

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」 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			Business Registration No.	
Establish Region (☑)	☐ In KOREA	☐ Others*	Phone No.	
	* In case of corporate Head Office, the actual management of main office is overseas			

2. Matters Needing Confirmation

■ 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], fill in the section [A]~⑤ on the reverse side, If you choose [No], please move to the section ② below	☐ Yes ☐ No
②	Is the entity a depository institution, custodian institution, investment entity or specified insurance company(hereinafter "Financial Institution")? If you choose [Yes], please fill in the section [B]~⑥ on the reverse side, If you choose [No], please move to the section ③ below.	☐ Yes ☐ 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 in (☑)the applicable box and filling in the ③ 01~11 below, If you choose [No], please move to the section ④ below.	☐ Yes ☐ No
	☐ 01. Active NFFE - Business Profits ≥ Non-Business Profits (Checked by Financial Statements) ☐ 02.Publicly listed corporation ☐ 03.NFFE affiliate of a publicly traded corporation ☐ 04.Excepted U.S. territory NFFE ☐ 05.Holding company/financial center/FI ☐ 06.Government entity/International Organization/Central Bank ☐ 07.Nonfinancial Start-up entity ☐ 08.Excepted nonfinancial entity in liquidation or bankruptcy ☐ 09.Nonfinancial group ☐ 10.501(c) organization under the U.S. Internal Revenue Code ☐ 11.Non-profit organization	
▶ Passive Income? Dividend income, interest income, rental income, income from sales passive assets, the rent fee from active sales activities is not included.		
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(Representative, direct/indirect holding of More than 25% share) If you choose [yes], fill in the section [B]~⑦, If you choose [NO], please complete the 3.Country of Residence for Tax Purpose below.	☐ Yes ☐ No
* Overseas tax payer : Who is obligated to pay tax in other country than the jurisdiction of residence for the tax purposes of your corporation.		

3. Country of Residence for Tax Purpose(not applicable to Korea)

Country of Residence for Tax Purpose (Country of Head Office Establishment, etc.)	Taxpayer Identification No	Reason Taxpayer Identification No. not provided (V)
		☐ Non-issuing country ☐ Not required by tax authority ☐ Not acquired
Address(Head Office's Address)		
If you ticked the box 'Not acquired,' provide the reason		

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 60 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 checkpoints if you select Answer [Yes]
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 2-①)
	Is the entity categorized as any of the following? ▶ If you select [YES], pls check (☑) below, go to 4.Declarstion above. ▶ If you select [NO], pls go to ② above.
⑤	☐ 01. Publicly listed corporation ☐ 02. EAG member of publicly listed corporation ☐ 03. U.S. governments ☐ 04. U.S. government territory agency (instrument),etc. ☐ 05. Certain U.S. tax-exempt trust ☐ 06. U.S Bank ☐ 07. U.S. real estate investment trust ☐ 08. Certain regulated investment company,etc ☐ 09. U.S. common trust fund ☐ 10. Certain U.S. tax-exempt trust,etc. ☐ 11. Certain U.S. registered finance dealer ☐ 12. Certain U.S. broker

B	Financial Institution (complete if you answered [Yes] in section 2-㉔)
	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 ㉚
b	Is the entity a local financial Institution organized in a country that is party to a FATCA agreement?
c	Is the entity a non-participant in FATCA or categorized as a non-participant by the I.R.S.?
d	If you have a GIIN or EIN with the I.R.S.,? ▶ If you select [YES], pls check (☑) below, go to 4.Declarstion above. ▶ If you select [NO], pls choose one of item e or f
	GIIN /KIIN/ EIN NO
⑥	e If you select [NO] above d, please check (☑) the relevant type below [FATCA Non-Reporting types]
	☐ 01. Financial Institution with a Local ☐ 05. Sponsord Investment Entity ☐ 09. Exempt Collective Investment Vehicle ☐ 13. Narrow Participation Retirement Fund ☐ 02. Local Bank ☐ 06. Controlled Foreign Corporation ☐ 10. Limited life debt investment Vehicle (only applicable until January 1,2017) ☐ 14. Pension fund of a governmental entity, etc. ☐ 03. FI with Only Low-Value Accounts ☐ 07. Sponsored, Closely Held Investment Vehicle ☐ 11. Treaty-qualified Retirement Fund ☐ 15. Investment Entity Wholly Owned by Exempt Beneficial Owners ☐ 04. Trustee Documented Trust ☐ 08. Investment Company Subject to Direct Reporting by Financial Institution ☐ 12. Broad Participation Retirement Fund ☐ 16. Post Office Retirement Fund
f	If you select [NO] above d, please check (☑) the relevant type below [CRS Non-Reporting types]
	☐ 17. Financial Institution allowed to operate domestic network only ☐ 21. Broad Participation Retirement Fund ☐ 25. Post Office Retirement Fund ☐ 18. Financial Institution recognized by Financial Services Commission ☐ 22. Narrow Participation Retirement Fund ☐ 19. Trustee Documented Trust ☐ 23. Exempt Collective Investment Vehicle ☐ 20. Investment Company Subject to Direct Reporting by Financial Institution ☐ 24. Pension fund of a governmental entity, etc.

	Controlling Shareholder (complete this section if you answered [Yes] in section 2-④ or B-⑥-a), and Go to the 3.Country of Residence					
	Please provide the Name, Country of Birth, Date of Birth, Address, and taxpayer registration Number of all overseas taxpayer that exercise any control your entity(Representative, including direct/ indirect holdings with over 25% ownership)					
㉚	Controlling person(1)	Type(☑)	☐ Corporate shareholder ☐ Representative	Share Ratio(%)*		* Representative has not pepared the share ratio
		Given Name		Surname		Date of Birth
		Jurisdiction of Residence	Taxpayer Identification NO	Reason Taxpayer Identification No. not provided (☑)		
				☐ Non-issuing country ☐ Not required by tax authority ☐ Not aquired (write the reason :)		
		Oversea address				
	Controlling person(2)	Type(☑)	☐ Corporate shareholder ☐ Representative	Share Ratio(%)*		* Representative has not pepared the share ratio
		Given Name		Surname		Date of Birth
		Jurisdiction of Residence	Taxpayer Identification NO	Reason Taxpayer Identification No. not provided (☑)		
				☐ Non-issuing country ☐ Not required by tax authority ☐ Not aquired (write the reason :)		
		Oversea address				
	Controlling person(3)	Type(☑)	☐ Corporate shareholder ☐ Representative	Share Ratio(%)*		* Representative has not pepared the share ratio
		Given Name		Surname		Date of Birth
		Jurisdiction of Residence	Taxpayer Identification NO	Reason Taxpayer Identification No. not provided (☑)		
				☐ Non-issuing country ☐ Not required by tax authority ☐ Not aquired (write the reason :)		
		Oversea address				

