

FATCA and CRS Self-Certification Form

Business Customers/
Non-Personal Customers

January 2023



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

Tax regulations require the collection of 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 UK law.

The Governor and Company of the Bank of Ireland does not provide tax advice and will not be liable for any errors contained in this form.

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

When filling in this form, read the Guidance Notes and Glossary of Terms 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 <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" your Entity/Organisation must complete Section 2 (b) If "No" please proceed to Section 2 (c)	
Current Registered Address	
b) Is your Entity/Organisation a Specified U.S. Person (Note that a Specified U.S. Person includes organisations)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" you must provide your Entity/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 United Kingdom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please list below all countries/territories in which your Entity/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)

If your entity/organisation is tax resident in more than three jurisdictions, please continue on a separate sheet.

SECTION 3 – NON-FINANCIAL ENTITIES

Note: 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 Section.

FATCA:

I certify that the Entity/Organisation is an Active NFFE	<input type="checkbox"/> if “Yes” proceed to Section 6
I certify that the Entity/Organisation is a Passive NFFE	<input type="checkbox"/> if “Yes” proceed to Section 6 and complete the Controlling Person Self-Certification Form
I certify that the Entity/Organisation is an Excepted NFFE	<input type="checkbox"/> 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	<input type="checkbox"/> if “Yes” proceed to Section 6
I certify that the Entity/Organisation is an Active NFE , a Government Entity or Central Bank	<input type="checkbox"/> if “Yes” proceed to Section 6
I certify that the Entity/Organisation is an Active NFE , an international organisation	<input type="checkbox"/> if “Yes” proceed to Section 6
I certify that the Entity/Organisation is an Active NFE , other than the above Active NFE categories	<input type="checkbox"/> if “Yes” proceed to Section 6
I certify that the Entity/Organisation is a Passive NFE	<input type="checkbox"/> if “Yes” proceed to Section 6 and complete the Controlling Person Self-Certification Form

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 Section.

i) <input type="checkbox"/>	Registered Deemed Compliant Foreign Financial Institution
ii) <input type="checkbox"/>	Participating Foreign Financial Institution
iii) <input type="checkbox"/>	Partner Jurisdiction Financial Institution (including UK 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) <input type="checkbox"/>	GIIN not yet obtained but sponsored by another entity which does have a GIIN
Sponsor’s Name:	
Sponsor’s GIIN:	
b) <input type="checkbox"/>	Certified Deemed Compliant Foreign Financial Institution
c) <input type="checkbox"/>	Exempt Beneficial Owner
d) <input type="checkbox"/>	Non-Participating Foreign Financial Institution
e) <input type="checkbox"/>	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 Section. Authorised Signatory

i) <input type="checkbox"/>	Investment Entity in a Non-Participating Jurisdiction If you have ticked this box, please complete the Controlling Person Self-Certification Form
ii) <input type="checkbox"/>	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:	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Capacity/Role:										