Self Certification for Entity Clients U.S. Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS)

Deutsche Bank Polska S.A. is obliged to collect and report certain tax related information about its clients.

This obligation is imposed on the Deutsche Bank Polska S.A. pursuant to:

- the Act of October 9, 2015 on the execution of the Agreement between the Government of the Polish Republic and the Government of the United States of America on the improvement of the international fulfillment of tax obligations and the implementation of FATCA legislation (Journal of Laws of 2015, pos.1712); and
- the Act of March 9, 2017 on the exchange of tax information with other countries (Journal of Laws of 2023, pos. 241)

Please complete the sections below as directed in the below mentioned Instruction, complete this form and provide any additional information as may be required. Please also consider that Deutsche Bank Polska S.A. may be required to share in certain circumstances, details received from the Clients with appropriate tax authorities.

U.S. tax forms may be required in addition to this Self Certification.

- If you are a non-U.S. entity, receiving income that constitutes U.S. Source Fixed and Determinable Annual or Periodical (FDAP) income, please provide a completed IRS W-8 series tax form.
- If you are a U.S. entity please provide a completed IRS Form W-9.

This form is for entities only. Do not complete this form for an Individual Account Holder. Instead you should complete and provide the Self Certification for Individual Clients which can be obtained from your Deutsche Bank Polska S.A. Relationship Manager.

If you have any remaining questions about how to complete this form or about how to determine your tax residence status you should contact your tax adviser or local tax authority. Deutsche Bank Polska S.A. will not be in a position to provide assistance beyond the information contained within this guide as by law we are not permitted to give tax advice.

Instructions to fill the form and additional information can be found under Web address at : https://country.db.com/poland/klienci-korporacyjni/dokumenty/?language_id=1

Part 1 - Entity Details

Please complete this part with Capital Letters. Fields with (*) are mandatory.

- 1. Legal Name of Entity or Organisation*:
- 2. Country of Incorporation or Organisation:
- Current Residence Address of Entity or Organisation*: *:(Do not use a P.O. box (unless this is your registered address) or an 'in care of address'

Line 1 (e.g. House / Apt. / Suite Name / Number / Street)*:

Line 2 (e.g. City / Town / Province / State)*:

Country*:

Postal Code / ZIP Code*:

4. Mailing Address (if different from the Current Residence Address)

Line 1 (e.g. House / Apt. / Suite Name / Number / Street):

Line 2 (e.g. City / Town / Province / State):

Country:

Postal Code / ZIP Code:

5. Commercial Register Number:







Part 2 - Entity Certification - Non U.S. Entities - for the purpose of FATCA

Part	t 2 (a) -	- Financial Institutions - FI		Part 2 (b) – Non Financial Foreign Entities - NFFE
	,	is a Foreign Financial Institution (FFI), please select us from one of the options below.	or	
6. 7.	i. F ii. F iii. F iv. S Pleas	 Registered Deemed Compliant Foreign FFI (including Reporting Model I FFI) Reporting Model II Foreign FFI 		If the Entity is not a Financial Institution (i.e. a Non Financial Foreign Entity, NFFE), please select the Entity's status from one of the options below. i. Active NFFE ¹ * An entity which at least 50% of an income results from selling goods or services and less than 50% of assets are assets generating a passive income * a listed entity or an entity related to a listed entity ii. Passive NFFE ² - an entity which less than 50% of income results from selling goods or services and less than 50% of assets constitute assets generating passive income
8.	7) ple	e Entity does not have a GIIN (under Part 2(a) Line ease provide the reason why the Entity cannot de a GIIN: It is a FFI, which has applied for a GIIN and has not yet received a GIIN		In this case please complete the table inAppendix 1 "Controlling Persons". iii. Direct / Sponsored Direct Reporting NFFE
	ii. iii. iv.	It is an Exempt Beneficial Owner (e.g. an international organisation) It is a Certified Deemed Compliant FFI (e.g. a FFI with low value accounts) It is an Owner Documented FFI		Please provide the Entity's GIIN
	v. vi. vii.	Non-reporting FFI(e.g. Trustee Documented Trust) Sponsored Entity covered by Annex II of a Model I IGA that does not have any U.S. reportable accounts Non Participating FFI		

Please check full wording of an Active NFFE definition included in the Agreement between the Government of the Polish Republic and the Government of the United States of America on the improvement of the international fulfillment of tax obligations and the implementation of FATCA legislation signed in Warsaw on October 7th, 2014

² Please check full wording of a Passive NFFE definition included in the Agreement between the Government of the Polish Republic and the Government of the United States of America on the improvement of the international fulfillment of tax obligation and the implementation of FATCA legislation signed in Warsaw on October 7th, 2014;



Part 3 – Entity Certification – for the purpose of CRS	
Part 3 (a) – Financial institutions - FI o	r Part 3 (b) – Non financial Entities - NFE
 10. If this entity is a Financial Institution (FI), please select the FI's status from one of the options below. I. Depository Institution, Custodial Institution or Specified Insurance Company II. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution <i>In this case please complete the table in Appendix 1 "Controlling Persons"</i> III. Other Investment Entity 	 11. If the Entity is not a Financial Institution (i.e. a Non Financial Entity, NFE), please select the Entity's status from one of the options below. I. Active NFE – a corporation the stock of which is regularly traded on an established securities market or a related entity (directly or indirectly) of such a corporation. If you have ticked (I), please provide the name of the established securities market on which the corporation is regularly traded: If you are a (directly or indirectly) Related Entity of a regularly traded corporation, please provide (a) the name of the regularly traded corporation that the Entity in (I) is a Related Entity of
	 II. Active NFE – Government Entity, Central Bank or International Organisation III. Active NFE – other³ - an entity other than listed entity or an entity related to a listed entity, government entity, central bank, international organisation, which more than 50% of income results from selling goods or services and less than 50% of assets constitute assets generating a passive income IV. Passive NFE⁴ - a non-financial entity other than listed entity or an entity related to a listed entity, government entity, central bank, international organisation, which more than 50% of income is a passive income <i>In case</i> of Passive NFE classification please complete the table in Appendix 1
	"Controlling Persons".

³ Please check full wording of an active NFE - other's definition included in the ACT of March 9, 2017 on the exchange of tax information with other countries

⁴ Please check full wording of a passive NFE definition included in the Act of March 9, 2017 on the exchange of tax information with other countries



Part 4 – Country of Residence for Tax Purposes and related TIN or functional equivalent

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country indicated.

If the Account Holder is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or country in which its principal office is located.

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

- Reason A The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
- Reason B The account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain TIN in the below table if you have selected this reason).
- Reason C No TIN is required. (Note: only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

	12. Country of Tax residence*	13. Local Tax Identification number (TIN)	14. TIN Type	15. If no TIN available, enter Reason A, B or C
1				
2				
3				

If the Account Holder is tax resident in more than three countries and this table is not sufficient, please use a separate sheet with Part 4 to complete, put the data and sign.

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

1	
2	
3	

Part 5 – Declaration and Signature

I declare that all statements made in this Certification are, to the best of my knowledge and belief, correct and complete. I understand that the information supplied by me in this Certification (including any attachment hereto) is covered by the full provisions of the terms and conditions governing my/the Account Holder's relationship with Deutsche Bank Polska S.A. setting out how Deutsche Bank Polska S.A. may use and share the information supplied by me to Deutsche Bank Polska S.A.

On behalf of the Entity identified in Part 1 of this form, I acknowledge and agree that the information contained in this Certification (including any attachment hereto), information regarding the Account Holder, its accounts and Controlling Persons may be reported by Deutsche Bank Polska S.A. to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder 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 this account(s) is/are maintained. On behalf of the Entity identified in Part 1 of this form I undertake to advise Deutsche Bank Polska S.A. promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide Deutsche Bank Polska S.A. with a suitably updated Certification within 30 days of such change in circumstances.

I hereby declare that I have the capacity to make statements on behalf of the entity identified in Part 1 of this form.

I am aware of criminal liability for disclosing false statements.

Full name* (in capital letters): Date (yyyy/mm/dd)*:	Signature*:			
Full name* (in capital letters): Date (yyyy/mm/dd)*:	Signature*:			

(Signatures of persons, who have the capacity to make statements on behalf of the entity)



Appendix 1 Controlling Persons

For Passive NFFEs/NFEs please complete this section.

Controlling Persons are defined as natural persons which are Ultimate Beneficial Owners of the Entity based on the valid Act about anti-money laundering and financing terrorism, or in case of no UBO – board members of the Entity. In the case of Trust this means:

- the settlor
- the trustees
- the protector (if any)
- the beneficiaries or class of beneficiaries
- any other natural person exercising ultimate effective control over the Trust.

In the case of a legal arrangements other than a Trust, it means persons in equivalent or similar positions.

Please continue on a separate sheet if necessary, signing, dating and attaching the sheet to this form.

If the Controlling Person(s) are U.S. citizen or resident of the U.S. for tax purposes then they should additionally complete a W-9 form.

	First name						
	Full name/ Surr	name					
	Address				ate and place of birth ity/Town, Country)		
	City/Town			Po	ostal code		
	State/Province						
	Mailing addres from Residence						
Controlling person	Country of Tax Residence		Tax Identificaation Number (TIN)		TIN Type	Please provide explanation if n	o TIN is available
	Country of Tax Residence		Tax Identificaation Number (TIN)		TIN Type	Please provide explanation if n	o TIN is available
	Country of Ta	ax Residence	Tax Identificaation Nur	mber (TIN)	TIN Type	Please provide explanation if n	o TIN is available
		Legal Person:	Ownership	Other Means	Senior Managin	g Official	
	Controlling Person Tyoe	Legal Arrangement – Trust:	Settlor	Trustee	Protector	Beneficiary	Others
		Legal Arrangement - Other	Settlor Equivalent	Trustee Equivale	nt Protector Equivaler	nt Beneficiary Equivalent	

	First name						
	Full name/ Surr	name					
	Address				ate and place of birth City/Town, Country)		
	City/Town			P	ostal code		
	State/Province						
	Mailing address (if different from Residence Address):						
Controlling person	Country of Tax Residence		Tax Identificaation Number (TIN)		TIN Type	Please provide explanation if r	no TIN is available
	Country of Tax Residence		Tax Identificaation Nu	umber (TIN)	TIN Type	Please provide explanation if r	no TIN is available
	Country of Tax	ax Residence	Tax Identificaation Nu	umber (TIN)	TIN Type	Please provide explanation if r	no TIN is available
	Controlling Person Tyoe	Legal Person:	Ownership	Other Means	Senior Managi	ng Official	
		Legal Arrangement – Trust:	Settlor	Trustee	Protector	Beneficiary	Others
		Legal Arrangement - Other	Settlor Equivalent	Trustee Equivale	ent Protector Equivale	ent Beneficiary Equivalent	



	First name						
	Full name/ Surr	name					
	Address				Date and place of birth (City/Town, Country)		
	City/Town				Postal code		
	State/Province						
	Mailing addres from Residence						
Controlling	Country of Tax Residence		Tax Identificaation Nur	mber (TIN)	TIN Type	Please provide explanation if	no TIN is available
person	Country of Ta	ax Residence	Tax Identificaation Number (TIN)		TIN Type	Please provide explanation if	no TIN is available
	Country of Tax Residence		Tax Identificaation Number (TIN)		TIN Type	Please provide explanation if	no TIN is available
					c : M		
		Legal Person:	Ownership	Other Means	Senior Manag	ing Official	
	Controlling Person Tyoe	Legal Arrangement – Trust:	Settlor	Trustee	Protector	Beneficiary	Others
		Legal Arrangement - Other	Settlor Equivalent	Trustee Equiva	lent Protector Equival	lent Beneficiary Equivalent	
	First name						
	Full name/ Surr	name					
	Address				Date and place of birth City/Town, Country)		
	City/Town				Postal code		
	State/Province						
	Mailing addres from Residence						
Controlling person	Country of Tax Residence		Tax Identificaation Nur	mber (TIN)	TIN Type	Please provide explanation if	no TIN is available
	Country of Tax Residence		Tax Identificaation Number (TIN)		TIN Type	Please provide explanation if	no TIN is available
	Country of Tax Residence		Tax Identificaation Number (TIN)		TIN Type Please provide explanation if no TIN is a		no TIN is available
		Legal Person:	Ownership	Other Means	Senior Manag	ing Official	
	Controlling Person Tyoe	Legal Arrangement – Trust:	Settlor	Trustee	Protector	Beneficiary	Others
		Legal Arrangement - Other	Settlor Equivalent	Trustee Equiva	lent Protector Equival	lent Beneficiary Equivalent	