

**Self-Certification of Controlling Persons in a Passive Non-Financial Entity (NFE) Form**

---

**Section I - Identification of the Controlling Person and Passive NFE:**

---

**A. Full name of the person exercising control:**

**A.1 Name or company name of the Passive NFE:**

---

**B. Type of control.**

**Ownership in the entity: choose only one of the following options:**

- a. Direct or indirect ownership control (25% or more)
- b. Control by other means
- c. Control by maximum steering position

*If the entity is a trust or private interest foundation: check the options that apply:*

- d. Person exercising control: settlor-founder
  - e. Person exercising control: Trustee-founding board member
  - f. Person exercising control: protector
  - g. Person exercising control: beneficial owner
  - h. Person exercising control: other
- 

**C. Current residence address of the person exercising control:**

---

**D. Mailing address (if different from residence address):**

---

**E. Place and date of birth (include country and city) of the person exercising control:**

---

**Section II-Declaration of tax residency:**

If the controlling person is resident in more than 3 countries please use an additional sheet. If it is not possible to obtain the TIN please indicate the reason, **A** or **B**.

**Reason A:** The account holder resides in a jurisdiction that does not issue TINs.

**Reason B:** the account holder is unable to obtain the TIN or its equivalent (explain why)

Country/Jurisdiction of Residence	TIN or equivalent*	If you do not have a TIN, please indicate reason A or B
1		
2		
3		

\*In the case of Panamanian individuals, the TIN is the personal identity card

If you indicated Reason B in the box, please explain the reasons why you cannot obtain a TIN:

### Section III - Declaration under oath

I acknowledge that all information provided on this form, as well as all financial information (e.g., account balance or value, amount of income or gross receipts received) relating to the financial account(s) to which this form applies, may be transmitted to the authorities of the Republic of Panama and may be transmitted to the authorities of another country or countries in which the Account Holder Entity or persons exercising control over it, is (are) tax resident(s); or to authorities of jurisdictions in which **AVANZA CASA DE VALORES, S.A.** carries out operations or to private entities with which **AVANZA CASA DE VALORES, S.A.** has signed agreements to operate in other markets, directly or indirectly.

I undertake that if any change in circumstances occurs that affects my tax residence, or causes the information contained in this document to become incorrect, inaccurate or incomplete, I must inform **AVANZA CASA DE VALORES, S.A.** within 30 continuous days following the occurrence of the change in circumstances, and if applicable, to provide a new self-certification containing the correct, accurate and complete information.

Under oath, I certify to **AVANZA CASA DE VALORES, S.A.** that all statements and information contained in this form are, to the best of my knowledge and belief, correct, accurate and complete.

Date of signature:

Names and surnames of the person exercising control:

Identification number of the person exercising control:

Signature of the person exercising control

**AVANZA Casa de Valores, S.A. is an Entity regulated and supervised by the Superintendency of the Securities Market of Panamá, licensed to operate as a broker-dealer "Casa de Valores" under resolution No. CNV 75-08. March 17, 2008, as a result, it does not provide services or recommendations of a fiscal or tax nature, particularly in matters related to the Common Reporting Standard (hereinafter "CRS") to its clients. If you have any questions regarding this Self-Certification or the determination of your tax residency in any particular country or your CRS status, please contact your tax advisor directly.**