

Information for determining US tax payer status

Client CIF A

Date Venue

Client (name, surname / company name)

Personal code (date of birth) / Registration number

(for Individual): The Attorney The Beneficial owner

Name, surname , filling out the form.

(for Legal entity): The Client's representative The Attorney The Beneficial owner Participant Other

Name, surname , filling out the form.

Passport / ID card No. Date of issue

Issuing country Issuing authority

For Individual

Individual's place of birth is the US (regardless of its affiliation to another country)? Yes No

Is the individual a citizen of the US? Yes No

Is the individual a tax payer of US? Yes No

Does the individual have a permanent residence status (green card) in the US? Yes No

Is the individual's residence address or correspondence address in the US (including US P.O. box)? Yes (specify address) No

Other relation with the US (explain) No

In case of one or more of the positive response, necessary fill out the form W-8BEN or W-9.

For Legal entity

Is the legal entity's place of registration in the US? Yes (specify) No

Is the legal entity a tax resident of the US? Yes No


Is the legal entity's residence address or correspondence address in the US (including US P.O. box)? Yes (specify address) No

Is the Beneficial owner / -s of legal entity a US citizen / -s or resident / -s for tax purposes? Yes (specify) No

Other relation with the US (explain) No

In case of one or more of the positive response, necessary fill out the form W-8BEN-E or W-9.

I Certify that the information in this document is complete and true.
 I undertake to immediately inform the Bank in writing on any changes in the above information. I am informed that in accordance with General terms of service, Information for determining US tax payer status is an integral part of the Agreement and the signing of this Application means the signing of the Agreement, except the Bank Services, which can be received only by signing of Special agreement.

The Client / Client's representative <input type="text"/>	<input type="text"/>	<input type="text"/>	
(position)	(name, surname)	(signature)	
Client's representative <input type="text"/>	<input type="text"/>	<input type="text"/>	
(position)	(name, surname)	(signature)	

To be completed by a representative of the Bank, who identifies the Client.

The document has been signed in my presence. I confirm the identity and signature / -s of the Client / Client's representative / -s.

(The Bank representative position, name, surname) (signature) (date)