



<별표 5> 영문 본인확인서(단체용) 양식(여시)

<Entity Tax Residency Self-Certification Form>

I. Identification of Account Holder	
1. Legal Name of Entity/Branch	
2. Country of Incorporation or Organization	
3. Current Residence Address	
4. Phone Number	
5. Entity Registration Number	
II. Country/Jurisdiction of Residence for Tax Purposes and related Tax Identification Number or functional equivalent ("TIN")	
1. Whether the account holder is reportable	
A. Whether the account holder is a U.S. Person	
○ Whether the account holder is a Specified U.S. Person	
B. Whether the account holder is a Financial Institution	
(1) Whether the account holder is managed by a financial institution of jurisdictions other than a reportable jurisdiction	
(2) Whether the account holder is a non-participating financial institution for FATCA purposes	
(3) Whether the account holder is an exempt beneficial owner or deemed compliant financial institution for FATCA purposes	
(4) Whether the account holder is a non-reporting financial institution for CRS purposes	
(5) Financial Institution Identification Number(Global Institution Identification Number)	
C. Whether the account holder is an active NFE or an active NFFE	
2. Country/Jurisdiction of Residence for Tax Purposes	
3. TIN	
○ If no TIN available, enter any reason	
III. Identification of Controlling Persons (for Passive NFEs or Passive NFFEs)	
1. Name	Last Name First Name



2. Date of Birth	
3. Current Residence Address	
4. Country/Jurisdiction for Tax Purposes	
4. TIN	
○ If no TIN available, enter any reason	
IV. Type of Controlling Person (Tick the appropriate box)	
Type of Entity	Type of Controlling Person
Legal Person	<input type="checkbox"/> Individual who has a controlling ownership interest (more than 10%)
	<input type="checkbox"/> Individual who exercises control/is entitled to exercise control through other means (more than 10% voting rights)
	<input type="checkbox"/> Individual who holds the position of senior managing official / exercises ultimate control over the management of the entity
Trust	<input type="checkbox"/> Settlor
	<input type="checkbox"/> Trustee
	<input type="checkbox"/> Protector
	<input type="checkbox"/> Beneficiary or member of the class of beneficiaries
	<input type="checkbox"/> Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)
Legal Arrangement other than Trust	<input type="checkbox"/> Individual in a position equivalent/similar to settlor
	<input type="checkbox"/> Individual in a position equivalent/similar to trustee
	<input type="checkbox"/> Individual in a position equivalent/similar to protector
	<input type="checkbox"/> Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries
	<input type="checkbox"/> Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary)
V. Signature of Account Holder	
Print Name	Signature
	Date of Signature
VI. Signature of Controlling Person	
Print Name	Signature
	Date of Signature