

FORM SHEET FOR UPDATING INFORMATION FOR LEGAL ENTITIES AND ASSIMILATED CATEGORIES

Hereby, we ask you to update the identification information of the legal entity and its representatives, as follows:

I. Client identification

NAME AND LEGAL FORM

CUI/CIF/NIF (in case of non-residents)

Phone

Client E-mail

Mailing address (if different than the headquarter address)

COUNTRY

DISTRICT/COUNTY

TOWN/CITY/PROVINCE

STREET

NO.

BL.

STAIRCASE

AP.

II. General information

AUTORISATION/LICENSE NEEDED FOR PERFORMING THE OBJECT OF ACTIVITY

(only for entities that carry out activities in production/sale of weapons/ammunition and activities in gambling field - betting and casinos)

Yes
No

Expiring Date:

NATURE AND BUSINESS RELATIONSHIP PURPOSE:

Acceptance of POS and e-commerce transactions

Rental values boxes

Saving

Obtaining financing

Documentary operations (with letters of guarantee, letters of credit, collection)

Investments in financial instruments

Current domestic operations according to the object of activity and intragroup operations with other entities

Foreign exchange

Cross-border Incoming/Payments in UE states

Cross-border Incoming/Payments in Non - UE states

SOURCE OF FUNDS:

Agricultural incomes

Incomes from independent activities (valid only for private individuals)

Incomes from sales/rentals of real estate assets

Loans

Incomes from sales, services

Other incomes on an exceptional basis.

DO YOU DEVELOP ONE OF THE FOLLOWING ACTIVITIES?

Arms/munition production/trade:

Yes

No

Adult entertainment(video chat, sex shop, night club/streaptease, etc.):

Yes

No

Virtual currency trading:

Yes

No

Company with bearer shares?

Yes

No

Trust?*

Yes

No

* Trust (fiducia) - means the temporary transfer of some rights or the property right over some goods, from an individual or an entity - the settlor - towards another person named trustee, in order for the goods or rights thus transferred to be managed in the interest of a "beneficiary".

EXPECTED VOLUME OF TRANZACTIONS (equivalent EUR/month):

<10.000

10.001-500.000

500.001-3.000.000

>3.000.000

LEI CODE (LEI is an alphanumeric code of 20 characters, the structure of which is based on the ISO 17442 standard and is a unique identifier for entities involved in financial transactions)

| | | | | | | | | | | | | | | | | | | | | |

NO

III. Statements

III.1. FISCAL COMPLIANCE STATEMENT - Statement provided by FATCA&CRS/DAC2 legislation

Entity tax residency self statement

Part 1 - Identification of Account Holder

A. Legal Name of Entity/Branch:

B. Country of incorporation or organisation:

C. Current Residence Address:

COUNTRY	DISTRICT/COUNTY	TOWN/CITY/PROVINCE			
STREET		NO.	BL.	STAIRCASE	AP.
POSTAL CODE/ZIP CODE (IF ANY)					

D. Mailing address:

(please only complete if different to the address shown in Section C above)

COUNTRY	DISTRICT/COUNTY	TOWN/CITY/PROVINCE			
STREET		NO.	BL.	STAIRCASE	AP.
POSTAL CODE/ZIP CODE (IF ANY)					

Part 2 - Entity Type - **Please provide the Account Holder's Status by ticking one of the following boxes.**

1. Financial Institution

(a) 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(3) 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.

2. Non-financial entities (NFE)

(a) Active NFE - a corporation the stock 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 (a), 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 in (a) is a Related Entity of:

- (b) Active NFE – a Government Entity or Central Bank
- (c) Active NFE – an International Organisation
- (d) Active NFE – other than (a)-(c) (for example a start-up NFE or a non-profit NFE)
- (e) Passive NFE (Note: if ticking this box please also complete Part 2(3) below)

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

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

b. Complete "Controlling Person tax residency self statement" for each Controlling Person.*

4. Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent* ("TIN")

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.

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 and 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			
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	

5. Declaration

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 **OTP BANK ROMANIA S.A.** setting out how **OTP BANK ROMANIA S.A.** may use and 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/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am authorised to sign for 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.

The self-statement was completed knowing the provisions of the Law no. 286/2009 regarding the Penal Code (Art. 326 regarding false statements), with subsequent amendments and additions.

I undertake to advise **OTP BANK ROMANIA S.A.** within **5 days** of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form 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 3a), and to provide **OTP BANK ROMANIA S.A.** with a suitably updated Declaration within **up to 5 days** of such change in circumstances.

Note: Please indicate the capacity in which you are signing the form (for example 'Authorised Officer'). If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Capacity: legal / conventional representative

III. 2. GROUP OF CONNECTED CLIENTS STATEMENT:

In quality of Client representative, I declare on my own responsibility that, according to NBR Regulation no 5/2013 on prudential requirements for credit institutions, the entity:

- is not part of a group of connected clients;
- is part of a group of connected clients, consisting of:

Legal entity/assimilated category/entity denomination/ Name and surname of the natural person	Sole registration number /Personal code number	Group affiliation manner (to be filled-in according to the points a, b, c, d, e below)
1.		
2.		
3.		
4.		

In order to determine the groups of connected clients, the following situations will be considered alternatively or cumulatively:

- a) close connections - two or more natural or legal entities are connected between them by a participation, representing the direct possession or by controlling of 20% or more from the voting rights or the capital of an entity;
- b) by the fact that both or all these persons are durable connected to each other and to the same third person by control (e.g.: the same management, the relationship between the mother company and its branches, etc.);
- c) direct commercial interdependence, that cannot be substituted within a short term;
- d) are members of the same family (up to the second degree);;
- e) the relationships between the debtor clients and co-debtor clients/its guarantors (mortgagers/guarantors, aso).

We hereby bind to notify the bank any amendment in the legal entity's/assimilated category's/entity's/individual's status regarding the affiliation to one or more connected groups of clients, within a term of maximum 5 working days from the occurrence.

The bank reserves the right to identify and classify "the group of connected customers" based on its own analyzes and regulations.

DEPOSITS GUARANTEE

I declare that the informing related to the deposit guarantee scheme on which the bank is part of, as well as the categories of deposits excluded from guarantee has been realized by OTP Bank Romania SA, inclusively through „Form sheet for the information provided to depositors" that I acknowledged, filled in and signed.

IV. Representatives with authorised signature in relationship with OTP Bank Romania S.A.:

1. NAME AND SURNAME	PHONE	E-MAIL
2. NAME AND SURNAME	PHONE	E-MAIL
3. NAME AND SURNAME	PHONE	E-MAIL

V. Information regarding the real beneficiary/person in control

I declare on my own responsibility, under the sanction of the law, that the entity they represent is owned / controlled, directly or indirectly, by the next person/s:

1. NAME AND SURNAME

CNP/TIN/NIF (Personal Code Number/Tax identification no./sole identification code)	DATE OF BIRTH	ORIGIN COUNTRY
CITIZENSHIP COUNTRY	PUBLIC EXPOSED PERSON No Yes	PUBLIC POSITION HELD

ADDRESS:			
RESIDENCE COUNTRY	DISTRICT/COUNTY	TOWN/CITY/PROVINCE	
STREET	NO.	BL.	STAIRCASE AP.

PROFESSION

Person without occupation	Business Owner	Pupil	Others	Cultivator	Farmer
Public servant	Freelancer	Craftsman	Retired	Employee	Unemployed Student

SOURCE OF WEALTH

Dividends	Salary, daily incomes	Retirement allowances	Alimony	State allowances
Scholarships	Management/Mandate contracts	Copyrights	Donations/sponsorship	
Gaming/lottery	Allowances	Heritages	Agricultural incomes	Incomes from independent activities (valid only for private individuals)
Incomes from rentals of real estate assets		Contracts for sale and purchase goods		
Incomes from securities (fund units, shares, bonds, other financial assets)		Family incomes and benefits		
Loans from financial institutions		Other types of loans		

SOURCE OF FUNDS

Dividends	Salary, daily incomes	Retirement allowances	Alimony	State allowances
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Incomes from rentals of real estate assets		Contracts for sale and purchase goods		
Incomes from securities (fund units, shares, bonds, other financial assets)		Family incomes and benefits		
Loans from financial institutions		Other types of loans		

2. NAME AND SURNAME

CNP/TIN/NIF
(Personal Code Number/Tax identification no./sole identification code)

DATE OF BIRTH

ORIGIN COUNTRY

CITIZENSHIP COUNTRY

PUBLIC EXPOSED PERSON

PUBLIC POSITION HELD

No Yes

ADDRESS:			
RESIDENCE COUNTRY	DISTRICT/COUNTY	TOWN/CITY/PROVINCE	
STREET		NO.	BL. STAIRCASE AP.

PROFESSION

Person without occupation	Business Owner	Pupil	Others	Cultivator	Farmer
Public servant	Freelancer	Craftsman	Retired	Unemployed	Student

SOURCE OF WEALTH

Dividends	Salary, daily incomes	Retirement allowances	Alimony	State allowances
Scholarships	Management/Mandate contracts	Copyrights	Donations/sponsorship	
Gaming/lottery	Allowances	Heritages	Agricultural incomes	Incomes from independent activities (valid only for private individuals)
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Family incomes and benefits	Loans from financial institutions	Other types of loans		

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Gaming/lottery	Allowances	Heritages	Agricultural incomes	Incomes from independent activities (valid only for private individuals)
	Incomes from rentals of real estate assets	Contracts for sale and purchase goods	Incomes from securities (fund units, shares, bonds, other financial assets)	
Family incomes and benefits	Loans from financial institutions	Other types of loans		

3. NAME AND SURNAME

CNP/TIN/NIF
(Personal Code Number/Tax identification no./sole identification code)

DATE OF BIRTH

ORIGIN COUNTRY

CITIZENSHIP COUNTRY

PUBLIC EXPOSED PERSON

PUBLIC POSITION HELD

No Yes

ADDRESS:			
RESIDENCE COUNTRY	DISTRICT/COUNTY	TOWN/CITY/PROVINCE	
STREET		NO.	BL. STAIRCASE AP.

PROFESSION

Person without occupation	Business Owner	Pupil	Others	Cultivator	Farmer
Public servant	Freelancer	Craftsman	Retired	Unemployed	Student

SOURCE OF WEALTH

Dividends	Salary, daily incomes	Retirement allowances	Alimony	State allowances
Scholarships	Management/Mandate contracts	Copyrights	Donations/sponsorship	
Gaming/lottery activities (valid only for private individuals) and purchase goods	Allowances	Heritages	Agricultural incomes	Incomes from independent activities (valid only for private individuals) and purchase goods
Family incomes and benefits	Incomes from securities (fund units, shares, bonds, other financial assets)	Incomes from rentals of real estate assets	Contracts for sale	
	Loans from financial institutions	Other types of loans		

SOURCE OF FUNDS

Dividends	Salary, daily incomes	Retirement allowances	Alimony	State allowances
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Family incomes and benefits	Incomes from securities (fund units, shares, bonds, other financial assets)	Incomes from rentals of real estate assets	Contracts for sale	
	Loans from financial institutions	Other types of loans		

4. NAME AND SURNAME
CNP/TIN/NIF

(Personal Code Number/Tax identification no./sole identification code)

DATE OF BIRTH
ORIGIN COUNTRY
CITIZENSHIP COUNTRY
PUBLIC EXPOSED PERSON
PUBLIC POSITION HELD

No Yes

ADDRESS:
RESIDENCE COUNTRY
DISTRICT/COUNTY
TOWN/CITY/PROVINCE
STREET
NO.
BL.
STAIRCASE
AP.
PROFESSION

Person without occupation	Business Owner	Pupil	Others	Cultivator	Farmer
Public servant	Freelancer	Craftsman	Retired	Unemployed	Student

SOURCE OF WEALTH

Dividends	Salary, daily incomes	Retirement allowances	Alimony	State allowances
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Gaming/lottery activities (valid only for private individuals) and purchase goods	Allowances	Heritages	Agricultural incomes	Incomes from independent activities (valid only for private individuals) and purchase goods
Family incomes and benefits	Incomes from securities (fund units, shares, bonds, other financial assets)	Incomes from rentals of real estate assets	Contracts for sale	
	Loans from financial institutions	Other types of loans		

VI. Authorised contact person in relationship with the bank:

NAME AND SURNAME

POSITION

PHONE

EMAIL

CNP/TIN/NIF

(Personal Code Number/Tax
identification no./sole identification code)

DATE OF BIRTH

PLACE OF BIRTH

CITIZENSHIP

RESIDENCE COUNTRY

PUBLIC EXPOSED PERSON

PUBLIC POSITION HELD

No Yes

VII. Statements:

1. We declare on our own responsibility that the information delivered in the current form sheet are true and complete and we authorize the Bank to make investigations related to the information presented in the form sheet.
2. We acknowledge the provisions of the General Business Conditions for legal entities and assimilated categories and we agree to fully respect them.
3. As Client representative(s), we declare that we read, we acknowledged and we have accepted all the provisions of the current document.
4. This document is concluded in 2 (two) originals

Date:**Client representatives:**

NAME AND SURNAME

SIGNATURE

NAME AND SURNAME

SIGNATURE

CLIENT STAMP MARK (OPTIONAL)

Annex **Controlling Person tax residency self statement**, to be filled in only if you have ticked 1 (a)-i or 2 (e) above, part 2 – Type of entity, in Chapter **III.1 TAX RESIDENCY DECLARATION - Statement provided by FATCA/ CRS and DAC2** legislation, Entity tax residency self statement.

Part 1 – Identification of a Controlling Person

A. Name of Controlling Person:

NAME AND SURNAME	TITLE
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B. Current Residence Address:

COUNTRY	DISTRICT/COUNTY	TOWN/CITY/PROVINCE
STREET	NO.	BL. STAIRCASE AP.
POSTAL CODE/ZIP CODE (IF ANY)		

C. Mailing Address: (please complete if Section B above not completed)

COUNTRY	DISTRICT/COUNTY	TOWN/CITY/PROVINCE
STREET	NO.	BL. STAIRCASE AP.
POSTAL CODE/ZIP CODE (IF ANY)		

D. Date of birth (dd/mm/yyyy):

E. Place of birth

TOWN OR CITY OF BIRTH	COUNTRY OF BIRTH
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F. Please enter the legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person

Legal name of Entity:

Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent* ("TIN")

Please complete the following table indicating (i) where the Controlling Person is tax resident; (ii) the Controlling Person's TIN for each country/jurisdiction indicated; and, (iii) if the Controlling Person is a tax resident in a country/jurisdiction that is a Reportable Jurisdiction(s) then please also complete Part 3 "Type of Controlling Person". Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Controlling Person 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:

Reason A – The country/jurisdiction where the Controlling Person 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		
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 3 – Type of Controlling Person

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

Please provide the Controlling Person's Status by ticking the appropriate box	Entity name
a. Controlling Person of a legal person – control by ownership	
b. Controlling Person of a legal person – control by other means	
c. Controlling Person of a trust – senior managing official	
d. Controlling Person of a trust – settlor	
e. Controlling Person of a trust – trustee	
f. Controlling Person of a trust – beneficiary	
g. Controlling Person of a trust – other	
h. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent	
i. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent	
j. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent	
k. Controlling Person of a legal arrangement (non-trust) – other-equivalent	

Part 4 - Declarations

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 *OTP BANK ROMANIA S.A.* setting out how *OTP BANK ROMANIA S.A.* may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Controlling Person 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/jurisdictions in which [I/the Controlling Person] may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of all the account(s) held by the Entity Account Holder 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.

The self-statement was completed knowing the provisions of the Law no. 286/2009 regarding the Penal Code (Art. 326 regarding false statements), with subsequent amendments and additions.

I undertake to advise *OTP BANK ROMANIA S.A.* within 5 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide *OTP BANK ROMANIA S.A.* with a suitably updated Declaration within up to 5 days of such change in circumstances.

Signature:

Date:

Note: If you are not the Controlling Person please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: legal/conventional representative