

FATCA Registration

Listed below are the questions and responses you entered in the registration:

Part 1 - My Information

1) Financial Institution Type:

Member of an Expanded Affiliated Group

2) Legal Name of the Financial Institution:

Privredna Banka Zagreb D.D.

3A) What is the Financial Institution's country/jurisdiction of residence for tax purposes?

Croatia

3B) What is the Financial Institution's country/jurisdiction tax ID?

You have not entered a Country/Jurisdiction Tax ID.

4) Select the Financial Institution's FATCA classification in its country/jurisdiction of tax residence:

Reporting Financial Institution under a Model 1 IGA

5) Mailing Address of Financial Institution:

Croatia
Radnicka cesta 50
Zagreb
Croatia
10000

6) Indicate whether the Financial Institution has in effect a withholding agreement with the IRS to be treated as one of the following: Qualified Intermediary (QI), Withholding Foreign Partnership (WP), Withholding Foreign Trust (WT) or Not Applicable.

Not Applicable

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

No

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)?

This question does not apply to your registration.

9) List each jurisdiction (other than the United States) in which the Financial Institution maintains a branch. If none click "next" to go to question 10.

This question does not apply to your registration.

10) Provide information about the Responsible Officer (RO) for the Financial Institution:

Member of the Management Board
Antonio Giovanni Maria Bergaglio
Croatia
Radnicka Cesta 50

Zagreb
Croatia
10000
Phone: +385 16360006
antonio.bergalio@pbz.hr

11A) The Financial Institutions 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 or an Authorizing Individual wish to designate one or more additional POCs for the Financial Institution?

No

11B) This question 11B must be completed by the Financial Institutions RO or an Authorizing Individual. Upon entering the POC information below, checking the box that follows, and submitting this registration form, the RO or Authorizing Individual 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 Institutions tax information.

This question does not apply to your registration.

Part 2 Expanded Affiliated Group Information

This part does not apply to your registration.

Part 3 QIs, WPs, or WTs Renewal

This information is no longer part of FATCA Registration.

Part 4 - Submit

I, Antonio Bergalio, certify that, to the best of my knowledge, the information submitted above is accurate and complete and I am authorized to 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.