

Antwerp Branch

Hoveniersstraat 29

2018 Antwerpen

Tel.: 03 205 14 04

https://be.statebank

**FATCA SCREENING FORM**

1. Company details

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

1. Director/Manager/Proxy

|  |  |  |
| --- | --- | --- |
| Surname, First Name | Capacity(UBO/Director/Proxy) | US Person\*\*(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**