

This form is only applicable to NON-US entities. For US entities, please complete the IRS Tax Form W-9.
If this form is not applicable to your circumstances, you may submit an alternate tax form.

- ▶ **ALL** Non-US Entities should complete Section 1 of this form.
- ▶ Section 2. A Non-US Entity is either a Foreign Financial Institution (FFI) or a Non-Financial Foreign Entity (NFFE). See [Supporting Notes](#) for guidance.
 - ▷ For FFIs, please complete **Section 2.1** only.
 - ▷ For NFFEs, please complete **Section 2.2** only.
- ▶ Section 3 is applicable to Passive NFFEs only.

IMPORTANT NOTE: We recommend that you check, in the first instance, which FATCA intergovernmental agreement (IGA) is applicable to you for the purpose of assessing your FATCA Status. RCBC Securities, Inc. does not provide tax advice and will not be liable for any errors contained in this form. For specific FATCA-related questions including implications to your tax filing with the U.S. IRS, please contact the U.S. IRS directly or consult with your tax advisor.

SECTION 1: ENTITY IDENTIFICATION

1 Name of Entity/Organization

2 Country of Incorporation / Organization

3 Date of Incorporation/Organization

4 Permanent Residence Address (Do not use a P.O. box or in-care-of address)

5 Country Mailing Address (If different from permanent residence address)

Number & Street / City / Town

Number & Street / City / Town

State / Province / Country

State / Province / Country

Postal code

Postal code

6 Philippine Tax Identification Number (TIN)

7 Tax Residency/ies (If your entity or, branch thereof, has multiple countries of tax residency, please indicate all countries of residence.)

Tax Residence

Corresponding TIN

SECTION 2: FATCA Status

2.1 Foreign Financial Institutions (FFIs)

8 Please check the appropriate FATCA status below (Please tick one box only.):

Nonparticipating FFI (Proceed to 'Certification' portion of this form)

Participating FFI (Please identify further. Tick one box only):

Reporting FFI (includes Reporting Model 1 and Model 2 FFIs)

Please provide Global Intermediary Identification Number (GIIN):

GIIN: _____

Non-reporting FFI (e.g. Registered Deemed-Compliant FFI, Certified Deemed-Compliant FFI, Trustee Documented Trust)

Exempt Beneficial Owner (e.g. Governmental Entities, International Organizations, Qualified Retirement Funds)

Sponsored Entity

Please provide the following:

Sponsor's Name: _____

Sponsor's GIIN: _____

Proceed to '[Certification](#)' portion of this form.

2.2 Non-Financial Foreign Entities (NFFEs)

9 Please check the appropriate FATCA status below (Please tick one box only.):

Active NFFE

Passive NFFE (Please identify further. Tick one box):

With **NO** Controlling Persons that are US Persons

With Controlling Persons that are US Persons (Please complete **Section 3** of this form.)

Direct / Sponsored Direct Reporting NFFE

If Sponsored Direct Reporting NFFE, please provide the name and Global Intermediary Identification Number (GIIN) of the Sponsoring Entity:

Sponsor's Name: _____

Sponsor's GIIN: _____

Did the sponsoring entity agree to act as the sponsor for the entity identified in Section 1?

YES

NO

If Passive NFFE with Controlling Persons that are US Persons, proceed to **Section 3**. OTHERWISE, proceed to '[Certification](#)' portion of this form.

SECTION 3: For Passive NFFEs — US Controlling Persons

This Section is only applicable to Passive Non-Financial Foreign Entities **with Controlling Persons that are US Persons.**

Please enumerate all US Controlling Persons, their US Tax Identification Numbers, and addresses:

Complete Name of US Controlling Person	US Tax Identification Number	Address

CERTIFICATION

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief, it is true, correct, and complete. I further certify under penalties of perjury that:

- 1. The entity identified on Section 1 of this form is using this form to certify its status for chapter 4 purposes.
- 2. The entity identified on Section 1 of this form is not a US person.
- 3. I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.
- 4. I certify that I have the capacity to sign for the entity identified in Section 1 of this form.

Sign Here 

Signature of Authorized Signatory

Date (MM-DD-YYYY)

Print name of signer

Capacity/Role

Name of Entity/Organization