

본인확인	담당	책임자

FATCA • CRS Self-Certification Form

(For Entity • Voluntary Association)

▶ This self-certification form is required to be filled with pursuant to 「Tax Treaty Provisions concerning Automatic Exchange of Financial Account Information」 under Article 31 of the Act for the Coordination of International Tax Affairs and Article 47 of the Enforcement Decree of the same Act in connection with the implementation of tax treaty for reciprocity-based periodic exchange of financial information.

1. Customer Information

Name of Entity	(Korean)	(English)	Phone No.	
Entity Registration Number			Business Registration No.	
Address (Head Office's Address)	* Please write in English if location is not in Korea			

2. Country of Residence for Tax Purpose(not applicable to Korean)

Country of Residence for Tax Purpose (Country of Head Office Establishment, etc.)	Taxpayer Identification No	Reason Taxpayer Identification No. not provided (V)
1		<input type="checkbox"/> Non-issuing country <input type="checkbox"/> Not required by tax authority <input type="checkbox"/> Not acquired
2		<input type="checkbox"/> Non-issuing country <input type="checkbox"/> Not required by tax authority <input type="checkbox"/> Not acquired
3		<input type="checkbox"/> Non-issuing country <input type="checkbox"/> Not required by tax authority <input type="checkbox"/> Not acquired
If you ticked the box 'Not acquired,' provide the reason		

3. Matters Needing Confirmation

<ul style="list-style-type: none"> ■ Please answer the following question ① to ④ in order ■ Refer to [Instructions for Self-Certification(For Entity)] for the definition of terms and tips for preparation 		
①	Is the entity a U.S. entity or U.S. institution for tax purposes? If you choose [Yes], please fill in the section ⑤ on the reverse side and move to the section ② below. If you choose [No], please move to the section ② below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
②	Is the entity a depository institution, custodian institution, investment entity or specified insurance company(hereinafter "Financial Institution")? If you choose [Yes], please skip the questions below and complete the preparation of this form after filling in the section ⑥ on the reverse side and 「D. Declaration」. If you choose [No], please move to the section ③ below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
③	Is the entity categorized as any of the following active NFFE? If you choose [Yes], please complete the preparation of this form after marking (V) in the applicable box and filling in the 「D. Declaration」. If you choose [No], please move to the section ④ below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 01.Active NFFE Less than 50 per cent of the NFFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50 per cent of the assets held by the NFFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income (dividend income, interest income, rental income, income from sales proceeds or exchange, income from forward-futures transaction, income from cash <input type="checkbox"/> 02.Publicly listed corporation <input type="checkbox"/> 03.NFFE affiliate of a publicly traded corporation <input type="checkbox"/> 04.Excepted U.S. territory NFFE <input type="checkbox"/> 05.Holding company/financial center/PI <input type="checkbox"/> 06.Government entity/International Organization/Central Bank <input type="checkbox"/> 07.Nonfinancial Start-up entity <input type="checkbox"/> 08.Excepted nonfinancial entity in liquidation or bankruptcy <input type="checkbox"/> 09.Nonfinancial group <input type="checkbox"/> 10.501(c) organization under the U.S. Internal Revenue Code <input type="checkbox"/> 11.Non-profit organization	
④	If you choose [No] in ② to ③ questions, your entity is categorized as passive non-financial Institution. Is there any overseas tax payer which exercises de facto control of your entity(direct/indirect holding of more than 25% stake)? If you choose [Yes], please complete the preparation of this form after filling in the section ⑦ on the reverse side and 「D. Declaration」. If you choose [No], please complete the preparation of this form after filling in 「D. Declaration」.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	▶ "Passive NFFE" refers to a company in which less than 50% of the entity's gross income for the preceding year is passive income and less than 50% of the assets held by the entity during the preceding year are assets that produce or are held for the production of passive income.	

4. Declaration

- I confirm that I have reviewed the information provide on this form, and to the best of my knowledge it is accurate, true, and complete. If there is any change in the information described herein, I shall notify the Bank of any such change(s) within 30 days of the change.
- If there is any change in my circumstances, I agree to submit a new form within 90 days of the date this form is requested .
- I have received a complete explanation and understand that if my account is subject to reporting or if any information requested herein is not provided, my personal information and account (contract) information may be reported to the National Tax Office and the relevant authority of residence, etc.

Date(MM-DD-YYYY) : . . .

Name of Entity : (seal or signature)



Additional Confirmation

This Page concerns additional information related to the items in which you answered [Yes] in Section 3 (Matters for Confirmation) on the front. Please submit this form to the Bank after providing answers to the relevant items and complete Section 4 on the front page.

A	Exemption from FATCA report (complete if you answered [Yes] in section 3-①)		
⑤	In the case of a U.S. entity or U.S. institution - Is the entity categorized as any of the following? If you select [Yes], please tick (V) in the applicable type.		□ Yes □ No
	<input type="checkbox"/> 01. Publicly listed corporation <input type="checkbox"/> 02. EAG member of publicly listed corporation <input type="checkbox"/> 03. U.S. governments <input type="checkbox"/> 04. U.S. government territory agency (instrument), etc.	<input type="checkbox"/> 05. Certain U.S. tax-exempt trust <input type="checkbox"/> 06. U.S. Bank <input type="checkbox"/> 07. U.S. real estate investment trust <input type="checkbox"/> 08. Certain regulated investment company, etc.	<input type="checkbox"/> 09. U.S. common trust fund <input type="checkbox"/> 10. Certain U.S. tax-exempt trust, etc. <input type="checkbox"/> 11. Certain U.S. registered finance dealer <input type="checkbox"/> 12. Certain U.S. broker

B	Financial Institution (complete if you answered [Yes] in section 3-②)		
⑥	If your entity is a financial institution, please fill in the all items: a, b, c, d (e · f)		
	▶ Financial holding company and credit-specialized financial company (credit card firm, capital, etc.) are not categorized as a financial institution		
	a	Is the entity an investment company based in a country or region not adopting CRS and owned by another financial institution as a controlling person? If you select [Yes], please complete section ⑦	□ Yes □ No
	b	Is the entity a local financial institution organized in a country that is party to a FATCA agreement?	□ Yes □ No
	c	Is the entity a non-participant in FATCA or categorized as a non-participant by the I.R.S.?	□ Yes □ No
	d	If you have a GIIN with the I.R.S., please fill in item d. If not, please fill in item e and f.	
		GIIN
	e	If your entity does not have a GIIN, are you categorized as one of the following? If you select [Yes], please tick (V) by the relevant type beol w [FATCA Non-Reporting types]	□ Yes □ No
		<input type="checkbox"/> 01. Financial Institution with a Local Client Base <input type="checkbox"/> 02. Local Bank <input type="checkbox"/> 03. FI with Only Low-Value Accounts <input type="checkbox"/> 04. Trustee Documented Trust <input type="checkbox"/> 05. Sponsored Investment Entity <input type="checkbox"/> 06. Controlled Foreign Corporation <input type="checkbox"/> 07. Sponsored, Closely Held Investment Vehicle <input type="checkbox"/> 08. Investment Company Subject to Direct Reporting by Financial Institution <input type="checkbox"/> 09. Exempt Collective Investment Vehicle <input type="checkbox"/> 10. Limited life debt investment Vehicle (only applicable until January 1, 2017) <input type="checkbox"/> 11. Treaty-qualified Retirement Fund <input type="checkbox"/> 12. Broad Participation Retirement Fund <input type="checkbox"/> 13. Narrow Participation Retirement Fund <input type="checkbox"/> 14. Pension fund of a governmental entity, etc. <input type="checkbox"/> 15. Investment Entity Wholly Owned by Exempt Beneficial Owners <input type="checkbox"/> 16. Post Office Retirement Fund	
	f	If your entity does not have a GIIN, does your company fall under one of the following categories? If you select [Yes], please tick (V) by the relevant type [CRS Non-Reporting types]	□ Yes □ No
	<input type="checkbox"/> 17. Financial Institution allowed to operate domestic network only <input type="checkbox"/> 18. Financial Institution recognized by Financial Services Commission <input type="checkbox"/> 19. Trustee Documented Trust <input type="checkbox"/> 20. Investment Company Subject to Direct Reporting by Financial Institution <input type="checkbox"/> 21. Broad Participation Retirement Fund <input type="checkbox"/> 22. Narrow Participation Retirement Fund <input type="checkbox"/> 23. Exempt Collective Investment Vehicle <input type="checkbox"/> 24. Pension fund of a governmental entity, etc. <input type="checkbox"/> 25. Post Office Retirement Fund		

C	Controlling Shareholder (complete this section if you answered [Yes] in section 3-④ or B-⑥-a)			
⑦	Please provide the name, country of birth, date of birth, address, and taxpayer registration number (SSN (Social Security No.) or ITIN (Individual Tax Identification No.)) of all overseas taxpayers that exercise any control over your entity (including direct/indirect holdings with over 25% ownership)			
	English name (All capital letters)	Family name	Country of birth (English)	
		Given name	Date of birth	
	Country of residence (English)	Current residence address (English)		
	Country of residence for tax purpose (English)	Taxpayer Identification No. (SSN or ITIN)	Reason Taxpayer Identification No. not provided (V)	
	1		□ Non-issuing country □ Not required by tax authority □ Not acquired	
	2		□ Non-issuing country □ Not required by tax authority □ Not acquired	
	If you ticked the box 'Not acquired,' provide the reason			
	English name (All capital letters)	Family name	Country of birth (English)	
		Given name	Date of birth	
	Country of residence (English)	Current residence address (English)		
	Country of residence for tax purpose (English)	Taxpayer Identification No. (SSN or ITIN)	Reason Taxpayer Identification No. not provided (V)	
	1		□ Non-issuing country □ Not required by tax authority □ Not acquired	
	2		□ Non-issuing country □ Not required by tax authority □ Not acquired	
If you ticked the box 'Not acquired,' provide the reason				

