

Foreign Account Tax Compliance Act (FATCA) Self-Certification Form - Entities

[Do not use this form for Government or Government owned Entities]

(A) Customer Information

Customer Account Number (CAN)

Name of the Entity

Is this entity public listed or an affiliate of a publicly listed entity? Yes ☐ No ☐

(If you answered "Yes", please specify the name of the exchange where the entity is listed)

Is this entity established for religious, charitable, cultural or educational purposes? Yes ☐ No ☐

(If you answered "Yes" to any of the above questions, please proceed to the Declaration Section D)

(B) Is this entity a Financial Institution? Yes ☐ No ☐

If you answered "Yes", please provide your Global Intermediary Identification Number (GILIN)

If you answered "Yes" and your entity does not have a GILIN, please specify the reason for not obtaining GILIN:

(C) If your answer to Section B is "NO", please provide the following information:

Is the entity incorporated in U.S? Yes ☐ No ☐

If you answered "YES", please provide the following information:

Your Tax Identification Number [TIN]

or FATCA Exemption Code [if available]

Please provide owners, partners and authorized signatory details:

Name	Title/Position	Partnership%	U.S. Citizen, U.S. Resident or Green card holder		"Country of incorporation" for entities
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

(In case more partners/authorized signatories are registered please attach a complete list)

(D) Customer Declaration

I / We confirm that all details entered above are complete and correct to the best of my/our knowledge and belief and
I/We agree that National Bonds Corporation at its discretion reserves the right to request for more information and /or supporting documents

Authorized Person Name & Signature _____

Date _____

For Internal Use Only

All Original Documents verified and copy is attached

US Reportable ☐

US Non-Reportable ☐

Relationship Manager Name & Signature _____

Processing Officer Name & Signature _____

