

## TAX RESIDENCE SELF-CERTIFICATION FORM FOR CONTROLLING PERSONS

Please complete the present form only if upon previous completing of the "Tax Residence Self-Certification Form for Entities" it was declared that the holder of the account was a **Passive NFE or an Investment Entity managed by another Financial Institution**.

Based on the Common Reporting Standard ("CRS") of the OECD and in compliance with the applicable legislative framework, the Optima bank S.A. (henceforth, "the Bank") is under the obligation to collect and report to the competent authorities certain information about the tax residence of account holders. Even though tax residence is generally defined as the country/jurisdiction where you reside, you may be, due to special circumstances, a tax resident of more than one country/jurisdiction concurrently.

If your tax residence (or the tax residence of the Controlling Person, if you are completing the form on its behalf) is located outside Greek jurisdiction, the bank may be under the legal obligation to provide the information contained in the present form, as well as other information about your financial accounts, to the competent Greek tax authorities, which may then send the above to the tax authorities of another country/jurisdiction or countries/jurisdictions, by virtue of inter-state treaties for the exchange of financial information.

The present form remains in force except if there ensues a change of circumstances impacting the tax status of the Controlling Person or other obligatory fields of the present form, rendering same inaccurate and/or incomplete. In this case, you are under the obligation to notify us thereof and file an updated self-certification form.

If you (or the Controlling Person), are completing the form on its behalf) are (is) taxable person in the USA, on the basis of the regulations of the US Tax Authority (the IRS), you must also complete form W-9 of the IRS.

In the case of more than one Controlling Persons, complete a separate form for each Controlling Person.

If you are completing the present form on behalf of a Controlling Person, you must attend to his notification thereof.

Please clarify under what capacity you are signing Part IV. For example, you may be the holder of an account or a Passive NFE or you may be completing the present form by virtue of a power of attorney.

The processing of personal data contained in the present form is made in compliance with the Bank's obligations as imposed by law, there applying the provisions of General Data Protection Regulation (GDPR) and the national data protection legislation in force.

As a financial institution, we are not permitted to provide tax advice. For more information on the Common Reporting Standard requirements, please follow the sites of OECD (<http://www.oecd.org/tax/automatic-exchange/about-automatic-exchange/>) or the Independent Public Revenue Authority (AADE) (<http://www.aade.gr/epicheireseis/themata-diethnoys-dioiketikes-synergias/>), or contact your tax consultant.

PART I – IDENTIFICATION OF CONTROLLING PERSONS

Radical / Customer Code (to be completed by the Bank): \_\_\_\_\_

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Father's Surname: \_\_\_\_\_ Father's  
First Name: \_\_\_\_\_

Type of ID:

ID Card  Passport  Service ID Card  Residence Permit  Other

ID Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place /  
Country of Birth: \_\_\_\_\_

Country of  
Residence: \_\_\_\_\_

Residence Address:

Street: \_\_\_\_\_ No: \_\_\_\_\_

Zip  
Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

CONTROLLED LEGAL ENTITIES (connected to Part III)

- Name of the account holder (Entity 1) :  
Radical/Customer Code (to be completed by the Bank):  
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- Name of the account holder (Entity 2) :  
Radical/Customer Code (to be completed by the Bank):  
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- Name of the account holder (Entity 3) :  
Radica/Customer Code (to be completed by the Bank):

**PART II – COUNTRY OF RESIDENCE FOR TAX PURPOSES AND RELEVANT TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT ("TIN")**

Complete the table below, determining:

- i. The country in which the Controlling Person has its tax residence.
- ii. The Taxpayer Identification Number of the Controlling Person in each country/jurisdiction stated.

If the Controlling Person has a tax residence in more than three countries, use a separate page. If the TIN is not available, state the related reason, A, B or C (where required):

- **Reason A:** The country in which it is subject to taxation does not issue TINs for its residents.
- **Reason B:** The Account Holder is unable, due to another reason, to receive a TIN or an equivalent number (if you select this reason, please explain why you are unable to receive a TIN in the table below).
- **Reason C:** A TIN is not required. (Note: Select this reason only if the authorities of the tax residence country stated below do not require that a TIN be notified).

Country of Tax Residence	TIN Number	If there is no TIN, state reason A, B, C
1.		
2.		
3.		

If you selected Reason B above, please explain why you are unable to receive a TIN in the table below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### PART III – TYPE OF CONTROLLING PERSON

Complete this section indicating the corresponding Controlling Person status for each of the Entities of Part I :

Fill-in the status of the Controlling Person (mark with an X the corresponding column, as appropriate)		Entity 1	Entity 2	Entity 3
1.	Controlling Person of a Legal Entity - <b>Control through ownership</b>			
2.	Controlling Person of a Legal Entity - <b>Other Control</b>			
3.	Controlling Person of a Legal Entity - <b>Senior Managing Official</b>			
4.	Controlling Person of a Trust - <b>Settlor</b>			
5.	Controlling Person of a Trust - <b>Trustee</b>			
6.	Controlling Person of a Trust - <b>Protector</b>			
7.	Controlling Person of a Trust - <b>Beneficiary</b>			
8.	Controlling Person of a Trust - <b>Other</b>			
9.	Controlling Person of a Legal Arrangement (non-trust) - <b>Settlor-equivalent</b>			
10.	Controlling Person of a Legal Arrangement (non-trust) - <b>Trustee-equivalent</b>			
11.	Controlling Person of a Legal Arrangement (non-trust) - <b>Protector-equivalent</b>			
12.	Controlling Person of a Legal Arrangement (non-trust) - <b>Beneficiary-equivalent</b>			
13.	Controlling Person of a Legal Arrangement (non-trust) - <b>Other-equivalent</b>			

#### PART IV – STATEMENTS AND SIGNATURE

I fully understand that the information I am providing is covered by all the provisions and conditions that govern the relationship of the Account Holder with the Bank, which determine the ways in which the Bank may use and notify the information I provide.

I understand that the information contained in the present form and the information that concerns the Controlling Person and each Reportable Account may be given to the Greek tax authorities and be exchanged with the tax authorities of another country or other countries of which the Controlling Person is a tax resident by virtue of inter-state agreements for the exchange of financial information.

I hereby confirm that I am the Controlling Person (or that I am authorised to place my signature on behalf of the Controlling Person) in connection to the account or the accounts maintained by the entity that is the Account Holder.

I hereby confirm that if I have provided information about another person, I shall notify such person within 30 days from the date of signature of the present form that I have provided such information to the Bank and that such information may be notified to the Greek tax authorities and be exchanged with the tax authorities of another country or other countries of which the person is a tax resident by virtue of inter-state agreements for the exchange of financial information.

I am aware of the definitions given in the Definitions / Terminology form that I have been given and which is also available at the Bank's website.

I state that the information given in the present statement is, as far as I can know and believe, full and accurate.

I undertake to notify the Bank within 30 days of any change in circumstances that impacts the tax residence status of the person stated in Part I of the present form or that results in rendering inaccurate and/or incomplete the information contained herein, and to submit to the Bank a self-certification form updated as appropriate within the same term, i.e. within 30 days from such a change in circumstances.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name and  
Surname: \_\_\_\_\_

Capacity: \_\_\_\_\_

[Signature Ratification by a Public or  
Municipal Authority]

Note: If you are not the Controlling Person, please state under what capacity you are signing the form. If you are signing the present form by virtue of a power of attorney, please attach a ratified copy of the power of attorney.