

Entity tax residence self-certification FORM – (please complete parts 1-3 in BLOCK CAPITALS)

Part 1- Identification of Account Holder

A. Legal Name of Entity/Branch*

BANQUE CIC SUD OUEST

B. Country of incorporation or organization

FRANCE

C. Current Residence Address

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)*

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Line 2 (e.g. Town/City/Province/Country/State)*

BORDEAUX

Country

FRANCE

Postal Code/ZIP Code (if any)*

33000

D. Mailing Address (please only complete if different of the address shown in Section C above)

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

Line 2 (e.g. Town/City/Province/Country/State)

Country

Postal Code/ZIP Code

Part 2 – Entity Type please provide the Account Holder's Status by ticking one of the following boxes.

1.(a) Financial Institution – Investment Entity

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

(Note: if ticking this box please also complete **Part 2 (2)** below)

ii. Other Investment ENTITY

(b) Financial Institution – Depository Institution, Custodial institution or Specified Insurance Company

If you have ticked **(a)** or **(b)** above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

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(c) Active NFE – a corporation the stocks of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity (c) is a Related Entity of: _____

(d) Active NFE – a Government Entity or Central Bank

(e) Active NFE – an international Organization

(f) Active NFE – other than (c) – (e) (for example a start-up NFE or a non-profit NFE)

(g) Passive NFE (Note: if ticking this box please also complete **Part 2(2)** below)

2. If you have ticked 1 (a) (i) or 1(g) above, then please:

a. Indicate the name of any Controlling Person(s) of the Account Holder: *

b. Complete "controlling Person tax residence self-certification form" for each Controlling Person.*

Please see the definition of Controlling Person in Appendix

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Part 3 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent* (“TNT”) (see Appendix)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 provide its place of effective management or jurisdiction in which its principal office is located.

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

*If a TIN is unavailable please provide the appropriate reason **A, B** or **C** where appropriate:*

Reason A – The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of tax residence	TIN	If no TIN AVAILABLE ENTER Reason A,B or C
1 FRANCE	456 204 809	
2		
3		

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

Part 4- Declaration and Signature*

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 the Financial Institution that maintains the account setting out how that Financial Institution may use share the information supplied by me.

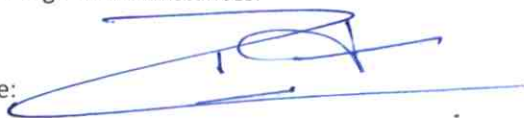
I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdiction in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am authorized to sign the Account Holder in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise The Financial Institution that maintains the account within 30 days of any change in circumstances which affects the tax residency of the Account Holder identified in Part 1 of this or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide the Financial institution that maintains the account with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature:



Print name: PATRICE CAUVET

Date: 24/01/2022

Note: Please indicate the capacity in which you are signing the form (for example "Authorized Officer's")

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

Capacity: CEO