



ENTITY SELF - CERTIFICATION FORM

Information collected on this form will be used to comply with tax regulatory requirements as mandated by:
- U.S. Intergovernmental Agreements in relation to the Foreign Account Tax Compliance Act ("FATCA")
- Competent Authority Agreements in relation to the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information ("CRS").

PART I - IDENTIFICATION OF ENTITY

- 1. Legal Name of Entity/Branch:
2. Country of incorporation or organization:
3. Current Residence Address:
Line 1 (e.g. Suite Name, Number, Street)
Line 2 (e.g. Town/City/Province/County/State)
Country
Postal Code/ZIP Code
4. Mailing Address (please only complete if different to the address shown in line 3 above)
Line 1 (e.g. Suite Name, Number, Street)
Line 2 (e.g. Town/City/Province/County/State)
Country
Postal Code/ZIP Code

PART II - FATCA CLASSIFICATION

Please check one box only unless otherwise indicated - This section is to be completed by Non-U.S. Persons only

Financial Institution

- Reporting Model 1 FFI*
Reporting Model 2 FFI*
Participating FFI*
Registered Deemed Compliant FFI*
Trustee-documented trust**
Name of trustee:
Sponsored Investment entity**
Name of sponsoring entity:
Non-reporting IGA FFI (other than Trustee-documented trust)
Type of non-reporting IGA FFI:
IGA Country under which this type of non-reporting IGA FFI is named:

Certified deemed-compliant FFI

- Non-registering local bank
FFI with only low-value Accounts
Sponsored, closely held investment vehicle
Limited life debt investment entity
Investment advisors and investment managers
Territory financial Institution
Owner-documented FFI (please also provide a Form W-8)
Limited Branch
Non-Participating FFI acting as an intermediary or flow-through entity for Exempt Beneficial Owners (please also provide a Form W-8)

Exempt Beneficial Owner

- Entity wholly owned by Exempt Beneficial Owners (please also provide a Form W-8 and other required information as applicable)

- IGA (Model 1 or Model 2) Annex II Exempt Beneficial Owner
Type of Exempt Beneficial Owner:
IGA Country under which this type of Exempt Beneficial Owner is named:
Other (e.g. Government, Central Bank, Pension Fund, etc.)

Non - Financial Entity

- Active NFFE
Passive NFFE (please complete PART 6 - Identification of Controlling Persons)
Non-financial Group entity
Excepted non-financial start-up company
Formation date (dd/mm/yyyy):
Excepted non-financial entity in liquidation or bankruptcy
Date of filing of plan of liquidation, plan of reorganization or bankruptcy
bankruptcy (dd/mm/yyyy):
Section 501 c) organization
Non-profit organization
Publicly traded NFFE or NFFE affiliate of a publicly traded corporation
Name one securities exchange upon which the stock of the entity/affiliate is regularly traded:
Name of the affiliate entity, the stock of which is regularly traded in an established securities market:
Excepted territory NFFE
Direct reporting NFFE*
Sponsored direct reporting NFFE**
Name of sponsoring entity:

* Please provide the Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes

.....

** If the Entity is a sponsored FFI/NFFE that has not obtained a GIIN then please provide the GIIN of its sponsoring entity

PART III - CRS CLASSIFICATION

Please check one box only unless otherwise indicated

1 (a) Financial Institution - Investment entity

i) Investment entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
(Please complete PART 6 - Identification Controlling Persons)

ii) Other Investment Entity

(b) Financial Institution - Depository Institution, Custodial Institution, or Specified Insurance Company

Please provide the Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes

.....

(c) Financial Institution - Non - Reporting

- Governmental Entity

- Central Bank

- Broad Participation Retirement Fund

- Narrow Participation Retirement Fund

- Pension Fund of Governmental Entity, International Organization, or Central Bank

- Exempt Collective Investment Vehicle

- Trustee - Documented Trust

- Qualified Credit Card Issuer

- Other (only check this box if the entity type is contained within your local jurisdiction legislation where you are resident):

Please specify the entity's classification: _____

Please specify the jurisdiction under which this type of classification is named: _____

(d) Active NFE - a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation:

Please provide the name of the established securities market on which the corporation is regularly traded

.....

e) Active NFE - a Government Entity

f) Active NFE - International Organization

g) Active NFE - Other than d) - f) (for example a start-up NFE or a Non-profit NFE)

h) Passive NFE (Please complete PART 6 - Identification Controlling Persons)

2 If you check box 1(a)(i) or 1(h)

a. Please indicate the name of the Controlling Persons

.....

.....

.....

b. Each Controlling Person has to complete PART 6

PART IV - COUNTRY OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT ("TIN")

Please indicate the Entity's tax residence and the tax identification number - TIN

Country of tax residence	TIN	If no TIN available enter Reason A, B, C
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

* If a TIN is unavailable please provide appropriate reason A, B or C where appropriate:
Reason A - the country where the entity is liable to pay tax does not issue TINs to its residents.
Reason B - the entity is otherwise unable to obtain a TIN or equivalent number
 (Please use the second table below to explain why you are unable a TIN if you have selected this reason)
Reason C - No TIN is required (only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be entered below do not require the TIN to be disclosed)

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

PART V - DECLARATION AND SIGNATURE

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Entity's relationship with CC&G setting out how that CC&G may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder, any Accounts of same, and Controlling Person(s) may be:

- (i) Reported to the tax authorities of the country in which such Account(s) is/are maintained; and
- (ii) Exchanged with tax authorities of another country or countries in which the Account Holder and Controlling Person(s) may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange Financial Account information with the country/ies in which the account(s) is/are maintained.

I certify that I am the Controlling Person or am authorized to sign for the Account Holder and Controlling Person(s) in respect of all the Financial Account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise CC&G within 30 days of any change in circumstances which affects the tax residency status and entity classifications and Controlling Person(s) identified in Parts 1 to 7 of this form or causes the information contained herein to become incorrect, and if requested, to provide CC&G with a suitably updated Self-Certification and Declaration within such time.

Date

Signature

Print Name

Note: 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

Capacity

For any question please contact Tax department +39 02 72426556

PART VI - IDENTIFICATION OF CONTROLLING PERSONS

Controlling Person information is required for the following entity types:

- Passive NFEs for CRS purposes.
- Investment Entities located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution.
- Passive NFFEs for FATCA purposes.

IDENTIFICATION OF CONTROLLING PERSON

Name

Surname

Place of birth

Date of birth

Residence Address

Name of the entities

Entity 1

Entity 2

Entity 3

COUNTRY OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT ("TIN")

Please indicate the Country where the Controlling Person is tax resident and the tax identification number - TIN

Country	TIN	If no TIN available enter Reason A, B or C
1		<input type="text"/>
2		<input type="text"/>
3		<input type="text"/>

* If a TIN is unavailable please provide appropriate reason A, B or C where appropriate:

Reason A - the country where the entity is liable to pay tax does not issue TINs to its residents.

Reason B - the entity is otherwise unable to obtain a TIN or equivalent number

Reason C - No TIN is required (only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above

1	
2	
3	

TYPE OF CONTROLLING PERSON

Type of controlling people	Entity 1	Entity 2	Entity 3
a. Controlling Person of a legal person - control by ownership			
b. Controlling Person of a legal person - control by other means			
c. Controlling Person of a legal person - senior managing official			
d. Controlling Person of a trust - settlor			
e. Controlling Person of a trust - trustee			
f. Controlling Person of a trust - protector			
g. Controlling Person of a trust - beneficiary			
h. Controlling Person of a trust - other			
i. Controlling Person of a legal arrangement (non-trust) - settlor-equivalent			
l. Controlling Person of a legal arrangement (non-trust) - trustee-equivalent			
m. Controlling Person of a legal arrangement (non-trust) - protector-equivalent			
n. Controlling Person of a legal arrangement (non-trust) - beneficiary-equivalent			
o. Controlling Person of a legal arrangement (non-trust) - other-equivalent			

DECLARATION AND SIGNATURE

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the relationship with CC&G setting out how that CC&G may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder, any Accounts of same, and Controlling Person(s) may be:

(i) Reported to the tax authorities of the country in which such Account(s) is/are maintained; and

(ii) Exchanged with tax authorities of another country or countries in which the Account Holder and Controlling Person(s) may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange Financial Account information with the country/ies in which the account(s) is/are maintained.

I certify that I am the Controlling Person or am authorized to sign for the Account Holder and Controlling Person(s) in respect of all the Financial Account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise CC&G within 30 days of any change in circumstances which affects the tax residency status and entity classifications and Controlling Person(s) identified in Parts 1 to 7 of this form or causes the information contained herein to become incorrect, and if requested, to provide CC&G with a suitably updated Self-Certification and Declaration within such time.

Date

Signature

Print Name