

**Foreign Account Tax Compliance Act (FATCA) Registration**

OMB No. 1545-XXXX

► Information about Form 8957 and its separate instructions is at [www.irs.gov/form8957](http://www.irs.gov/form8957).

- All applicants must complete Part 1.
- This form will not be processed if it is not signed.
- DO NOT fill out this form if you have begun registering at <http://www.irs.gov/fatca>.
- The IRS strongly recommends that applicants register by accessing the online version of this form at <http://www.irs.gov/fatca>. The use of this paper form will take longer for the IRS to process and if any information is missing or incomplete the delay in registration may be significant.
- This form should be mailed no earlier than July 1, 2013 to:  
**FATCA, Stop 6099 AUSC**  
**3651 South IH 35**  
**Austin, Texas 78741**

**Part 1 Financial Institution Registration****1 Select Financial Institution Type (check only one)**

- Single (not a member of an Expanded Affiliated Group)
- Lead of an Expanded Affiliated Group
- Member (not Lead) of an Expanded Affiliated Group. If a member, you must provide the FATCA ID issued for such member and that was provided, to your Lead. \_\_\_\_\_
- Sponsoring Entity

**2 Legal name of the Financial Institution** \_\_\_\_\_**3** What is the Financial Institution's country of residence for tax purposes? \_\_\_\_\_**4** Select the Financial Institution's FATCA classification in its country of tax residence (check only one)

- Participating Financial Institution not covered by an IGA; or a Reporting Financial Institution under a Model 2 IGA
- Registered Deemed-Compliant Financial Institution (including a Reporting Financial Institution under a Model 1 IGA)
- Limited Financial Institution
- None of the above

**5 Mailing Address of Financial Institution**

Country \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State/Province/Region \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_

**6 Indicate whether the Financial Institution has in effect a withholding agreement with the IRS to be treated as one of the following:****a**  Qualified Intermediary (QI)

Provide QI EIN: \_\_\_\_\_

Does the Financial Institution intend to maintain its status as a QI?

- Yes
- No

**b**  Withholding Foreign Partnership (WP)

Provide WP EIN: \_\_\_\_\_

Does the Financial Institution intend to maintain its status as a WP?

- Yes
- No

**c**  Withholding Foreign Trust (WT)

Provide WT EIN: \_\_\_\_\_

Does the Financial Institution intend to maintain its status as a WT?

- Yes
- No

**d**  Not applicable

**7 Does the Financial Institution maintain a branch in a jurisdiction outside of its country of tax residence?**

- Yes (If "Yes," complete questions 8, 9a, 9b, and 9c)  
 No (If "No," go to question 10)

**8 Is the Financial Institution a tax resident of the United States or does it maintain a branch in the United States (other than the U.S. territories)?**

- Yes  
 Provide the U.S. EIN of the U.S. Financial Institution or U.S. branch:

No \_\_\_\_\_ - \_\_\_\_\_ eg: 00-0000000

**9a List each jurisdiction (other than the United States) in which the Financial Institution maintains a branch. Also please list branches maintained in any of the U.S. territories. If none, leave blank and go to question 10.**


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**b Is the branch a Limited Branch?**

- Yes  
 No

**c If the branch is currently covered by a QI agreement, does the Financial Institution intend to maintain QI status for that branch?**

- Yes  
 No  
 Not applicable

(Use additional sheets to add branches.)

**10 FATCA responsible officer (RO) for the Financial Institution**

Business title of RO \_\_\_\_\_

Legal name Last (Family) \_\_\_\_\_ First (Given) \_\_\_\_\_ Middle \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Business address Line 1 \_\_\_\_\_

Business address Line 2 \_\_\_\_\_ State/Province/Region \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Business telephone number \_\_\_\_\_ Business fax number \_\_\_\_\_ Business email address of RO \_\_\_\_\_

**11a** The Financial Institution's RO will be a point of contact (POC) for the Financial Institution. In addition, the RO of a Financial Institution registering as a Lead of all or part of an Expanded Affiliated Group will be a POC for each Member of that group.**Does the RO wish to designate one or more additional POCs for the Financial Institution?**

- Yes (If "Yes," complete line 11b)  
 No (If "No," go to line 12)

- 11b** This question 11b must be completed by the Financial Institution's RO. Upon entering the POC information below, checking the box that follows, and submitting this registration form, the RO is providing the IRS with written authorization to release FATCA information to the POC. This authorization specifically includes authorization for the POC to complete this Form 8957: FATCA Registration, to take other FATCA-related actions, and to obtain access to the Financial Institution's tax information.

Legal Name of POC \_\_\_\_\_

Last (Family) \_\_\_\_\_ First (Given) \_\_\_\_\_ Middle \_\_\_\_\_

Business Title \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Business address Line 1 \_\_\_\_\_

Business address Line 2 \_\_\_\_\_ State/Province/Region \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Business telephone number \_\_\_\_\_ Business fax number \_\_\_\_\_ Business email address of RO \_\_\_\_\_

**Five POCs are allowed per Financial Institution. Use additional sheets to add POCs.**

- By checking this box, I, \_\_\_\_\_, as RO for the Financial Institution, provide the authorization described above to the identified POCs listed in this question 11b. Once this authorization is granted, it is effective until revoked by either the Financial Institution or the POC.

## Part 2 Expanded Affiliated Group

Lead financial institutions **must** read the instructions before filling out Part 2.

- 12** Provide the following for each Financial Institution member of the Expanded Affiliated Group

Legal name of member Financial Institution	Country of residence for tax purposes	Member type *

\* Enter one of the following:

Participating Financial Institution not covered by an IGA; or a Reporting Financial Institution under a Model 2 IGA

Deemed-Compliant Financial institution (including a Reporting Financial institution under a Model 1 IGA)

Limited Financial Institution

## Part 3 Renewal of Agreement for QIs, WPs, or WTs

- 13** Has QI/WP/WT's legal name changed since the effective date of its most recent QI/WP/WT agreement?

Yes. Provide new legal business name \_\_\_\_\_

Provide reason for name change

Merger

Liquidation

Re-branding (name change only)

\_\_\_\_\_  
 No

**Part 3** Renewal of Agreement for QIs, WPs, or WTs (Continued)

**14 Responsible Party**

Legal name of Responsible Party \_\_\_\_\_

Last (Family) \_\_\_\_\_ First (Given) \_\_\_\_\_ Middle \_\_\_\_\_

Business title \_\_\_\_\_

Business telephone number \_\_\_\_\_ Business fax number \_\_\_\_\_ Business email address of responsible party \_\_\_\_\_

Is the responsible party the same person listed as the RO for the Financial Institution?

Yes

No

**15 Identify any private arrangement intermediary (PAI) contracts that are effective:**

Legal Name of PAI \_\_\_\_\_

Country \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_ ZIP/ Postal Code \_\_\_\_\_

Email address of PAI \_\_\_\_\_  
*Use additional sheets to add more PAIs.*

Internal Use Only  
DRAFT AS OF  
April 23, 2013

**Part 4 SIGNATURE**

By checking this box, I, \_\_\_\_\_, as RO for the Financial Institution, certify that, to the best of my knowledge, the information submitted above is accurate and complete and agree that the Financial Institution (including its branches, if any) will comply with its FATCA obligations in accordance with the terms and conditions reflected in regulations, intergovernmental agreements, and other administrative guidance to the extent applicable to the Financial Institution based on its status in each jurisdiction in which it operates.

**Sign Here**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
Signature Date