

Self-certification form to establish foreign (tax) status

Registration of entity data



Based on the CRS and the IGA which is concluded for FATCA purposes, Netherlands law requires financial institutions to collect and review information to identify the tax residence or multiple tax residences (if any) of entities and/or controlling persons. As a financial institution we therefore have to ask you several questions. If an entity and/or any of its controlling persons is a U.S. person, or if the tax residence / residences of entities and/or controlling persons are outside the Netherlands in a participating country, we are legally bound to report the data of the entities and/or controlling persons to the Netherlands Tax and Customs Administration. They will report the data to the tax authorities of each relevant participating country and/or the United States. For further information, for example about the participating countries, we refer to www.belastingdienst.nl.

Several terms in this form are underlined. Please find an explanation of these terms in the glossary.

1 General information

If you fill in this form on behalf of a branch of an entity, please provide the information in this part for the branch.

1a Entity name	Oolders, Heijning & Voogelaar B.V.			
1b Business account number/IBAN	N L 6 1 K A S A 0 2 2 3 6 8 9 0 8 4			
	<input type="checkbox"/> The entity does not yet have an account number			
1c Netherlands Chamber of Commerce number	3 3 2 4 8 7 5 7			
	<input type="checkbox"/> The entity does not have a Netherlands Chamber of Commerce number			
1d Business address	Street	Amstelplein		
	Number	1	Addition	
	Zip code	1096HA	City	Amsterdam
	Country	The Netherlands		

2 Tax residence of the entity

An entity is tax resident in at least one country and it can be tax resident in more than one country. If you fill in this form on behalf of a branch please provide the information in this part for the entity (head office) only.

2a Is the <u>entity tax resident</u> in the Netherlands?	<input checked="" type="checkbox"/> Yes	
	<input type="checkbox"/> No	
2b Is the entity, either exclusively or additionally, <u>tax resident</u> in any other country?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes, the entity is tax resident in:	
<small>Important: You only need to fill in countries other than the Netherlands and the United States.</small>	Country	TIN of that country
	_____	_____
	_____	_____
2c Is the entity a <u>U.S. person</u> ?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes, the entity's U.S. <u>TIN</u> is: _____	
	<input type="checkbox"/> Yes, the entity is a <u>non-specified U.S. person</u> and the <u>exempt code</u> is: _____	

2d Is the entity a financial institution?

- Yes → Please proceed with 4
 No

2e Is the entity one of the following?

Important: If the entity is one of the following, then the entity is considered a non-reportable entity under CRS and FATCA.

Yes, the entity is:

- a corporation the stock of which is regularly traded on one or more established securities markets;
- a related entity of a corporation the stock of which is regularly traded on one or more established securities markets;
- a governmental entity or an entity wholly owned by a governmental entity;
- an international organization or an entity wholly owned by an international organization.
- Please proceed with 6
- No, none of the above

Tax residence of the controlling person(s)

2f Does the entity have any controlling persons that are U.S. persons?

- No → Please proceed with 2h
 Yes

2g Does the entity have any controlling persons that are, either exclusively or additionally, tax resident in any other country than the Netherlands and the U.S.?

- No, and the entity itself is a U.S. person
→ Please proceed with 6
- No → Please proceed with 3
 Yes → Please proceed with 3

2h Does the entity have any controlling persons that are, either exclusively or additionally, tax resident in any other country than the Netherlands and the U.S.?

- Yes → Please proceed with 3
 No → Please proceed with 6

Important: Information about controlling persons must be provided if one of the answers in part 3 leads you to part 5.

3 Information on the non-financial entity

Active entity

3a What percentage of the gross income of the entity consisted of passive income during the last year?

- 50% or more → Please proceed with 3c
 Less than 50%

3b What percentage of the entity's assets was used to acquire passive income during the last year?

- 50% or more of the assets of the entity
 Less than 50% of the assets of the entity
→ Please proceed with 6

Important: Please inform us if in this year or any of the following years:

- more than 50% of the gross income of the entity consists of passive income; or
- more than 50% of the assets of the entity is used to acquire passive income.

Holding company

3c Is the entity a holding company?

- Yes
 No → Please proceed with 3k

3d Are all subsidiaries of the holding company active operating companies?

- Yes
 No → Please proceed with 3k

3e Does the holding company perform activities that substantially consist of holding active operating companies?

- Yes → Please proceed with 6
 No

- 3f** Does the holding company perform activities that substantially consist of providing financing and services to active operating companies? Yes → Please proceed with 6
 No
- 3g** Does the holding company perform activities that substantially consist of a combination of the functions mentioned in 3e and 3f? Yes → Please proceed with 6
 No
- 3h** Does the holding company have any other gross income apart from the income of the active operating companies? Yes
 No → Please proceed with 6
- 3i** What percentage of this other gross income consisted of passive income during the last year? 50% or more → Please proceed with 3k
 Less than 50%
- 3j** How did the entity acquire the passive income during the last year? With 50% or more of the assets of the holding company
 With less than 50% of the assets of the holding company → Please proceed with 6

Important: Please do not take the equity interests in the active operating companies into account nor the debt claims on such companies.

Important: Please inform us if in this year or any of the following years:

- more than 50% of the other gross income referred to in question 3i consists of passive income; or

- more than 50% of the assets of the entity is used to acquire the passive income referred to in question 3j.

Non-profit organization

- 3k** Is the entity a non-profit organization? Yes → Please proceed with 6
 No

Entity in liquidation or reorganization

- 3l** Is the entity currently in liquidation or bankruptcy or is the entity reorganizing to resume activities? Yes
 No → Please proceed with 3o
- 3m** Could the entity have been considered a financial institution in the past 5 years? Yes → Please proceed with 3o
 No
- 3n** Is the entity planning to become a financial institution? Yes → Please proceed with 3o
 No → Please proceed with 6

Important: Please inform us once the entity has become a financial institution.

Treasury centre

- 3o** Is the entity a treasury centre in a group? Yes
 No → Please proceed with 3s
- 3p** Is the group primarily engaged in a business other than that of a financial institution? Yes
 No → Please proceed with 3s
- 3q** Does the entity provide treasury services to third parties? Yes → Please proceed with 3s
 No
- 3r** Does the entity provide treasury services to financial institutions? Yes
 No → Please proceed with 6

Non-operating entity

- 3s** Is the entity currently operating a business? Yes → Please proceed with 3x
 No
- 3t** Has the entity operated a business in the past? Yes → Please proceed with 3x
 No
- 3u** Is the entity investing capital into assets with the intent to operate a business? Yes
 No → Please proceed with 3x

- 3v** Does the entity intend to operate the business of a financial institution? Yes → Please proceed with **3x**
 No
- 3w** Was the entity established less than 24 months ago? Yes → Please proceed with **6**
 Important: Please inform us once the entity has started its business. No
- Additional information
- 3x** Does the entity have any controlling persons that are U.S. persons as mentioned in 2f? Yes
 No → Please proceed with **5**
- 3y** Is the entity an exempt beneficial owner? Yes → Please proceed with **3ac**
 No
- 3z** Does the entity have a GIIN (Global Intermediary Identification Number) because it is a direct reporting NFFE?
 Yes, the GIIN is _____ , _____ , _____ , _____ → Please proceed with **5**,
 No if the entity is resident in the Netherlands. Otherwise proceed with **3ac**
- 3aa** Is the entity a U.S. territory NFFE? Yes → Please proceed with **3ac**
 No
- 3ab** Is the entity a qualified intermediary, a withholding partnership or a withholding trust? Yes
 No → Please proceed with **5**
- 3ac** Does the entity have any controlling persons that are, either exclusively or additionally, tax resident in any other country than the Netherlands and the U.S.? Yes → Please proceed with **5**
 No → Please proceed with **6**

4 Information on the financial institution

- 4a** Does the financial institution have a GIIN (Global Intermediary Identification Number)?
 Yes, the GIIN is Z R R K 8 Q , 9 9 9 9 9 , S L , 5 2 8 → Please proceed with **4f**
 Important: If you fill in this form on behalf of a branch of an entity, please provide the GIIN of the branch.
 No
- 4b** Is the entity a central bank? Yes → Please proceed with **6**
 No
- 4c** Is the entity an exempt beneficial owner? Yes → Please proceed with **4f**
 No
- 4d** Is the entity a certified deemed-compliant foreign financial institution (FFI)? Yes → Please proceed with **4f**
 No
- 4e** Is the entity a non-participating FFI? Yes
 No
- 4f** Is the entity a specified investment entity? Yes
 No → Please proceed with **6**
- 4g** Does the entity have any controlling persons that are, either exclusively or additionally, tax resident in any other country than the Netherlands and the U.S.? Yes → Please proceed with **5**
 No → Please proceed with **6**

Controlling person 3

First and middle name(s) _____

Last name _____

Date of birth _____ dd-mm-yyyy

Residence address Street _____

Number _____ Number addition _____

Zip code _____ City _____

Province/state _____

Country _____

The controlling person is

tax resident in: Country _____ TIN of that country _____

Important: A controlling person is always tax resident in at least one country. If a country does not issue TINs, then please provide the controlling person's place of birth (not the country of birth).

Is the controlling person a U.S. person? No
 Yes, and the U.S. TIN is: _____

Controlling person 4

First and middle name(s) _____

Last name _____

Date of birth _____ dd-mm-yyyy

Residence address Street _____

Number _____ Number addition _____

Zip code _____ City _____

Province/state _____

Country _____

The controlling person is

tax resident in: Country _____ TIN of that country _____

Important: A controlling person is always tax resident in at least one country. If a country does not issue TINs, then please provide the controlling person's place of birth (not the country of birth).

Is the controlling person a U.S. person? No
 Yes, and the U.S. TIN is: _____

If the entity has more than four controlling persons, please make a copy of this form and complete the information for the additional controlling persons.

6 Declaration and signature

As a representative authorized to sign on behalf of the entity, I declare that:

- I have examined the information on this form and that to the best of my knowledge and belief it is true, correct and complete.
- I will submit a new form within 30 days if, due to a change of circumstances, any certification or information on this form becomes incorrect.
- I have obtained permission from the controlling persons mentioned in part 5, if applicable, to disclose the information related to them for the purpose of it being reported to the Netherlands Tax and Customs Administration.

If the representative authorized to sign is jointly authorized, please note that in that case this form has to be signed by at least two of the jointly authorized representatives.


Signatory date dd-mm-yyyy

City

Authorized representative 1

First and middle name(s)

Last name

Signature 

Authorized representative 2

First and middle name(s)

Last name

Signature 

Authorized representative 3

First and middle name(s)

Last name

Signature

Please return this form to your financial institution. You can use the enclosed envelope.