

Self-certification
for the purpose of the automatic exchange of financial information
under Art. 142t, para. 1 of the Tax and Social Security Procedure Code (TSSPC) from

Part 1. Information for the person/s authorized to represent the Entity. (If necessary to fill in more persons, multiply the table).

Name from the ID document		Personal Identification Number	
Address:			
Date and place of birth:		ID document (No, date of issuance, issued by):	
I provide the information for the Entity in part 2 in my capacity of:		Legal representative (position):	
		Attorney (No, date of power of attorney):	

Name from the ID document		Personal Identification Number	
Address:			
Date and place of birth:		ID document (No, date of issuance, issued by):	
I provide the information for the Entity in part 2 in my capacity of:		Legal representative (position):	
		Attorney (No, date of power of attorney):	

Part 2. Name and address of the Account Holder – Entity.

Name							
Country:				City or town:			
Street:	District:	No:	Floor:	Apt.:	Post Code:		

Part 3. Jurisdiction of tax residence and Tax Identification Number (TIN).

Jurisdiction of which the Account Holder is a resident for tax purposes:	
Tax Identification Number issued by that Jurisdiction:	

Part 4. In case the Entity is a tax resident of more than one Jurisdiction, please fill in information for each Jurisdiction separately. If necessary multiply the table.

Address in the other Jurisdiction of tax residence of the Entity	Jurisdiction:						
	City or town:						
Street:	No:	Floor:	Apt.	Post Code:			
Tax Identification Number issued by that other Jurisdiction:							

Part 5. In case the Account Holder is a tax resident of the USA, please fill in the part below.

If the Account Holder is a Specified US person, mark with 'X'.	
If the Account Holder is a tax resident of the USA but is not a Specified US person and not subject to FATCA reporting, please fill in the respective code:	

Part 6. In case the Account Holder is a Financial Institution, please fill in the part below.

If the Account Holder is a Financial Institution, mark with 'X'.		
Please fill in the Global Intermediary Identification Number (GIIN) of the Financial Institution:		
If for FATCA purposes the Financial Institution is a Sponsored Entity and has not yet obtained GIIN, please fill in the name and the GIIN of the Sponsoring Entity.		
Name:	GIIN of the Sponsoring Entity:	
In case you do not have GIIN issued by the US revenue authorities (IRS), please state the reason for that as well as the statute of the Financial Institution under FATCA.		
If the Account Holder is a Financial Institution, you may not fill in part 7,8 and 9 of this form.		
If the Account Holder is an Investment Entity established in a non-Participating Jurisdiction and professionally managed by another Financial Institution, please mark with "X". In such case fill in part 9.		

Part 7. Special statute of the Entity.

If the Account Holder fulfills some of the following conditions, please mark with 'X'.	
The Account Holder is regularly traded on an established securities market	
The Account Holder is a Related Entity to an Entity that is regularly traded on an established securities market	
The Account Holder is a Governmental Entity (e.g. governmental institution, local authority, budget enterprise, etc.)	
The Account Holder is an International Organization or a Central Bank	
If some of the above is marked, part 8 and 9 may not be filled in.	

Part 8. Active or Passive Non-Financial Entity (NFE).

The Account Holder is a Passive Non-Financial Entity	
The Account Holder is an Active Non-Financial Entity	
If the Account Holder is an Active Non-Financial Entity, please fill in the respective code:	
If the status of the Entity could not be reasonably determined, it should be accepted that the Entity is a Passive Non-Financial Entity. If the Account Holder is a Passive Non-Financial Entity, you should provide information on its controlling persons.	

Part 9. Information on the controlling persons of the Entity (if necessary, multiply the table).

Name				Middle name				Family name						
Citizenship:				Address in the jurisdiction of tax residence of the controlling person			Country:							
						City or town:								
Street:				No:				Floor:						
							Apt.:							
Post code:														
Date of birth	Day	Month	Year				Place of birth				Country:			
Tax identification number:						Function of the controlling person, please fill in the respective code:								

Name				Middle name				Family name						
Citizenship:				Address in the jurisdiction of tax residence of the controlling person			Country:							
						City or town:								
Street:				No:				Floor:						
							Apt.:							
Post code:														
Date of birth	Day	Month	Year				Place of birth				Country:			
Tax identification number:						Function of the controlling person, please fill in the respective code:								

Name				Middle name				Family name						
Citizenship:				Address in the jurisdiction of tax residence of the controlling person			Country:							
						City or town:								
Street:				No:				Floor:						
							Apt.:							
Post code:														
Date of birth	Day	Month	Year				Place of birth				Country:			
Tax identification number:						Function of the controlling person, please fill in the respective code:								

Name				Middle name				Family name						
Citizenship:				Address in the jurisdiction of tax residence of the controlling person			Country:							
						City or town:								
Street:				No:				Floor:						
							Apt.:							
Post code:														
Date of birth	Day	Month	Year				Place of birth				Country:			
Tax identification number:						Function of the controlling person, please fill in the respective code:								

Other information:												
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I declare that the provided information is true, correct, complete and submitted voluntarily. I undertake the obligation to inform immediately the Financial Institution in writing in case of any change to that information and to provide any other data or documents, if necessary.

I declare that I have received the explicit consent of the controlling persons their personal data to be processed, stored, used and disclosed to third parties by the Financial Institution in cases provided by law and I confirm that they have received the information under Art. 20, para. 1 of Personal Data Protection Act.

I declare that I am notified about the possibility the information under Art. 142b of TSSPC containing personal data, account balance or value as well as the derived income to be subject to automatic exchange of financial information under chapter sixteen, section IIIa of the TSSPC and to be reported to the Jurisdiction/s of which the Entity and the controlling persons are tax residents in pursuance of the international commitments of the Republic of Bulgaria.

I am aware of the penal liability under Art. 313 of the Penal Code for declaring of false information.

Date:

Signature: