

# CRS Entity Self-Certification Form

(Not for use by Individual Account Holders)

## Instructions for completion

The OECD Common Reporting Standard (CRS) requires financial institutions such as ING Bank N.V. and its affiliates acting for themselves and for all branches and subsidiaries of ING Bank N.V. (hereinafter: ING) to collect and report tax related information about its clients (Account Holders) and their accounts held. If the Account Holder or any of its Controlling Persons have a tax residence outside the country where the account is held, ING may be legally obligated to pass on the information provided in this form, as well as other financial information with respect to any Financial Account held with our institution to the tax authorities, for transmission to the relevant competent foreign tax authorities pursuant to intergovernmental/multilateral agreements. Please visit [www.oecd.org](http://www.oecd.org) for more information.

Definitions can be found in a separately downloadable Glossary.

As a financial institution, we are not allowed to provide tax advice. If you have any questions about how to complete this form or how to determine your tax residency or status, please contact your tax advisor.

In case more representatives need to sign the form then please use the print version of the form.

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## Part 1. Identification of Account Holder

**1a** Full legal name \_\_\_\_\_

**1b** Country of incorporation/  
organisation \_\_\_\_\_

**1c** Residence address: Address line\* \_\_\_\_\_  
(e.g. Street, Number, House/Apt/Suite Name)

ZIP/Post code \_\_\_\_\_ City/Town \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

**1d** Mailing address: Address line \_\_\_\_\_  
(if different than above) (e.g. Street, Number, House/Apt/Suite Name)

ZIP/Post code \_\_\_\_\_ City/Town \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

\* Do not use a P.O. Box (unless this is your registered address) or an "in care of" address

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## Part 2. Tax Residence of Account Holder

**Important:** An Account Holder is always a tax resident in at least one country, with the possibility of being a tax resident in multiple countries. Please contact us in case the Account Holder has over three countries of tax residence as this information is to be supplied.

Please complete the following table indicating (i) where the Account Holder is Tax Resident and (ii) the Account Holder's Tax Identification Number ('TIN') for each jurisdiction indicated.

If a TIN is unavailable please provide the appropriate reason A, B or C where applicable.

**Reason A:** The country in which the Account Holder is tax resident does not issue TINs to its residents

**Reason B:** The Account Holder is otherwise unable to obtain a TIN or equivalent number

**Reason C:** No TIN is required (Note: only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country of tax residence	TIN	Reason no TIN provided	Please explain why you are unable to obtain a TIN if you selected reason B or reason C
1		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
2		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
3		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	

Each jurisdiction has its own version of the TIN, e.g. RSIN (NL), UTR (UK), Steuernummer (DE), SIREN (FR), NIP (PL) or NIF (ES). VAT number is usually not accepted as a TIN. If you want to know the right TIN for your tax residence, please visit <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>.

## Part 3. Entity CRS classification

Financial Institutions (FIs): Please complete Part 3a.

Non-Financial Entities (NFEs): Please complete Part 3b.

### Part 3a Financial Institutions

- Depository or Custodial Institution, or Specified Insurance Company (including Non-reporting FI)
- Investment Entity located in a non-participating jurisdiction and managed by another FI<sup>2</sup>
- Other Investment Entity

### Part 3b Non-Financial Entities

- Active NFE - Publicly traded NFE or a related entity of a publicly traded entity. Please state the name of the established securities market:

Name of publicly traded entity:

- Active NFE - Governmental entity or wholly owned by one or more Governmental entities
- Active NFE - International Organisation<sup>1</sup> (Intergovernmental or supranational organisation)
- Active NFE - Central Bank or entity wholly owned by one or more Central Banks
- Active NFE - Other than above
- Passive NFE<sup>2</sup>

1. An international organization is (amongst others) comprised primarily of governments. Please refer to the Glossary for additional information.

2. Please also complete Part 4: Controlling Persons

## Part 4. Information on Controlling Persons

Please provide the required information on your entity's Controlling Person(s)<sup>3</sup>. ING may be legally bound to report the data of Controlling Persons to the local tax authorities. The local tax authorities will report this information to the tax authorities of the participating countries where the Controlling Person(s) is/are tax resident. **Please note that this information only needs to be provided if the entity is (i) an investment entity located in a non-participating jurisdiction and managed by another FI or (ii) a Passive NFE for CRS purposes.** Where in Part 4 reference is made to a TIN, this can also be the local equivalent for an individual as approved by the relevant country. Please refer to the OECD TIN portal website.

Controlling Person 1					
First/Given and Middle Name(s)		Family Name(s)/Surname(s)		Date of Birth (DD-MM-YYYY) - -	
Current residence address				City/Town of Birth	
City/Town		ZIP/Post code	Country		Country of Birth
Country of Tax Residence 1	TIN	Reason no TIN <sup>4</sup> : <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C		Please explain if you selected: 'B' or 'C':	
Country of Tax Residence 2	TIN	Reason no TIN <sup>4</sup> : <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C		Please explain if you selected: 'B' or 'C':	
<b>Controlling person type</b>	Legal Person:	<input type="radio"/> Control by Ownership	<input type="radio"/> Control by other means	<input type="radio"/> Senior Managing Official	
	Legal Arrangement - Trust:	<input type="radio"/> Settlor	<input type="radio"/> Trustee	<input type="radio"/> Protector	<input type="radio"/> Beneficiary <input type="radio"/> Other
	Legal Arrangement - Other:	<input type="radio"/> Settlor Equivalent	<input type="radio"/> Trustee Equivalent	<input type="radio"/> Protector Equivalent	<input type="radio"/> Beneficiary Equivalent <input type="radio"/> Other Equivalent

Controlling Person 2					
First/Given and Middle Name(s)		Family Name(s)/Surname(s)		Date of Birth (DD-MM-YYYY) - -	
Current residence address				City/Town of Birth	
City/Town		ZIP/Post code	Country		Country of Birth
Country of Tax Residence 1	TIN	Reason no TIN <sup>4</sup> : <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C		Please explain if you selected: 'B' or 'C':	
Country of Tax Residence 2	TIN	Reason no TIN <sup>4</sup> : <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C		Please explain if you selected: 'B' or 'C':	
<b>Controlling person type</b>	Legal Person:	<input type="radio"/> Control by Ownership	<input type="radio"/> Control by other means	<input type="radio"/> Senior Managing Official	
	Legal Arrangement - Trust:	<input type="radio"/> Settlor	<input type="radio"/> Trustee	<input type="radio"/> Protector	<input type="radio"/> Beneficiary <input type="radio"/> Other
	Legal Arrangement - Other:	<input type="radio"/> Settlor Equivalent	<input type="radio"/> Trustee Equivalent	<input type="radio"/> Protector Equivalent	<input type="radio"/> Beneficiary Equivalent <input type="radio"/> Other Equivalent

Controlling Person 3					
First/Given and Middle Name(s)		Family Name(s)/Surname(s)		Date of Birth (DD-MM-YYYY) - -	
Current residence address				City/Town of Birth	
City/Town		ZIP/Post code	Country		Country of Birth
Country of Tax Residence 1	TIN	Reason no TIN <sup>4</sup> : <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C		Please explain if you selected: 'B' or 'C':	
Country of Tax Residence 2	TIN	Reason no TIN <sup>4</sup> : <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C		Please explain if you selected: 'B' or 'C':	
<b>Controlling person type</b>	Legal Person:	<input type="radio"/> Control by Ownership	<input type="radio"/> Control by other means	<input type="radio"/> Senior Managing Official	
	Legal Arrangement - Trust:	<input type="radio"/> Settlor	<input type="radio"/> Trustee	<input type="radio"/> Protector	<input type="radio"/> Beneficiary <input type="radio"/> Other
	Legal Arrangement - Other:	<input type="radio"/> Settlor Equivalent	<input type="radio"/> Trustee Equivalent	<input type="radio"/> Protector Equivalent	<input type="radio"/> Beneficiary Equivalent <input type="radio"/> Other Equivalent

3. In case of over six Controlling Persons, or Controlling Persons with more than two Countries of Tax Residence, please contact us as this information is to be supplied.

4. If a TIN is unavailable, please provide the appropriate reason A, B or C in line with the definition under part 2.

**Controlling Person 4**

First/Given and Middle Name(s)		Family Name(s)/Surname(s)		Date of Birth (DD-MM-YYYY) - -
Current residence address				City/Town of Birth
City/Town		ZIP/Post code	Country	Country of Birth
Country of Tax Residence 1	TIN	Reason no TIN*: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please explain if you selected: 'B' or 'C':	
Country of Tax Residence 2	TIN	Reason no TIN*: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please explain if you selected: 'B' or 'C':	
<b>Controlling person type</b>	Legal Person:	<input type="radio"/> Control by Ownership	<input type="radio"/> Control by other means	<input type="radio"/> Senior Managing Official
	Legal Arrangement - Trust:	<input type="radio"/> Settlor	<input type="radio"/> Trustee	<input type="radio"/> Protector <input type="radio"/> Beneficiary <input type="radio"/> Other
	Legal Arrangement - Other:	<input type="radio"/> Settlor Equivalent	<input type="radio"/> Trustee Equivalent	<input type="radio"/> Protector Equivalent <input type="radio"/> Beneficiary Equivalent <input type="radio"/> Other Equivalent

**Controlling Person 5**

First/Given and Middle Name(s)		Family Name(s)/Surname(s)		Date of Birth (DD-MM-YYYY) - -
Current residence address				City/Town of Birth
City/Town		ZIP/Post code	Country	Country of Birth
Country of Tax Residence 1	TIN	Reason no TIN*: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please explain if you selected: 'B' or 'C':	
Country of Tax Residence 2	TIN	Reason no TIN*: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please explain if you selected: 'B' or 'C':	
<b>Controlling person type</b>	Legal Person:	<input type="radio"/> Control by Ownership	<input type="radio"/> Control by other means	<input type="radio"/> Senior Managing Official
	Legal Arrangement - Trust:	<input type="radio"/> Settlor	<input type="radio"/> Trustee	<input type="radio"/> Protector <input type="radio"/> Beneficiary <input type="radio"/> Other
	Legal Arrangement - Other:	<input type="radio"/> Settlor Equivalent	<input type="radio"/> Trustee Equivalent	<input type="radio"/> Protector Equivalent <input type="radio"/> Beneficiary Equivalent <input type="radio"/> Other Equivalent

**Controlling Person 6**

First/Given and Middle Name(s)		Family Name(s)/Surname(s)		Date of Birth (DD-MM-YYYY) - -
Current residence address				City/Town of Birth
City/Town		ZIP/Post code	Country	Country of Birth
Country of Tax Residence 1	TIN	Reason no TIN*: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please explain if you selected: 'B' or 'C':	
Country of Tax Residence 2	TIN	Reason no TIN*: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Please explain if you selected: 'B' or 'C':	
<b>Controlling person type</b>	Legal Person:	<input type="radio"/> Control by Ownership	<input type="radio"/> Control by other means	<input type="radio"/> Senior Managing Official
	Legal Arrangement - Trust:	<input type="radio"/> Settlor	<input type="radio"/> Trustee	<input type="radio"/> Protector <input type="radio"/> Beneficiary <input type="radio"/> Other
	Legal Arrangement - Other:	<input type="radio"/> Settlor Equivalent	<input type="radio"/> Trustee Equivalent	<input type="radio"/> Protector Equivalent <input type="radio"/> Beneficiary Equivalent <input type="radio"/> Other Equivalent

4. If a TIN is unavailable, please provide the appropriate reason A, B or C in line with the definition under part 2.

## Part 5. Declaration and Signature

**5a** As a representative authorised to sign on behalf of the entity:

I undertake to notify ING of any change in circumstances that cause any information on this form to become incorrect and to provide a suitably updated form within **30 days of such change**.

I declare that, if applicable, I have obtained permission from the Controlling Persons mentioned in part 4 to disclose information related to them for the purpose of it being reported to the tax authorities.

I acknowledge that the information contained in this form and information regarding the Account Holder and/or Controlling Person(s) and any reportable account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder and/or Controlling Person(s) may be tax resident pursuant to intergovernmental/multilateral agreements to exchange financial account information.

I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

### Authorised representative<sup>5</sup>

Date

□□ - □□ - □□□□ DD-MM-YYYY

First and middle name(s)

\_\_\_\_\_

Last name

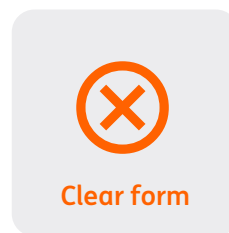
\_\_\_\_\_

Signature

I certify that I have the capacity to sign this form for the entity identified on line 1 of this form.

\_\_\_\_\_

**5b** Sign and e-mail



5. In case more representatives need to sign the form then please use the print version of the form.