

Corporate Treasury Deposit & Foreign Exchange Application Form

Documents to support your application

Please use this Checklist to identify the required documentation applicable to your Business.

Mandatory Items	DAC / Quoted PLC on Secondary Market i.e. ESM / AIM	PLC (QUOTED) On Main Market i.e. ISEQ / FTSE	FINANCIAL INSTITUTION (other than a Designated Person)	Unincorporated Body Charity/ University/ Irish Local Authority	Designated Person	LTD
Documentation	<ul style="list-style-type: none"> Complete Account Opening Form Copy of Certificate of Incorporation Copy of Memorandum & Articles of Association or Constitution List of directors' names, occupations, residential & business addresses & dates of birth Two Directors to provide ID and address verification Documents If two directors are not Authorised Signatories, then ID and address verification documents for two Authorised Signatories must be provided ID and address verification for all beneficial owners owning 25% or more of the sharing capital / voting rights 	<ul style="list-style-type: none"> Complete Account Opening Form Copy of Certificate of Incorporation Copy of Memorandum & Articles of Association or Constitution List of director's names, occupations, residential & business addresses and dates of birth 	<ul style="list-style-type: none"> Complete Account Opening Form Provide a listing of Authorised Signatories <p>OR</p> <ul style="list-style-type: none"> Two authorised signatories to provide ID. 	<ul style="list-style-type: none"> Complete Account Opening Form Two Authorised Signatories / Trustees to provide ID. (as below) <p><u>Charity</u></p> <ul style="list-style-type: none"> Charity Deed (plus the above mentioned documents) 	<ul style="list-style-type: none"> Complete Account Opening Form Provide a listing of Authorised Signatories 	<ul style="list-style-type: none"> Complete Account Opening Form Provide a listing of Authorised Signatories Constitution Document Copy of Certificate of Incorporation Director and Company Secretary ID and address verification Documents <p>OR</p> <ul style="list-style-type: none"> Two Directors to provide ID and address verification Documents If two directors are not Authorised Signatories, then ID and address verification documents for two Authorised Signatories must be provided ID and address verification for all beneficial owners owning 25% or more of the sharing capital / voting rights
Individual Identification (ID) Please provide one copy of the following	<p><u>Face to Face</u></p> <ul style="list-style-type: none"> Passport / Driving Licence (original viewed and copy taken by KBCI) <p><u>Non Face to Face</u></p> <ul style="list-style-type: none"> Copy of Driving Licence and Passport <p>OR</p> <ul style="list-style-type: none"> Certified copy of Passport / Driving Licence 	N/A	<p><u>Face to Face</u></p> <ul style="list-style-type: none"> Passport / Driving Licence (original viewed and copy taken by KBCI) <p><u>Non Face to Face</u></p> <ul style="list-style-type: none"> Copy of Driving Licence and Passport <p>OR</p> <ul style="list-style-type: none"> Certified copy of Passport / Driving Licence 	<p><u>Face to Face</u></p> <ul style="list-style-type: none"> Passport / Driving Licence (original viewed and copy taken by KBCI) <p><u>Non Face to Face</u></p> <ul style="list-style-type: none"> Copy of Driving Licence and Passport <p>OR</p> <ul style="list-style-type: none"> Certified copy of Passport / Driving Licence 	N/A	<p><u>Face to Face</u></p> <ul style="list-style-type: none"> Passport / Driving Licence (original viewed and copy taken by KBCI) <p><u>Non Face to Face</u></p> <ul style="list-style-type: none"> Copy of Driving Licence and Passport <p>OR</p> <ul style="list-style-type: none"> Certified copy of Passport / Driving Licence
Address Verification (A.V) Please provide one copy of the following not more than 6 months old	<p><u>Face to Face</u></p> <p>One original form of address verification (see list below) (original viewed and copy taken by KBCI)</p> <p><u>Non Face to Face</u></p> <ul style="list-style-type: none"> Two copies of address verification (dated in the last 6 months) Utility Bills (ESB, Gas, Landline Phone, Mobile Phone, Airtricity) Local Authority Document (refuse collection / water charge) Credit Card Statement Bank / Building Society Statement Credit Union Statement Letters from the Revenue Letters from the Department of Social Protection Household & Motor Insurance (renewal notice and certificate) This can be up to 12 months old provided it relates to the current insurance year. 	N/A	<p><u>Face to Face</u></p> <p>One original form of address verification (see list below) (original viewed and copy taken by KBCI)</p> <p><u>Non Face to Face</u></p> <ul style="list-style-type: none"> Two copies of address verification (dated in the last 6 months) Utility Bills (ESB, Gas, Landline Phone, Mobile Phone, Airtricity) Local Authority Document (refuse collection / water charge) Credit Card Statement Bank/Building Society Statement Credit Union Statement Letters from the Revenue Letters from the Department of Social Protection Household & Motor Insurance (renewal notice and certificate) This can be up to 12 months old provided it relates to the current insurance year. 	<p><u>Face to Face</u></p> <p>One original form of address verification (see list below) (original viewed and copy taken by KBCI)</p> <p><u>Non Face to Face</u></p> <ul style="list-style-type: none"> Two copies of address verification (dated in the last 6 months) Utility Bills (ESB, Gas, Landline Phone, Mobile Phone, Airtricity) Local Authority Document (refuse collection / water charge) Credit Card Statement Bank/Building Society Statement Credit Union Statement Letters from the Revenue Letters from the Department of Social Protection Household & Motor Insurance (renewal notice and certificate) This can be up to 12 months old provided it relates to the current insurance year. 	N/A	<p><u>Face to Face</u></p> <p>One original form of address verification (see list below) (original viewed and copy taken by KBCI)</p> <p><u>Non Face to Face</u></p> <ul style="list-style-type: none"> Two copies of address verification (dated in the last 6 months) Utility Bills (ESB, Gas, Landline Phone, Mobile Phone, Airtricity) Local Authority Document (refuse collection / water charge) Credit Card Statement Bank / Building Society Statement Credit Union Statement Letters from the Revenue Letters from the Department of Social Protection Household & Motor Insurance (renewal notice and certificate) This can be up to 12 months old provided it relates to the current insurance year.
DIRT Exemption Requirement	<p><u>Irish Resident</u></p> <ul style="list-style-type: none"> Complete Corporation Tax Reference Number Field <p>OR</p> <p><u>Non Resident</u></p> <ul style="list-style-type: none"> Complete Non Resident Form 	<p><u>Irish Resident</u></p> <ul style="list-style-type: none"> Complete Corporation Tax Reference Number Field <p>OR</p> <p><u>Non Resident</u></p> <ul style="list-style-type: none"> Complete Non Resident Form 	<p><u>Irish Resident</u></p> <ul style="list-style-type: none"> Complete Corporation Tax Reference Number Field <p>OR</p> <p><u>Non Resident</u></p> <ul style="list-style-type: none"> Complete Non Resident Form 	<p><u>Irish Resident</u></p> <ul style="list-style-type: none"> Complete Corporation Tax Reference Number Field plus Copy of Memorandum & Articles of Association or Constitution, or CHY Number <p>OR</p> <p><u>Non Resident</u></p> <ul style="list-style-type: none"> Complete Non Resident Form 	N/A	<p><u>Irish Resident</u></p> <ul style="list-style-type: none"> Complete Corporation Tax Reference Number Field plus Copy of Memorandum & Articles of Association or Constitution <p>OR</p> <p><u>Non Resident</u></p> <ul style="list-style-type: none"> Complete Non Resident Form

The above list is KBC Bank Ireland's standard set of documents for the above entities which is required for identification and verification purposes. From time to time, KBCI may ask for further documents.

KBC Bank Ireland plc, Sandwith Street, Dublin 2.

KBC Bank Ireland plc is regulated by the Central Bank of Ireland.

THE BANK OF YOU

Business Details

Please tell us about your business. This information will assist us in providing a professional timely response:

Full Legal Name/Trading Name _____

Business Type: PLC (quoted) PLC (unquoted)

Business Address _____

DAC¹ Ltd Co.

Charity Other

If Other, Specify: _____

Company Registration Number _____

Contact Person _____

Corporation Tax Number _____

Email _____

Company incorporated in (Country) _____

Telephone _____

Charity Number _____

Mobile _____

Primary Business Activity _____

DIRT: Deposit Interest Retention Tax If the Resident Business wishes to receive interest gross, the Bank is required to hold on file the company's corporate tax number issued by Revenue plus Copy of Memorandum & Articles of Association or Constitution, or in the case of a Non-Resident Company a completed Non-Resident Declaration

Confirmation Method

It is the policy of KBC Bank Ireland plc that all Corporate Deposits are confirmed by either telephone or email on the day the deposit is booked. This is in addition to your normal confirmation which will be sent by either Post / SWIFT / MISYS.

Please select one of the following boxes: Telephone Email

If you do not wish to receive telephone or email confirmation on the day the trade is booked please tick this box

Confirmation Contact Person _____ Email _____

Telephone _____

Preferred confirmation method: (Please tick one of the following boxes only)

Post SWIFT (Financial telecommunications system) MISYS (Third party confirmation matching system)

Source of initial Deposit

Please advise the source of funds of your deposit: (please tick one of the boxes below).

Company Cash Flow Company Funds Other

If Other, please provide us with an explanation: _____

Treasury Products

Deposit Foreign Exchange Other*

If Other, please specify: _____

If Foreign Exchange and/or Other, please confirm your Legal Entity Identifier (LEI): _____

*Other Products shall include, but shall not be limited to Certificates of Deposits (CD), European Commercial Paper (ECP), interest rate and currency swaps, interest rate options, currency options, forward rate agreements, other treasury products, caps, collars and floors, equity linked products, financial futures and financial options, including options on futures and such other instruments as are similar to or derived from any of the foregoing which the Company may request from time to time.

Withdrawals by Electronic Transfer

Withdrawals by electronic transfer will be sent to a nominated bank account. This account must be suitable to accept electronic payments (e.g. a Current Account).

Please check with your Bank/Building Society to ensure that the nominated account is suitable to accept electronic payments.

Please provide us with the details of the account you wish to nominate:

Bank Name: _____

BIC: _____

Bank Address: _____

IBAN: _____

Account Name: _____

Payee Reference: KBC Bank Ireland plc _____

Please note: All withdrawals by Electronic Transfer will be sent to this nominated account.

In the event that the Bank is requested to accept or act upon instructions made by the Customer by post or facsimile in connection with any matter relating to the Account, the Customer agrees it is legally bound by the terms of each transaction pursuant to this instruction from the moment the Bank agrees to those terms whether orally or otherwise, provided that such instructions have been provided in writing and are signed on behalf of the Customer by two of its authorised officers listed herein.

The Customer further agrees that the Bank shall not be obliged to make further inquiries prior to acting on said instructions. The Bank shall have no liability for any loss or damage, cost or expense suffered by the Customer as a result of any acting on said instruction provided it has been that the bank has acted in good faith and has not been negligent.

The Bank shall have no liability for any loss, damage, cost or expense suffered by the Customer as a result of any error in transmission of any instruction, notice, demand or communication or any failure to comply or delay in complying with any instruction, notice, demand or communication caused by reasons beyond the Bank's control.

¹ Designated Activity Company per 2014 Companies Act

Beneficial Ownership Details

List the names of all individuals who are beneficial owners of the Business.

Note: A beneficial owner is any individual who owns or controls 25% or more of the shares/voting rights/profits of the company or exercises control over management of the company.

Owner 1

Owner Name _____

Address _____

Occupation _____

Owner 2

Owner Name _____

Address _____

Occupation _____

Owner 3

Owner Name _____

Address _____

Occupation _____

Director: Yes No

Date of Birth _____

Nationality: _____

Country of Birth _____

Place of Birth (e.g. County/City) _____

Percentage Shareholding _____

Director: Yes No

Date of Birth _____

Nationality: _____

Country of Birth _____

Place of Birth (e.g. County/City) _____

Percentage Shareholding _____

Director: Yes No

Date of Birth _____

Nationality: _____

Country of Birth _____

Place of Birth (e.g. County/City) _____

Percentage Shareholding _____

List below any corporate shareholder that ultimately owns or controls 25% or more of the shares or voting rights in this Company or otherwise exercises control over the management of this Company

1. Company Name _____ % of shares owned in the Company _____%

Registered No. _____

2. Company Name _____ % of shares owned in the Company _____%

Registered No. _____

3. Company Name _____ % of shares owned in the Company _____%

Registered No. _____

4. Company Name _____ % of shares owned in the Company _____%

Registered No. _____

If more fields are required, please photocopy page or use a separate form.

Specimen Signatures (of Authorised Officers)

Please tick the following:

Received and read copy of Terms & Conditions Received and read copy of Terms of Business

(Please use block capitals)

Title: Mr. Mrs. Ms. Miss. Other

Name: _____ Signature: _____

Transaction Type: Deposit Foreign Exchange Other

Title: Mr. Mrs. Ms. Miss. Other

Name: _____ Signature: _____

Transaction Type: Deposit Foreign Exchange Other

Title: Mr. Mrs. Ms. Miss. Other

Name: _____ Signature: _____

Transaction Type: Deposit Foreign Exchange Other

Title: Mr. Mrs. Ms. Miss. Other

Name: _____ Signature: _____

Transaction Type: Deposit Foreign Exchange Other

Title: Mr. Mrs. Ms. Miss. Other

Name: _____ Signature: _____

Transaction Type: Deposit Foreign Exchange Other

Title: Mr. Mrs. Ms. Miss. Other

Name: _____ Signature: _____

Transaction Type: Deposit Foreign Exchange Other

By signing the below you certify that the person(s) listed on this application form as authorised signatories were appointed at a properly convened meeting of the board of directors or similar body or decision-making committee with authority to so approve in accordance with the constitution and all relevant laws and regulations governing the management and affairs of the company. You further certify that they are authorised officers of the company and are authorised to sign the Corporate & Institutional Markets Deposit & Foreign Exchange Application Form on the company's behalf and that KBC Bank is authorised to act on all instructions relating to the account(s), company affairs or transactions of the company provided that such instructions are signed on behalf of KBC by one or more authorised officers set out herein.

Director/Company Secretary signature: _____

Date

Board Resolution

At a meeting of the Directors of _____ (the 'Company') held on it was resolved that:-

1. KBC I are requested and authorised to:

- (a) act as a banker to the Company and open, maintain and operate in the name of the Company one or more accounts;
- (b) enter into those Treasury Products as have been specified in the Application form.
- (c) act on all instructions (including all verbal and electronic instructions) of the authorised signatories as advised in the Application Form and KBC I shall be entitled to assume that the person they are dealing with is who they purport to be (subject to KBCI and acting reasonably and in good faith) and that they are duly authorised to give such instructions on behalf of the Company; and
- (d) record telephone conversations between KBC I and the Company.

2. The Company agrees:

- (a) to provide KBCI with all information and documentation that it requires to meet its legal, compliance and regulatory obligations in particular those obligations in respect of anti money-laundering, the prevention of the financing of terrorism and FATCA & CRS;
- (b) to be bound by the terms of this mandate, the Application Form, the Corporate Deposit Account Terms and Conditions and the MIFID Terms and Conditions (as may be amended or replaced from time to time) and each of which apply to each and every Treasury Product entered into by the Company;
- (c) that this resolution be communicated to KBCI and in conjunction with the Application Form, the Corporate Deposit Account Terms and Conditions and the MIFID Terms and Conditions provide authority to KBCI to act on behalf of the Company;
- (d) to notify KBCI in writing of any change in the list of Authorised Signatories and the Directors or Company Secretary of the Company, such notice to be signed by [the Company Secretary or one Director and an Authorised Signatory];
- (e) that this mandate shall remain in force unless and until altered or varied by new instructions given pursuant to a decision of the Board of Directors of the Company and a copy of the amending resolution properly certified is communicated to KBCI;
- (f) to promptly at the request of KBCI enter into an ISDA Master Agreement in respect of the other treasury products and forward foreign exchange contracts;
- (g) that any Foreign Exchange and other Treasury Products entered into shall be for hedging purposes only. For this purpose hedging means the reduction of risk in respect of the Company's financial exposure;
- (h) that nothing in this mandate shall be construed as to require KBCI to enter into any Treasury Product;
- (i) that we shall respond to KBCI within 24 hours of receipt of a confirmation (save where the confirmation expressly provides otherwise), either raising queries thereon or accepting the terms thereof, failing which the confirmation shall be deemed to be accepted save for manifest error;
- (j) all obligations owed to KBCI as a result of entering into a Treasury Product shall be covered by all present and future security of whatsoever nature which KBCI may hold from time to time in respect of the Company's obligations to KBCI, save where expressly provided otherwise.
- (k) that KBCI shall have no liability or responsibility for and shall be indemnified by the Company in full on demand against all losses, damages or any claim arising from or in connection with any instruction or request believed by KBCI acting reasonably and in good faith to have been given in accordance with this mandate; and
- (l) that this mandate be governed by Irish Law and that the courts of Ireland shall have exclusive jurisdiction to resolve any disputes

3. The Company warrants and represents to KBCI the following, each of which is deemed repeated by the Company on the date on which we enter into each Treasury Product, that:

- (a) It is duly incorporated and validly existing under the laws of its jurisdiction of incorporation;
- (b) the entry into this mandate, the opening of an account and/or the entry into a Treasury Product are within its corporate powers, have been authorised by all necessary corporate actions and does not contravene any law or regulation, the constitutional documents of the Company or any contractual restrictions binding on it and constitutes legal and binding obligations of the Company enforceable in accordance with their terms;
- (c) all information provided to KBCI in connection with this mandate is true, accurate and complete to the best of our knowledge and belief;
- (d) in respect of each Treasury Products the Company enters into, it has and will have the capacity to evaluate (internally or through independent professional advice) that Treasury Product and has made its own decision to enter the Treasury Product and is relying on its own advice and not the advice of KBCI; and
- (e) It understands the terms, conditions and risks of each Treasury Product entered into by it and is willing to accept those terms and conditions and to assume (financially and otherwise) those risks.

Declaration

We request you to note the instructions contained in the Board resolution set out above and hereby confirm and agree that the terms of the Board Resolution comprise our instructions to KBC I and form part of this mandate, which we accept and agree

Signed	<input type="text" value="X"/>
Director/Company Secretary signature:	<input type="text"/>
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"/>

I/We acknowledge that I/we have received the "Deposit Guarantee Scheme - Depositor Information Sheet"

Self-Certification under CRS & FATCA Business Customers & Non Personal Customers

To be completed by business customers including limited companies, financial institutions, organisations, partnerships, trusts, pension schemes, charities, etc. (Unincorporated sole traders should complete the Personal Customers CRS and FATCA Self Certification Form.)

Purpose

This form is designed to capture your tax residency and your U.S. FATCA status.

Customer Information Notice

Under Irish Tax Legislation (Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 refers), financial institutions including KBC are obliged to collect and review information on customer's tax arrangements. If the Account Holder and in certain circumstances the Controlling Persons has a tax residency outside of the Republic of Ireland or are a U.S. person, we are required to report (where relevant) the following details in respect of all accounts that the Account Holder holds with us, and where relevant Controlling Persons, to the Irish Revenue: name, address, date of birth, place of birth, account number, U.S. citizenship and/or jurisdiction(s) of tax residence, Tax Identification Number (TIN), account balance at year end and interest payments made in the calendar year. Irish Revenue will report this data to the tax authorities of each participating country where the Account Holder and/or Controlling Person is tax resident, or to the IRS (U.S. Tax Authority) in the case of U.S. tax residents and certain U.S. persons. If due to a change in circumstances, any certification on this form becomes inaccurate, please advise us promptly.

You can find more information on <http://www.revenue.ie/en/business/aeoi/>

As a financial institution, we are not in a position to provide tax advice. If you have any questions about this form or defining your tax residency or U.S. FATCA status, please contact your tax advisor, or Irish Revenue.

How to complete the Form

All Business/Non Personal Customers should complete Section A, B, C, E. Section D should be completed if it applies to your organisation. All fields in Sections are mandatory. Please find an explanation of the terms used in the separate glossary.

SECTION A - ENTITY IDENTIFICATION DETAILS

Account Number: _____
(if available)

Name: _____

Country of Incorporation: _____

Current Registered Address: _____

Business/Mailing Address: _____
(if different from above)

SECTION B - US FOREIGN ACCOUNT TAX COMPLIANCE ACT - FATCA

Question 1 and either Question 2 or Question 3 (whichever is applicable) within Section B should be completed by all entities including Irish entities.

1. Is your organisation a U.S. Person?

(Please tick one option below. If you selected no, proceed to Q2. If you selected yes, proceed to Section C.)

No Yes - Specified U.S. Person Yes - U.S. Person that is not a Specified U.S. Person

Please provide your U.S. TIN where you are a Specified U.S. Person: _____

2. Is your organisation a Non U.S. Financial Institution (FI)?

(If no, please go to question 3 within Section B. If yes please tick one of the options below and proceed to Section C.)
(Deemed Compliant FI includes amongst others, certain charities and bodies established for the promotion of athletics or amateur games, Exempt Beneficial Owner includes amongst others, Pension Trusts/Schemes).

Irish FI or Partner Jurisdiction FI Participating Foreign (Non U.S.) FI Non-Participating Foreign FI
 Exempt Beneficial Owner Excepted Foreign FI Certified/Registered Deemed Compliant Foreign FI

Please provide your Global Intermediary Identification Number "GIIN" where available: _____

3. If your organisation is not a Financial Institution, it is a Non-Financial Foreign (Non U.S.) Entity (NFFE).

(Please tick one option below and proceed to Section C.)

Typically an NFFE will be an Active NFFE if less than 50% of its gross income is from passive sources (including dividends, interest, annuities and rent) AND less than 50% of its assets are held for the production of passive income. A Passive NFFE is one that is not an Active NFFE.

Active NFFE Passive NFFE (If this box is ticked, please complete Section D)

SECTION C - COMMON REPORTING STANDARD (CRS)

Question 1 OR 2 OR 3 (whichever is applicable) within Section C should be completed by all entities including Irish entities.

1. Is your organisation tax resident outside of the Republic of Ireland and outside the U.S.?

(If no please go to question 2. If yes, please list all countries in which your organisation is tax resident and provide the corresponding TIN/functional equivalent for each country and please tick Yes/No to identify if your organisation is one of the entities listed below.

Country of residence:	TIN:

The organisation is one of the following entities:	Yes	No
(i) A corporation, the stock of which is regularly traded on one or more established securities markets or corporation that is a related entity of such a corporation.	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A Governmental entity, an International Organisation, or a Central Bank.	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Financial institution – Depository Institution, Custodial Institution, Specified Insurance Company or Investment Entity other than that described in (iv) below	<input type="checkbox"/>	<input type="checkbox"/>
(iv) An investment entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please complete Section D)	<input type="checkbox"/>	<input type="checkbox"/>

2. Is your organisation a Financial Institution?

(If no please go to question 3.)

Yes No

3. If your organisation is not a Financial Institution, it is a Non-Financial entity (NFE). (Please tick one option).

Typically an NFE will be an Active NFE if less than 50% of its gross income is from passive sources (including dividends, interest, annuities and rent) AND less than 50% of its assets are held for the production of passive income. A Passive NFE is one that is not an Active NFE.

(a) Active NFE (b) Passive NFE (If this box is ticked, please complete Section D)

SECTION D - CERTIFICATION OF BENEFICIAL OWNERS/CONTROLLING PERSONS

Only complete this section if you have ticked that you are a Passive NFFE (in Section B3) or a Passive NFE (in Section C3b) or an Investment Entity located in a Non-Participating Jurisdiction (in Section C1 (iv)).

In respect of these entities, we are required to establish whether any Beneficial Owner/Controlling Person is a U.S. citizen or tax resident in a country other than the Republic of Ireland.

Note: Beneficial Owner/Controlling Persons means the natural persons who exercise control (as defined in the glossary) over an entity.

Controlling Person 1: (Block Capitals Please)

Name: _____

Address: _____

Country of Birth: _____ Date of Birth _____

Is the Controlling Person a U.S. Citizen? Yes No

If yes, enter your U.S. TIN number (Taxpayers Identification No.)

Is the Controlling Person tax resident in a country other than the Republic of Ireland? Yes No

If yes, please list in the table on the right all countries/territories in which the Controlling Person is tax resident, and provide a TIN or functional equivalent for each country/territory.

Country of residence:	TIN:

Controlling Person 2: (Block Capitals Please)

Name: _____

Address: _____

Country of Birth: _____ Date of Birth _____

Is the Controlling Person a U.S. Citizen? Yes No

If yes, enter your U.S. TIN number (Taxpayers Identification No.)

Is the Controlling Person tax resident in a country other than the Republic of Ireland? Yes No

If yes, please list in the table on the right all countries/territories in which the Controlling Person is tax resident, and provide a TIN or functional equivalent for each country/territory.

Country of residence:	TIN:

Controlling Person 3: (Block Capitals Please)

Name: _____

Address: _____

Country of Birth: _____ Date of Birth _____

Is the Controlling Person a U.S. Citizen? Yes No

If yes, enter your U.S. TIN number (Taxpayers Identification No.)

Is the Controlling Person tax resident in a country other than the Republic of Ireland? Yes No

If yes, please list in the table on the right all countries/territories in which the Controlling Person is tax resident, and provide a TIN or functional equivalent for each country/territory.

Country of residence:	TIN:

Controlling Person 4: (Block Capitals Please)

Name: _____

Address: _____

Country of Birth: _____ Date of Birth _____

Is the Controlling Person a U.S. Citizen? Yes No

If yes, enter your U.S. TIN number (Taxpayers Identification No.)

Is the Controlling Person tax resident in a country other than the Republic of Ireland? Yes No

If yes, please list in the table on the right all countries/territories in which the Controlling Person is tax resident, and provide a TIN or functional equivalent for each country/territory.

Country of residence:	TIN:

SECTION E - DECLARATION AND SIGNATURE

Please sign declaration below

Declaration

Please confirm the following:

I/We declare (as an authorised signatory of the Entity) that the information provided in the form is, to the best of my knowledge and belief, accurate.

I/We undertake to submit a new form within 30 days if, due to a change in circumstances, any certification on this form becomes inaccurate.

Print Name:	<input type="text" value="BLOCK CAPITALS PLEASE"/>
Authorised Signature	<input checked="" type="checkbox"/>
Capacity	<input type="text"/>
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"/>

Data Protection Notice

The information provided in this declaration will be retained and processed by KBC Bank Ireland plc and its subsidiary companies ("we"/"us") in the manner described in Clause 27 of the Business Deposit Terms & Conditions, Clause 25 of the Corporate Deposits Terms & Conditions, Clause 17 of the Tax and Pension Finance Terms & Conditions or Section E of the Professional Fee Finance form.

Internal use only

Customer verified: Photographic identification verified and attached:

Staff name (print): _____

Staff Number: _____

Signature: _____

KBC Bank Ireland plc is regulated by the Central Bank of Ireland.

Hub stamp