

## Instructions for the CRS self-certification form for INDIVIDUAL PERSONS – Instructions

### **Please read these instructions carefully before completing the form.**

Since 2016, financial institutions in the Czech Republic, including Centrální depozitář cenných papírů, a.s. (hereinafter referred to as “CDCP”), have been required to determine and verify the tax residency of their clients. This obligation arises from the implementation of Directive 2014/107/EU through Act No. 164/2013 Coll., on international cooperation in tax administration, effective from 6 April 2016.

Please note that CDCP may be required by law to share the information in this form and other financial data relating to your financial accounts with the tax authority of the country in which the account is held. The local tax authority will then share this information with the tax authority of your country of tax residence.

Items marked with an asterisk (\*) are mandatory fields.

For joint or multiple account holders, please use a separate form for each individual.

This form is for CRS reporting purposes only and does not replace any IRS forms (W-9, W-8 or FATCA certification) that may be required for US tax purposes.

If you are completing this form on behalf of another person, please indicate the authority (administrator, agent, executor, legal representative, etc.) under which you are signing Part 3. In the case of a minor, the legal representative is required to complete the form on behalf of the account holder.

Do not use this form for an account owned by a legal entity. Trusts are considered legal entities for these purposes. Instead, use the CRS self-certification form for legal entities.

This form will remain valid until there is a change in circumstances relating to the tax status of the account holder or other mandatory fields listed on this form. In the event of such a change, you must notify CDCP within 30 days.

As a financial institution, CDCP does not provide tax advice to its customers. If you have questions about this form, these instructions, or the process of determining tax residency in a particular country, please contact your tax advisor or local tax authority. For more information on the CRS, including a list of countries that have signed automatic information exchange agreements and local tax laws, please visit the OECD's automatic information exchange portal.



CRS Self-Certification Form for INDIVIDUAL PERSONS – Identification

**1. Section – Identification of Individual account holder**

**A. Account Holder's name**

Family Name or Surname(s): \*

First or Given Name: \*

Title:

|  |
|--|
|  |
|  |
|  |

**B. Current Residence Address**

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any): \*

Line 2 (e.g. Town/City/Province/Country /State): \*

Postal Code/ZIP Code (if any): \*

Country: \*

|  |
|--|
|  |
|  |
|  |
|  |

**C. Mailing Address**

(Only fill in if different from the address in section B)

Line 1 (e.g. House/Apt/Suite Name, Number, Street):

Line 2 (e.g. Town/City/Province/Country/State):

Postal Code/ZIP Code:

Country:

|  |
|--|
|  |
|  |
|  |
|  |

**D. Date of birth \*** (yyyy-mm-dd)

|  |
|--|
|  |
|--|

**E. Place of birth**

Town or City of birth: \*

Country of birth: \*

|  |
|--|
|  |
|  |

**CRS self-certification form for INDIVIDUAL PERSONS – Tax residence**
**2. Section – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number (“TIN”) \***

Complete the following table with the country or countries of tax residence of the Account Holder and the Account Holder's TIN (if any) for each country/jurisdiction listed. If the Account Holder is a tax resident in more than three countries/jurisdictions, use a separate sheet.

If the tax identification number is unavailable, indicate the corresponding reason **A**, **B** or **C** below:

**Reason A** – The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.

**Reason B** – The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

**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/Jurisdiction of tax residence | Tax identification number (TIN) | If no TIN available, enter reason A, B, or C |
|---|---------------------------------------|---------------------------------|----------------------------------------------|
| 1 |                                       |                                 | Select an item.                              |
| 2 |                                       |                                 | Select an item.                              |
| 3 |                                       |                                 | Select an item.                              |

*Explain in the following fields why the account holder is unable to obtain a TIN if you selected reason B above.*

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |

**CRS self-certification form for INDIVIDUAL PERSONS – Declaration****3. Part – Declaration and Signature\***

1. I declare that all information provided in this declaration is true and complete to the best of my knowledge and belief.
2. I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided 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 may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
3. I declare that I am the Account Holder (or am authorised to sign on behalf of the account holder) of all accounts to which this form relates.
4. I agree to notify CDCP within 30 days of any change in circumstances that affects the tax residency status of the person identified in Section 1 of this form or causes the information provided herein to be incorrect, and to provide an updated self-certification and declaration regarding similar changes in circumstances as appropriate.

Signature: \*

Print Name: \*

Date: \*

|  |
|--|
|  |
|  |
|  |

**Note:** If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Authorisation: \*

|  |
|--|
|  |
|--|

Contact e-mail address: \*

Contact telephone number: \*

|  |
|--|
|  |
|  |