



Tax Residency Self-Certification – LEGAL ENTITIES

The information provided on this form is required to comply with AEOI¹ international agreements signed by Peru; as well as any other local or international legislation related to it; such as the S.D. N° 256-2018-EF (Common Reporting Standard); the Foreign Account Tax Compliance Act (FATCA); and any other related standard, as amended.

A. Account Holder Identification			
Legal entity name:			
Country of Incorporation:		Tax Identification Number:	
Address (number, street and apartment or suite number):			
City/Town:	Province/State/Region:	Postal code:	Country:

B. Countries of residency for tax purposes (includes all countries of incorporation)									
<p>1. Is the entity required to file a tax return in the US? (Was the entity incorporated in the US or one of its territories² or is it considered a tax resident of said jurisdictions?).</p> <p>Yes _____ Provide your tax identification number / EIN³ _____</p> <p>Does a FATCA exemption code apply to you? _____</p> <p>No _____</p>									
<p>2. Is the entity a resident of any other country (ies) for tax purposes? Yes _____ No _____</p> <table border="0"> <tr> <td>Country</td> <td>TIN (Tax identification number)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p>If a TIN is not available, please provide the appropriate reason (A or B):</p> <p>A. The country of fiscal/tax residency does not issue TINs.</p> <p>B. The holder cannot obtain a TIN or equivalent number (please provide an explanation)</p> <p>_____</p>		Country	TIN (Tax identification number)	_____	_____	_____	_____	_____	_____
Country	TIN (Tax identification number)								
_____	_____								
_____	_____								
_____	_____								

C. Classification		
1. The entity is a financial institution (Depository institution, custodial institution, investment entity or specified insurance company)	Yes Continue to section E (Detail for Financial Institutions)	No Continue to question C2
2. More than 50% of the entity's gross income for the preceding year is income from activities, such as revenues from sales, manufacturing or any commercial activities.	Yes Continue to question C3	No Continue to section D (Other types of entities)
3. More than 50% of the assets held by the entity are assets that produce or are held for the production of, active income, such as revenues from sales, manufacturing or commercial activities.	Yes Continue to Section F (Certification)	No Continue to section D (Other types of entities)

D. Other types of entities (check one of the following)	
<input type="checkbox"/>	a) Holding of a non-financial group, new company (less than 24 months of incorporation), treasury entity of a non-financial group, non-profit organization. Continue to Section F (Certification).
<input type="checkbox"/>	b) Government entity, international organization, nonprofit organization, Central Bank or entity wholly owned by any of the above. Go directly to Section F (Certification).

- c) Entity in liquidation. Liquidation plan filing date (DD / MM / YYYY): _____ **Continue to Section F (Certification).**
- d) Passive Entity with GIIN. Provide your GIIN: _____ If the entity is managed by a third party, provide the Name of officer: _____ **Continue to Section F (Certification).**
- e) Listed entity or affiliate of a listed corporation. Name of stock exchange: _____ **Continue to Section F (Certification).**
- f) Another type of entity. Sign this document and then complete the appendix "Controlling Person".

E. Details for Financial Institutions (FI)

<p>1. Is the FI incorporated in a jurisdiction <u>that is not a CRS participating country</u> <u>AND</u> is managed by another financial institution?</p>	<p>Yes Continue to question E2 and after signing the document complete the appendix "Controlling Person"</p>	<p>No Continue to question E2</p>
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2. **FATCA Status:** check one of the following, fill in the appropriate information and then continue to Section F (Certification).
- a) Participating FFI, Reporting Model 1 FFI, Reporting Model 2 FFI or Registered deemed-compliant FFI. **Please provide your GIIN:** _____
 - b) Fund or investment vehicle managed by a third party (**Sponsored FFI**). **Provide your GIIN:** _____ Provide the name of your administrator (**Sponsoring FFI**): _____
 - c) Non reporting FFI (as per IGA model I or IGA model II or General Regulation).
 - d) Certified deemed-compliant: non registering local bank or FFI with only low value accounts.
 - e) Certified deemed-compliant: : Entity that invests in debt (limited life investment, closely held investment) or investment managers and advisors.
 - f) Owner Documented FFI. If you select this option, complete the appendix "Controlling Person".
 - g) Restricted securities trader or distributor.
 - h) US Financial Institution (includes FI with address of record in any of the following US territories: Puerto Rico, American Samoa, Guam, Virgin Islands or Mariana Islands).
 - i) Central Bank, governmental organization, international organization or financial institution wholly owned by any of the above.
 - j) Exempt retirement plans.
 - k) Excepted Inter-affiliate FFI.
 - l) Non-Participating FFI.

F. Certification

- I hereby certify that the information provided is correct and complete.
- The entity that I represent has no country of incorporation or tax residency in other countries that have not been specified in this Certification.
- I agree to advise Banco de Credito del Peru of any change in circumstances that would cause that the information contained in this Certification to become incorrect or inaccurate; and to provide an updated Certification within 30 days of such change of circumstances.
- I acknowledge that Banco de Credito del Peru may provide, directly or indirectly, the information contained in this Certification and/or provide a copy thereof, to the pertinent tax authorities or any party authorized to audit or perform a control of Banco de Credito del Peru to comply with its legal obligations.

Signature:	Date:
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This document can only be signed by Legal Representatives of the Entity. Print your full name, ID number, describe capacity in which signatory is acting and enclose the Power of Attorney that authorizes you to sign this Certification.

¹ AEOI: Automatic Exchange of Information
² Includes American Samoa, Mariana Islands, Guam, Puerto Rico and the Virgin Islands.
³ EIN: Employer Identification Number.

Appendix: Tax Residency Self-Certification of the Controlling Person of the Entity

Complete a Self-Certification for each individual that meet the criteria for Controlling Person or Beneficial Owner (*).

This appendix only applies if the options that you selected in pages 1 or 2 directed you to this section.

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A. Identification of the Controlling Person											
Names and surnames (as shown on your ID):	Date of birth (DD/MM/YYYY):	Country of birth:	ID Type: <hr/> Number:								
Address (number, street and apartment or suite number): 											
City/Town:	Province/State/Region:	Postal Code:	Country:								
B. Countries of residency for tax purposes											
<p>1. Are you considered a US person for tax purposes? (i) Were you born in the US or any of its territories¹? or (ii) Are you a US citizen? (also applicable in case of dual citizenship) or (iii) Do you have a permanent US residence permit? or (iv) Are you required to file a tax return in the US?</p> <p>Yes _____ Provide your tax identification number / SSN² or EIN³ _____</p> <p>No _____</p> <p>2. Are you required to file a tax return in any other country? Yes _____ No _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Country</td> <td style="width: 70%; border: none;">TIN (Tax identification number)</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table> <p>If a TIN is not available, please provide the appropriate reason (A or B):</p> <p>A. The country of fiscal/tax jurisdiction does not issue TINs.</p> <p>B. The holder cannot obtain a TIN or equivalent number (please provide an explanation): _____</p>				Country	TIN (Tax identification number)	_____	_____	_____	_____	_____	_____
Country	TIN (Tax identification number)										
_____	_____										
_____	_____										
_____	_____										
C. Certification											
<ul style="list-style-type: none"> I hereby certify that the information provided is correct and complete. I am not a fiscal/tax resident in other country (ies) that have not been specified in this Certification. I agree to advise Banco de Credito del Peru of any change in circumstances that would cause the information contained in this Certification to become incorrect or inaccurate; and to provide an updated Certification within 30 days of such change of circumstances. I acknowledge that Banco de Credito del Peru may provide, directly or indirectly, the information contained in this Certification and/or provide a copy thereof, to the pertinent tax authority or any party authorized to audit or perform a control of Banco de Credito del Peru to comply with legal obligations. 											
Signature:		Date:									
If you are signing on behalf of the Controlling Person, print your full name, ID number, describe capacity in which signatory is acting and enclose the Power of Attorney that authorizes you to sign this Certification.											

(*) Pursuant to Supreme Decree N° 256-2018-EF, the definition of Controlling Person corresponds to the definition of Beneficial Owner as stated by Legislative Decree N° 1372:

- a) The individual who, directly or indirectly through any form of acquisition, has at least ten percent (10%) of the capital of a legal entity.
- b) An individual who, acting individually or with others as a decision unit, or through other individuals or legal entities, has faculties, by means other than property, to designate or remove most of the administrative, management or supervisory bodies, or holds voting rights and / or decision-making power over the financial, operational and/or commercial agreements that are adopted, or that exercise another form of control of the legal entity.
- c) When no individual is identified under the criteria provisioned in subparagraphs a) or b), the individual who occupies the higher administrative position shall be considered as the beneficial owner.

¹ Includes American Samoa, Mariana Islands, Guam, Puerto Rico and the Virgin Islands.

² SSN: Social Security Number

³ EIN: Employer Identification Number