

## ENTITY TAX RESIDENCY SELF CERTIFICATION FORM

### Part 1 –Identification of Account Holder

- A. **Legal Name of Entity/Branch\*:** BANCO GENERAL, S.A.
- B. **Country of incorporation or organization:** PANAMA
- C. **Current Residence Address**  
*Line 1 (e.g., House/Apt/Suite Name, Number, Street, if any) \** CALLE AQUILINO DE LA GUARDIA, 5TA AVE. B SUR, TORRE BANCO GENERAL  
*Line 2 (e.g., Town/City/Province/County/State) \** PANAMA  
**Country \*** PANAMA  
**Postal Code/ZIP Code (if any) \*** \_\_\_\_\_
- 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:

- i. An Investment Entity located in a Non-Participating Jurisdiction and managed by other Financial Institution (Note: if ticking this box please also complete Part 2(2) below) ☐
- ii. Other Investment Entity

#### (b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company.

X

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:

7	W	L	E	H	W	.	0	0	0	0	0	.	L	E	.	5	9	1
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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 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:

\_\_\_\_\_

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- (d) Active NFE: a Government Entity or Central Bank

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- (e) Active NFE: an International Organisation

- (f) Active NFE: other than (c)-(e) (*for example a start-up NFE or a non-profit NFE*)

- (g) Passive NFE (Note: if ticking this box please also complete **part 2(2)** below)

**2. If you have ticked 1(a)(i) or 1(g) above, then please:**

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

\_\_\_\_\_

- b. Complete "Controlling Person tax residency self-certification form" for each controlling person. \*

*Please see the definition of controlling person in Appendix*

**Part 3 – Country/Jurisdiction 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/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is not a 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	PANAMA	280-134-61098 D.V. 02	
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 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 [insert following text "the Financial Institution that maintains the account" or insert FI's name] setting out how [that Financial Institution /insert FI's name] 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.**

I undertake to advise *[the Financial Institution/insert FI's name]* within *[XX]* 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/FI's name]* with a suitably updated self-certification and Declaration within *[up to XX]* days of such change in circumstances.

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

Print name: \* Raúl E. Guizado

Date: \* (mm/dd/yyyy) 08/15/2023

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: \* Responsible Officer