FATCA screening form



Antwerp Branch

Korte Herentalsestraat 3

2018 Antwerpen

Tel.: 03 233 23 55

www.sbiantwerp.com

**FATCA SCREENING FORM**

1. Company details

|  |  |  |
| --- | --- | --- |
| Company name | US Entity\* (Yes/No) | Signature of  Director |
|  |  |  |

1. UBO/Director/Manager/Proxy

|  |  |  |  |
| --- | --- | --- | --- |
| Surname, First Name | Capacity | US Person\*\* (Yes/No) | Signatory (Yes/No) |
|  |  |  |  |
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|  |  |  |  |

1. Ultimate Beneficial Owner(s) Yes/No

(Applicable US Entity\*/US persons\*\*)

*\*if yes, please fill form FR-1 for US entity*

*\*\*if yes, please fill form FR-2 for each US person*

Date: **Signature of Director/Authorised Signatory**