

SELF-CERTIFICATION FORM FOR INDIVIDUALS

IDENTIFICATION OF ACCOUNT HOLDER

BIRTH NAME <i>MANDATORY</i>	
SURNAME if indicated on your identity document	
FIRST NAME	
PRINCIPAL RESIDENCE ADDRESS	Number and street name : Postal code and city : Country:
FISCAL ADDRESS (if different from the principal residence address)	Number and street name : Postal code and city : Country:
DATE AND PLACE OF BIRTH (city and country)	Born on .. / .. / in (city) (country)

TAX RESIDENCE

PLEASE TICK ONE OF THE TWO BOXES

<input type="checkbox"/>	I declare that I am a tax resident in Belgium ONLY										
<input type="checkbox"/>	I declare that I am considered to be a tax resident in several countries and/or exclusively outside Belgium. In this situation, I complete the table below (without forgetting Belgium if applicable):										
<table border="1"> <thead> <tr> <th align="center">Tax residence country</th> <th align="center">Tax Identification Number (TIN)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Tax residence country	Tax Identification Number (TIN)								
Tax residence country	Tax Identification Number (TIN)										
<i>*please indicate N/A if the country of tax residence does not issue TINs OR specify the reason for not obtaining TINs when the country issues TINs</i>											

DECLARATION OF US CITIZENSHIP

PLEASE TICK ONE OF THE THREE BOXES

<input type="checkbox"/>	I declare that I am NOT a US citizen or resident under FATCA Regulations, or born in the US.
<input type="checkbox"/>	I declare that I am a U.S. resident under FATCA Regulations, and I am providing the U.S. tax form W-9, completed and signed.
<input type="checkbox"/>	I declare that I am a NON-resident U.S. citizen within the meaning of the FATCA Regulations and I am providing the U.S. Tax Administration Form W-9, completed and signed.
<input type="checkbox"/>	I declare that I WAS born in the United States, but that I am NOT a non-resident US citizen within the meaning of the FATCA regulations and I provide a certificate of loss of US nationality or, if I have not obtained US nationality, any other supporting document.

PRIVACY AND CONFIDENTIALITY

In order to comply with its legal and regulatory obligations, Financière des Paiements Électroniques is required to collect, process and communicate certain personal data and information relating to your financial accounts and account values to national tax authorities. In accordance with local law and international conventions on the exchange of information for tax purposes, this information may also be transmitted to the authorities of the country or countries in which you are taxable. The required information is mandatory and if you do not provide a complete form, Financière des Paiements Électroniques may not be able to open your account or keep your account open. In accordance with the Belgian law of 30 July 2018 on the protection of individuals with regard to the processing of personal data, you have a right of access, rectification and opposition which may be exercised by letter addressed to FPE, 144-146 Rue Royale -1000 Brussels, specifying the subject of your request.

CERTIFICATION

I declare that the information provided in this form is accurate and complete. I also agree to the collection, processing and communication of my personal data, including any Tax Identification Numbers issued by countries that cannot be carried forward, as of the date hereof and to the information relating to my financial accounts and the values of these accounts with a view to the transmission of this information by Financière des Paiements Électroniques to the tax authorities of the countries in which I declare that I am taxable.

I further undertake to inform Financière des Paiements Électroniques without delay of any change in circumstances that renders the information contained in this form incorrect and to provide a duly updated self-certification form within 30 days of the change in circumstances.

DATE (DD/MM/YYYY)	NAME AND SIGNATURE OF THE ACCOUNT HOLDER	NOM AND SIGNATURE OF THE LEGAL REPRESENTATIVE (if underage client)
../../....	NAME : SIGNATURE :	NAME : SIGNATURE :