



A6

Self-certification form for individual customers

(applicable to natural persons, self-employed in business or agriculture and to partners in civil partnerships)

INDIVIDUALS SELF-CERTIFICATION

I – IDENTIFICATION

Last name , First name			
Name			
Permanent residence address	Number,Street		
	Postal Code		
	City/Province/State		
	Country		
Mailing address	Number,Street		
	Postal Code		
	City/Province/State		
	Country		
Date of birth (DD/MM/YYYY):			
City and country of birth:			
Series and number of ID card/passport			
NumerEQ(wprowadza Doradca)			

II – TAX RESIDENCY

If you are **sole** resident for tax purposes in **Poland** AND are not a US Citizen or US Resident, please tick this box and go directly to Section III.

Otherwise, please provide in the table below the list of ALL the countries (including Poland) where you are considered as a resident for tax purposes and your TIN (Taxpayer Identification Numbers) in those countries.

COUNTRY/COUNTRIES OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)*

**Please indicate N/A if the Country of Tax Residence does not issue a TIN, if you are Polish tax resident please indicate your NIP/ or PESEL number.*

The only acceptable reason for accepting self certification without a TIN is that the country of tax residence does not issue TINs. In other cases, the tax identification number is required.

Are you a US Person (US Citizen or US Resident) ?

YES **NO**

If Yes, please additionally fill a W-9 IRS Form

III - PRIVACY NOTICE AND CONFIDENTIALITY

The requested personal information is compulsory and failure to complete this form could mean that BNP Paribas Bank Polska S.A. may not be able to process your application.

IV - CERTIFICATION SECTION

I declare that the information provided in this form is, to the best of my knowledge and belief, true, accurate and complete.

I undertake to notify BNP Paribas Bank Polska S.A. promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide a new self-declaration within 30 days of such change in circumstances.

I am aware of criminal liability for making a false statement.

Signature:

Date
(DD/MM/YYYY):

Name and capacity in which acting (if form is not signed by the account holder):

KLASYFIKACJA FATCA/AEOI (WPROWADZA DORADCA) _ _ _ _ / _ _ _ _

DATA WERYFIKACJI (WPROWADZA DORADCA).....

PODPIS DORADCY.....