

Entity tax residency self-certification form - (please complete parts 1-3)

Part 1* – Identification of Account Holder

A. Legal Name of Entity/Branch* Sydbank

B. Country of incorporation or organisation Denmark

C. Current Residence Address

Line 1 (e.g. House/Apt/Suite Name, Number, Street)* Peberlyk 4

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

Country * Denmark

Postal Code/ZIP Code* 6200

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

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

Line 2 (e.g. Town/City/Province/County/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) Controlling Persons of Passive NFEs** 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 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 (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 in (c) is a Related Entity of: _____

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

(e) Active NFE – an International Organisation

(f) Active NFE – other than (c)-(e)

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

2. Controlling Persons of Passive NFEs - If you have ticked **1(a)(i)** or **1(g)** above, then you must:

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

b. Complete a "Controlling Person tax residency self-certification form" for each Controlling Person.*

Note: Please see definition of Controlling Person in Appendix. If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official.

Part 3* – Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”) (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/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 country/jurisdiction in which its principal office is located.

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

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

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 country/jurisdiction)

Country / Jurisdiction of tax residence	TIN	If no TIN available enter Reason A,B or C
1 Denmark	12626509	
2 Germany	1529034219	
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 you setting out how you may use and share the information supplied by me.

I acknowledge that you may disclose and transfer to your parent companies, and your and their respective branches, subsidiaries, affiliates, representative offices, or third party service providers located anywhere in the world (in or outside the country or jurisdiction in which I reside, in which my relationship with you is maintained, in which the account or transaction is booked, in which information is collected and/or retained or in which the transaction is conducted) the information contained in this form and other information regarding the Account Holder, any Controlling Person and any Reportable Account(s) when considered necessary by you for your business purposes or in connection with, to comply with, or to facilitate compliance with, any law, regulation, court order or requirement (including under any code, guideline, standard, policy, circular or notice) of a governmental, regulatory, supervisory, law enforcement, prosecuting, tax or similar authority or industry body in any jurisdiction existing currently or in the future, or for the purposes of ongoing cooperation with such governmental, regulatory and/or statutory authority, or to comply with any agreement or arrangement with such authority or between such authorities in any jurisdiction existing currently or in the future. I consent to and instruct and authorize you to make such disclosures and transfers and expressly waive any protection or right under data protection, confidentiality, or any other applicable law, to the extent necessary for such disclosures and transfers.

I acknowledge that the information contained in this form and information regarding the Account Holder 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.

I undertake to advise you, the Financial Institution, within 90 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 2a), and to provide the Financial Institution that maintains the account with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:*



Print name:*

Anita T. Ravn-Petersen / Birgitte Christiansen

Date: * (dd/mm/yyyy)

17/05/2016

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: *

Ass. Manager