

Self-certification form FATCA for legal entities

Legal basis:

On 2nd June 2014 the Republic of Slovenia signed with the United States of America Agreement on improving tax compliance at the international level and the implementation of FATCA (below: Agreement), which defines in detail the obligations of financial institutions and the Slovenian Tax Administration in connection with FATCA (Foreign Account Tax Compliance Act), which enter into force on 1st July 2014.

According to the requirements of the Agreement, in Slovenia reporting financial institution is obliged to carry out procedures on customer identification in accordance with the provisions of the Law on Tax Procedure ZdavP-2 and reporting to Republic of Slovenia Financial Administration. The bank as a reporting financial institution will report customers, that are identified as the American taxpayers, to the Slovenian tax authorities. This information will then be reported to the American tax authorities (IRS - Internal Revenue Service).

Customer:

Company Name:	Tax Number:
	Registration Number:
Date, Place and State of Company establishment:	Sector Code:
Address of Company:	

Are You a Financial Institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Only for Financial Institution:

GIIN Number (Global Intermediary Identification Number)	
Reason, if you do not have GIIN Number	

Only for non-financial Institution

Do You make more than 50% of Incomes from Your main activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Mark please:

- a. **Individual**, who is citizen/taxpayer of USA **own** indirectly or directly (controlling person) more than 25% of our Company ☐
- b. **Individual**, who is citizen/taxpayer of USA **do not** own indirectly or directly (controlling person) more than 25% of our Company ☐

If You marked the answer **a)**, please fill in the table:

Name and Last Name	State and Address of permanent residence	Date and Place of the Birth, TIN – Tax Identification Number

DECLARATION AND SIGNATURE

Under signed:

- 1) I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Banka Sparkasse d.d. setting out how Banka Sparkasse d.d. may use and share the information supplied by me;
- 2) I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be reported to the tax authorities in Slovenia and USA.
- 3) I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete;
- 4) I undertake to advise Banka Sparkasse d.d. immediately of any change in circumstances or data which are relevant for FATCA and to provide suitably updated self-certification and Declaration of such change in circumstances.

Signature of the legal representative:

Name and Last name – in capital letters:

Date:

Note: If signing under a power of attorney please also attach a certified copy of the power of attorney.

Signature of the bank employee: _____ Date: 26.09.2024