



GRUPPO BANCA CARIGE

SELF CERTIFICATION FATCA and CRS - LEGAL ENTITIES

Declaration due under Foreign Account Tax Compliance Act and Common Reporting Standard

SECTION 1: INVESTOR IDENTIFICATION

<u>Entity legal name:</u> Banca Cesare Ponti S.p.A.	<u>Residence address (street, house number, zip code, city, country):</u> Piazza del Duomo, 19, 20121, Milan, Italy
	<u>Country of registration:</u> Italy

SECTION 2: FATCA DECLARATION SPECIFIED U.S. PERSON

If the country of registration/incorporation or the residence address is in the United States, please tick either (a) or (b) below and complete as appropriate

a) The Entity is a Specified U.S. Person and the Entity's U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows:

U.S. TIN _____

or,

b) The Entity is not a Specified U.S. Person (please also complete Sections 3, 4 and 5)

SECTION 3: ENTITY'S FATCA CLASSIFICATION

The information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5

3.1 Financial Institutions under FATCA

If the Entity is a Financial Institution, please tick one of the below categories and provide the Entity's GIIN at 3.2

I. Italian Financial Institution or a Partner Jurisdiction Financial Institution

II. Registered Deemed Compliant Foreign Financial Institution

III. Participating Foreign Financial Institution

3.2 Please provide the Entity's Global Intermediary Identification number (GIIN):

JT1D9W.00005.ME.380

3.3 If the Entity is a Financial Institution but unable to provide a GIIN, please tick one of the below reasons:

- I. The Entity has not yet obtained a GIIN but is sponsored by another entity which
 Sponsor's Name: _____ Sponsor's GIIN: _____
- II. Exempt Beneficial Owner
- III. Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)
- IV. Non-Participating Foreign Financial Institution
- V. Excepted Foreign Financial Institution

3.4 Non-Financial Institutions under FATCA:

If the Entity is not a Financial Institution, please tick one of the below categories

- I. Active Non-Financial Foreign Entity
- II. Passive Non-Financial Foreign Entity
(If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete Section 6)
- III. Excepted Non-Financial Foreign Entity

SECTION 4: CRS DECLARATION OF TAX RESIDENCY

Please note that you may choose more than one country

Please indicate the Entity's country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers "TIN").

NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a (TIN).

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

Country of Tax Residency	Tax ID Number
1) Italy _____	1) 07051880966 _____
2) _____	2) _____
3) _____	3) _____

SECTION 5: ENTITY'S CRS CLASSIFICATION

The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3

5.1 Financial Institutions under CRS

If the Entity is a Financial Institution, please tick one of the below categories:

I. Financial Institution under CRS (other than (II) below)

II. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete Section 6

5.2 Non Financial Institutions under CRS

If the Entity is a NON Financial Institution, please tick one of the below categories:

I. Active Non-Financial Entity – 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

II. Active Non-Financial Entity – a Government Entity or Central Bank


III. Active Non-Financial Entity – an International Organisation

IV. Active Non-Financial Entity – other than (I)-(III) (for example a start-up NFE or a non-profit NFE)

V. Passive Non-Financial Entity (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete Section 6

SECTION 6: CONTROLLING PERSONS 

Please provide us with controlling persons' (> 25% ownership) data if requested:

Controlling Person 1 

<u>Name:</u>	<u>Residence address (street, house number, zip code, city, country):</u>
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Country of Tax Residency

Tax ID Number

1) _____


1) _____

2) _____

2) _____

3) _____

3) _____

Controlling Person 2 

<u>Name:</u>	<u>Residence address (street, house number, zip code, city, country):</u>
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Country of Tax Residency

Tax ID Number

1) _____


1) _____

2) _____

2) _____

3) _____

3) _____

Controlling Person 3 

<u>Name:</u>	<u>Residence address (street, house number, zip code, city, country):</u>
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Country of Tax Residency

Tax ID Number

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____


SECTION 7: DECLARATIONS AND UNDERTAKINGS

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I/We acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature(s):



Print Name(s):

Mrs. Paola ARDUINI

Capacity in which declaration is made:
(for example 'Authorised officer')

Chief Compliance Officer

If signing under a power of attorney please also attach a certified copy of the power of attorney.

Date: (month/year):

18th June 2020

For further information on FATCA or CRS status please refer to the following website:

FATCA: <https://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>

CRS: <https://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

If you have any questions about this form or defining the investor's tax residency status, please contact :
Compliance - U/Conformità Normativa at fatca@carige.it