN): _____
<u>Non-participating FFI</u>	<input type="checkbox"/>
<u>Certified deemed-compliant FFI</u>	<input type="checkbox"/>
<u>Exempt Beneficial Owner</u>	<input type="checkbox"/>

SECTION 3. NON-FINANCIAL INSTITUTIONS	Please complete this section only if you answered NO to Section 1
Are you an entity registered/ incorporated/ organized under the Laws of United States?	<input type="checkbox"/> YES (Please complete section 3.1) <input type="checkbox"/> NO (Please complete section 3.2)

3.1 US Entities <i>Please check the category that applies for your Entity</i>	Please complete this section only if you answered YES to Section 3
<u>Specified US person</u>	<input type="checkbox"/> TIN: _____
<u>Non Reportable US person</u>	<input type="checkbox"/>

3.2 Non-US Entities (Non – Financial foreign entities-NFFE) Please check the category that applies for your Entity	Please complete this section only if you answered NO to Section 3	
Is any of the entity's Ultimate Beneficial Owners US tax resident?	<input type="checkbox"/> YES	<input type="checkbox"/> Active NFFE <input type="checkbox"/> Passive NFFE
	<input type="checkbox"/> NO	

PART B – CRS Classification

Regulations based on the OECD Common Reporting Standard (“CRS”)] require Alpha Bank Cyprus Ltd to collect and report certain information about an account holder’s tax residency. If the account holder’s tax residence is located outside the Republic of Cyprus, 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 Republic of Cyprus tax authorities and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

Several words in this Part B are capitalised. A detailed explanation of these terms can be found in the Decree issued by the Tax Department of the Republic of Cyprus.

You can also find out more details, 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.

<u>Only for Cyprus Tax residents</u>	<input type="checkbox"/> YES (Please complete section 1)
If the entity is resident, for Tax purposes, only in the Republic of Cyprus, are any of the entity’s Controlling Persons, tax residents of a jurisdiction other than the Republic of Cyprus? Note: If the entity is also resident, for Tax purposes, in any jurisdiction other than the Republic of Cyprus, Section 1 must be completed.	<input type="checkbox"/> NO (No further information needed)

SECTION 1. Are you a Financial Institution? <i>Financial Institution means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company.</i>	<input type="checkbox"/> YES (Please complete section 2)
	<input type="checkbox"/> NO (Please complete section 3)

SECTION 2. FINANCIAL INSTITUTIONS <i>Please check the category that applies for your Institution</i>	Please complete this section only if you selected YES to Section 1
Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution	<input type="checkbox"/>
Other Investment Entity	<input type="checkbox"/>
Other Financial Institution (Depository Institution, Custodial Institution or Specified Insurance Company)	<input type="checkbox"/>

SECTION 3. NON FINANCIAL ENTITIES (NFEs)	Please complete this section only if you selected NO to Section 1
Please define the entity's status:	<input type="checkbox"/> Active NFE This category includes amongst others stated in the Decree, the following: <ul style="list-style-type: none"> • Entities with less than 50% passive income and passive assets, • Corporations the stock of which is regularly traded on an established securities market, • Governmental entities • International Organisations • Central Banks • Start-up entities (not yet operating business) • Non-profit entities
	<input type="checkbox"/> Passive NFE

PART C. DECLARATION AND SIGNATURE	
<p>As a representative authorized to sign on behalf of the entity, I declare that I have examined the information on this form and that to the best of my knowledge and belief it is true, correct and complete and I fully understand the effect thereof. Furthermore we confirm that before providing the said information we have, where necessary, obtained expert advice in that respect.¹</p> <p>As a representative authorized to sign on behalf of the entity, I agree that I will submit a new form within 30 days if any certification on this form that may occur in above mentioned information becomes incorrect.</p> <p>If the representative <u>authorized</u> to sign is jointly authorized, please note that in this case this form has to be signed by the jointly authorized representatives.</p> <p>Date: _____</p> <p>City: _____</p>	
Authorized representative 1 Name: _____ Surname: _____ Signature: _____	Authorized representative 2 Name: _____ Surname: _____ Signature: _____

¹ Υπό την ιδιότητα μου ως εξουσιοδοτημένου αντιπροσώπου του νομικού προσώπου, διά της παρούσης επιβεβαιώνω ότι οι πληροφορίες που έχω δώσει πιο πάνω είναι ορθές και ακριβείς και ότι αντιλαμβάνομαι πλήρως το αποτέλεσμα αυτών. Περαιτέρω επιβεβαιώνω ότι προτού δώσω τις εν λόγω πληροφορίες εξασφάλισα, όπου αυτό ήταν απαραίτητο, σχετική συμβουλή από ειδικά καταρτισμένο πρόσωπο.