**FATCA questionnaire for individuals**

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| FATCA **questionnaire for individuals (additional information)**  (no fields shall be left empty) |

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| **Item** | | **Information** |
| Family name | |  |
| First name | |  |
| Middle name/Patronymic | |  |
| - ID document | |  |
| - series | |  |
| - number | |  |
|  | | |
| **Consent to data provision** | | |
| Please confirm that you agree to provide the data as set in this Section below | | Yes  No |
| **Other information about the individual**  (to be filled in if the answer to the question above is Yes) | | |
| Place of birth (country) | |  |
| Citizenship (if any, all countries where you are a citizen) (also provide form W-9 in case of USA citizenship) | |  |
| If the country of birth is USA, have you renounced USA citizenship or do you have any other grounds for absence of USA citizenship? | | Yes, provide the following document:  Certificate of cancellation of USA citizenship, form DS 4083 of the Consulate Bureau of the State Department of USA; or  No  N/A (to be stated if place of birth is not USA)  Written explanation of absence of USA citizenship (e.g., stating reasons for which USA citizenship was not received upon birth):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Information about presence of the status of foreign tax resident (in accordance with the law of the country of tax residence) (state all countries and taxpayer number (if any)) | | USA; provide form W-9 if not provided in question 2.2  other country (insert country) ……………….………………….., and state the taxpayer number …………………………………………………………………………  No, I’m a tax resident in Belarus only. |
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| **Signature of the individual**  (if the Questionnaire of the individual (additional data) (hereinafter the Questionnaire) is filled in on more than one page, the page of the Questionnaire without the section “Signature of the individual” shall be signed by the individual. Private entrepreneurs make a seal imprint in addition, if any).  By signing this Questionnaire, the individual (customer) assures and guarantees to BPS-Sberbank as of the signing date that:   * He/she shall notify the Bank about change of any fact or confirmation stated herein within 30 days from change; * Agrees to processing of his/her personal data, data in form W-9, other data identifying him/her as foreign tax resident, by the Bank (6, Mulyavin Boulevard, Minsk), as well as processing of data about the number of account(s) of the Customer with the Bank, balances on account(s), and information about operations on account(s) in accordance with the Law No. 455-З of the Republic of Belarus “On information, informatization and information protection” dated 10.11.2008 for the purpose of cross border disclosure to the foreign tax authority and/or foreign tax agents empowered to withholding of foreign taxes and levies, in the scope and order not contradicting the law of the Republic of Belarus; * This consent is provided for the following actions to be performed with the personal data: transfer (including cross border), collection, record, systematization, accumulation, storage, specification (update, change), extraction, use, depersonalization, blocking, deletion, destruction. These actions can be executed by the Bank as operator of personal data, with the use of automation means (also exclusively) or without them; * The term during which the consent for processing (including automated) of the personal data is valid makes 6 years from the moment of termination of the last contractual relations of the Customer with the Bank. The consent is repudiated in the order established by the law of the Republic of Belarus; * The information stated herein was verified by the Customer, is true, complete and reliable and confirms the Bank’s right for its verification. | | |
| Name |  | |
| Signature |  | |
| Date |  | |

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| Name of the Bank’s employee |  |
| Signature |  |
| Date |  |