Entity Self-Certification Form – ES-MIL

Information collected on this form will be used to comply with tax regulatory requirements as mandated by: - U.S. Intergovernmental Agreements in relation to the Foreign Account Tax Compliance Act (“FATCA”) – Competent Authority Agreements in relation to the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (“CRS”).

## Part I – Idenfication of Entity

|  |  |
| --- | --- |
| **1. Legal Name of Entity/Branch** |  |
| **2. Country of incorporation or organization** |
| **3. Current Residence Address:** | SUITE NAME, NUMBER, STREET |
| TOWN/CITY/PROVINCE/COUNTRY/STATE |
| COUNTRY |
| POSTAL CODE/ZIP CODE |
| **4. Mailing Address**  *(Please only complete if different to the address shown in line 3 above)* | SUITE NAME, NUMBER, STREET |
| TOWN/CITY/PROVINCE/COUNTRY/STATE |
| COUNTRY |
| POSTAL CODE/ZIP CODE |

## Part II – FATCA Classification

|  |  |
| --- | --- |
| *Please check one box only unless otherwise indicated – This section is to be completed bby Non-U.S. Persons only* | |
| **Financial Institution** | **Exempt Beneficial Owner** |
| Reporting Model 1 FFI[[1]](#footnote-2) | Entity wholly owned by Exempt Beneficial Owners *(please also provide a Form W-8 and other required information as applicable)* |
| Reporting Model 2 FFI1 | IGA (Model 1 or Model 2) Annex II Exempt Beneficial Owner  *Type of Exempt Beneficial Owner:*  *IGA Country under which this type of Exempt Beneficial Owner is named:* |
| Participating FFI1 | Other *(e.g. Government, Central Bank, Pension Fund, etc.)* |
| Registered Deemed Compliant FFI1 | **Non - Financial Entity** |
| Trustee-documented trust[[2]](#footnote-3)  *Name of Trustee:* | Active NFFE |
| Sponsored Investment entity  *Name of Sponsoring Entity:* | Passive NFFE *(please complete PART 6 -Identification of Controlling Persons)* |
| Non-reporting IGA FFI (other than Trustee-documented trust)  *Type of non-reporting IGA FFI:* | Non-financial Group entity |
| **Certified deemed-compliant FFI** | Excepted non-financial start-up company  *Formation date (dd/mm/yyyy):* |
| Non-registering local bank | Excepted non-financial entity in liquidation or bankruptcy  *Date of filing of plan of liquidating, plan of reorganization or bankruptcy bankruptcy (dd/mm/yyyy):* |
| FFI with only low-value Accounts | Other *(e.g. Government, Central Bank, Pension Fund, etc.)* |
| Sponsored, closely held investment vehicle | Section 501 c) organization |
| Limited life debt investment entity | Non-profit organization |
| Investment advisors and investment managers | Publicy traded NFFE or NFFE affiliate of a publicy traded corporation  *Name one securities exchange upon which the stock of the entity/affiliate is regularly traded:*  *Name of the affiliate entity, the stock of which is regularly traded in an established securities market:* |
| Territory financial Institution | IGA (Model 1 or Model 2) Annex II Exempt Beneficial Owner  *Type of Exempt Beneficial Owner*:  *IGA Country under which this type of Exempt Beneficial Owner is named:* |
| Owner-documented FFI *(please also provide a Form W-8)* | Other *(e.g. Government, Central Bank, Pension Fund, etc.)* |
| Limited Branch |  |
| Non-Participating FFI acting as an intermediary or flow-through entity for Exempt Beneficial Owners (*please also provide a Form W-8*) |
|  |  |

## Part III – CRS Classification

|  |
| --- |
| *Please check one box only unless otherwise indicated* |
| (a) Financial Institution - Investment entity |
| 1. Investment entity located in a Non-Participating Jurisdiction and manged by another Financial Istitution *(Please complete PART 6 - Identification Controlling Persons)* |  |
| 1. Other Investment Entity |  |
| **(b) Financial Institution – Depository Institution, Custodian Institution or Specfied Insurance Company** |  |
| Please provide the Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes: |
| **(c) Financial Institution – Non Reporting** |
| - Governmental Entity |  |
| - Central Bank |  |
| - Broad Participation Retirement Fund |  |
| - Narrow Participation Retirement Fund |  |
| - Pension Fund of Governmental Entity, International Organization, or Central Bank |  |
| - Exempt Collective Investment Vehicle |  |
| - Trustee - Documented Trust |  |
| - Other (*only check this box if the entity type is contained within your local jurisdiction legislation where you are resident):*  *Please specify the entity's classification:*  *Please specify the jurisdiction under which this type of classification is named:* Click here to enter text. |  |
| **(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:**  *Please provide the name of the established securities market on which the corporation is regularly traded* |  |
| **e) Active NFE - a Government Entity** |  |
| **f) Active NFE - International Organization** |  |
| **g) Active NFE - Other than d) - f)** *(for example a start-up NFE or a Non-profit NFE)* |  |
| **h) Passive NFE** (*Please complete PART 6 - Identification Controlling Persons*) |  |
| If you check box 1(a)(i) or 1(h) |
| 1. **Please indicate the name of the Controlling Persons**  |  | | --- | |  | |  | |  | |
| 1. **Each Controlling Person has to complete PART 6** |

## Part IV – Country of residence For Tax Purposes And Related Taxpayer Identification Number Or Functional Equivalent (“TIN”)

|  |
| --- |
| *Please indicate the Entity’s tax residence and the tax identification number – TIN* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Country of tax residence | TIN | If no TIN available enter Reason A, B, C |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

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

**Reason A** - the country where the entity is liable to pay tax does not issue TINs to its residents.

**Reason B** - the entity is otherwise unable to obtain a TIN or equivalent number *(Please use the second table below to explain why you are unable a TIN if you have selected this reason*)

**Reason C -** No TIN is required *(only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be entered below do not require the TIN to be disclosed)*

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

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## Part V – Declaration and Signature

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| I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Entity’s relationship with ES-MIL setting out how that ES-MIL may use and share the information supplied by me.   * 1. Reported to the tax authorities of the country in which such Account(s) is/are maintained; and   2. Exchanged with tax authorities of another country or countries in which the Account Holder and Controlling Person(s) may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange Financial Account information with the country/ies in which the account(s) is/are maintained.   I certify that I am the Controlling Person or am authorized to sign for the Account Holder and Controlling Person(s) in respect of all the Financial 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 ES-MIL within 30 days of any change in circumstances which affects the tax residency status and entity classifications and Controlling Person(s) identified in Parts 1 to 7 of this form or causes the information contained herein to become incorrect, and if requested, to provide ES-MIL with a suitably updated Self-Certification and Declaration within such time. | |
| Date |  |
| Signature |  |
| Print Name |  |
| Capacity[[3]](#footnote-4) |  |

## Part VI – Identification of Controlling Persons

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Controlling Person information is required for the following entity types:  - Passive NFEs for CRS purposes  - Investment Entities located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution.  - Passive NFFEs for FATCA purposes. | | | | |
| Name | |  | | |
| Surname | |  | | |
| Place of birth | |  | | |
| Date of birth | |  | | |
| Residence Address | |  | | |
| Name of the entities (when controller is an entity) | | | | |
| Entity 1 | |  | | |
| Entity 2 | |  | | |
| Entity 3 | |  | | |
| COUNTRY OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT (“TIN”) | | | | |
|  | Country | | TIN | If no TIN available enter Reason A, B, or C |
| 1 |  | |  |  |
| 2 |  | |  |  |
| 3 |  | |  |  |
| If a TIN is unavailable please provide appropriate reason A, B or C where appropriate | | | | |
| **Reason A –** the country where the entity is liable to pay tax does not issue TINs to its residents | | | | |
| **Reason B –** the entity is otherwise unable to obtain a TIN or quivalent number | | | | |
| *Please axplain I the following boxes why you are unable to obtain a TIN if you selected Reason B above* | | | | |
|  | | | | |
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| --- | --- | --- | --- |
| **TYPE OF CONTROLLING PERSON** | **Entity 1** | **Entity 2** | **Entity 3** |
| **Type of controlling people** |  |  |  |
| A Controlling Person of a legal person - control by ownership |  |  |  |
| B Controlling Person of a legal person - control by other means |  |  |  |
| C Controlling Person of a legal person - senior managing official |  |  |  |
| D Controlling Person of a trust - settlor |  |  |  |
| E Controlling Person of a trust - trustee |  |  |  |
| F Controlling Person of a trust - protector |  |  |  |
| G Controlling Person of a trust - beneficiary |  |  |  |
| H Controlling Person of a trust - other |  |  |  |
| I Controlling Person of a legal arrangement (non-trust) - settlor-equivalent |  |  |  |
| L Controlling Person of a legal arrangement (non-trust) - trustee-equivalent |  |  |  |
| M Controlling Person of a legal arrangement (non-trust) - protector-equivalent |  |  |  |
| N Controlling Person of a legal arrangement (non-trust) - beneficiary-equivalent |  |  |  |
| O Controlling Person of a legal arrangement (non-trust) - other-equivalent |  |  |  |

Declaration and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the relationship with ES-MIL setting out how that ES-MIL may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder, any Accounts of same, and Controlling Person(s) may be:

(i) Reported to the tax authorities of the country in which such Account(s) is/are maintained; and

(ii) Exchanged with tax authorities of another country or countries in which the Account Holder and Controlling Person(s) may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange Financial Account information with the country/ies in which the account(s) is/are maintained.

I certify that I am the Controlling Person or am authorized to sign for the Account Holder and Controlling Person(s) in respect of all the Financial 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 ES-MIL within 30 days of any change in circumstances which affects the tax residency status and entity classifications and Controlling Person(s) identified in Parts 1 to 7 of this form or causes the information contained herein to become incorrect, and if requested, to provide ES-MIL with a suitably updated Self-Certification and Declaration within such time.

|  |  |
| --- | --- |
| Date |  |
| Signature |  |
| Print Name |  |

1. Please provide the Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes: [↑](#footnote-ref-2)
2. If the Entity is a sponsored FFI/NNE that has not obtained a GIIN then please provide the GIIN of its sponsoring entity [↑](#footnote-ref-3)
3. Please indicate the capacity in which you are signing the form. If igning under a power of attorney please also attach a certified copy of the power of attorney [↑](#footnote-ref-4)