

FATCA and CRS Self-Certification Form

Business Customers/
Non-Personal Customers

Please complete this form if you are a business customer/non-personal customer other than a sole trader. If you are a sole trader, please complete form 4-1068R.

All Sections must be completed as follows:

- ▶ Non-Financial Entities – Complete Sections 1, 2, 3 and 6
- ▶ Financial Institutions – Complete Section 1, 2, 4, 5 and 6

Introduction

The Governor and Company of the Bank of Ireland (“the Bank”) is obliged under Section 891E and Section 891F of the Taxes Consolidation Act 1997 (as amended), and Tax Regulations made pursuant to those sections, to collect certain information about each account holder’s tax residency status and the tax residency and citizenship of controlling persons in certain circumstances.

Please complete, where applicable, the relevant sections below and provide any additional information as may be required. In certain circumstances we may be obliged to share this information with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about how to complete this form or any other concerns about the impact of sharing of information, you should contact your tax advisor or local tax authority.

Please note that the Bank does not provide tax advice and will not be liable for any errors contained in this form.

When filling in this form, read the Guidance Notes and Glossary of Terms (form 4-1069R) for definitions of specific words and terms.

Section 1 – Entity/Organisation Details (mandatory)

Name of Entity or Organisation

Country of Incorporation or Organisation

Current Registered Address

Section 2 – Tax Residency for FATCA and CRS (mandatory)

Please review the below and complete as appropriate

a) Is your Entity/Organisation resident for tax purposes in the U.S.?

Yes ☐ No ☐

If “Yes” your Organisation must complete Section 2 (b)

If “No” please proceed to Section 2 (c)

b) Is your Entity/Organisation a Specified U.S. Person (Note that a Specified U.S. Person includes organisations)

Yes ☐ No ☐

If “Yes” you must provide your Organisation’s U.S. Tax Identification Number (TIN):

c) Is your Entity/Organisation resident for tax purposes in any country other than the U.S. and the Republic of Ireland?

Yes ☐ No ☐

If “Yes”, please list below all countries/territories in which your Organisation is tax resident, and provide the corresponding Tax Identification Number (TIN), or functional equivalent for each country/territory.

If “No” please proceed to Section 3

Country/Territory

Tax Identification Number (or Equivalent)

Section 3 – Non-Financial Entities

NB: If you are a Financial Institution please proceed directly to Section 4. Otherwise, please select your Entity/Organisation's classification for both FATCA and CRS.

For more details on Non-Financial Entities, please refer to the Glossary in form 4-1069R.

FATCA:

- I certify that the Entity/Organisation is an Active NFFE ☐ if "Yes" proceed to Section 6
- I certify that the Entity/Organisation is a Passive NFFE ☐ if "Yes" proceed to Section 6 and complete the Controlling Person Self-Certification Form (4-1070R)
- I certify that the Entity/Organisation is an Excepted NFFE ☐ if "Yes" proceed to Section 6

CRS:

- I certify that the Entity/Organisation is an Active NFE, the stock of which is regularly traded on an established securities market ☐ if "Yes" proceed to Section 6
- I certify that the Entity/Organisation is an Active NFE, a Government Entity or Central Bank ☐ if "Yes" proceed to Section 6
- I certify that the Entity/Organisation is an Active NFE, an international organisation ☐ if "Yes" proceed to Section 6
- I certify that the Entity/Organisation is an Active NFE, other than the above Active NFE categories ☐ if "Yes" proceed to Section 6
- I certify that the Entity/Organisation is a Passive NFE ☐ if "Yes" proceed to Section 6 and complete the Controlling Person Self-Certification Form (4-1070R)

Section 4: Financial Institutions required for FATCA

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

If your Entity/Organisation is a Financial Institution under FATCA, please tick one of the options below.

If you are not a Financial Institution under FATCA, please proceed to Section 5.

For more details on Financial Institutions, please refer to the Glossary in form 4-1069R.

- i) ☐ Registered Deemed Compliant Foreign Financial Institution
- ii) ☐ Participating Foreign Financial Institution
- iii) ☐ Partner Jurisdiction Financial Institution (including Irish Financial Institutions)

Please provide your Global Intermediary Identification Number (GIIN):

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

- a) ☐ GIIN not yet obtained but sponsored by another entity which does have a GIIN

Sponsor's Name:

Sponsor's GIIN:

- b) ☐ Certified Deemed Compliant Foreign Financial Institution
- c) ☐ Exempt Beneficial Owner
- d) ☐ Non-Participating Foreign Financial Institution
- e) ☐ Excepted Foreign Financial Institution

Section 5: Financial Institutions required for CRS

The information provided in this section is for CRS. Please note your CRS classification may differ from its FATCA classification in Section 4.

If your Entity/Organisation is a Financial Institution under CRS, please tick one of the options below.

If your Entity/Organisation is not a Financial Institution under CRS, please proceed to Section 6.

For more details on Financial Institutions, please refer to the Glossary in form 4-1069R.

- i) ☐ Investment Entity in a Non-Participating Jurisdiction
Please complete the Controlling Person Self-Certification form (4-1070R)
- ii) ☐ Financial Institution (other than (i) above)

Section 6 – Declaration and Signature (mandatory)

As a representative authorised to sign on behalf of the entity, I declare that I have examined the information on this form and that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

As a representative authorised to sign on behalf of the entity, I agree to submit a new form within 30 days if, due to a change of circumstances, any certification or information on this form becomes inaccurate.

Authorised Signatory

 / /

Date

Capacity/Role