

## Foreign Account Tax Compliance Act (FATCA) Registration

OMB No. 1545-2246

► 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 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 provided by your Lead: \_\_\_\_\_
- Sponsoring Entity

**2 Legal Name of the Financial Institution** \_\_\_\_\_

**3 a What is the Financial Institution's country/jurisdiction of residence for tax purposes?** \_\_\_\_\_

**b What is the Financial Institution's country/jurisdiction tax ID?** \_\_\_\_\_

**4 Select the Financial Institution's FATCA classification in its country/jurisdiction 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/Jurisdiction \_\_\_\_\_

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/jurisdiction of tax residence?**

- Yes (If "Yes," complete lines 8, 9a, 9b, and 9c)
- No (If "No," go to line 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

**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 line 10.**

\_\_\_\_\_

**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/Jurisdiction

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 or an Authorizing Individual 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)

- b** This line 11b must be completed by the Financial Institution's 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 Institution's tax information.

Business Title of POC

Legal Name of POC

Last (Family)

First (Given)

Middle

City

Country/Jurisdiction

Business Address Line 1

Business Address Line 2

State/Province/Region

ZIP/Postal Code

Business Telephone Number

Business Fax Number

Business Email Address of POC

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

- By checking this box, I, \_\_\_\_\_, as RO or Authorizing Individual for the Financial Institution, provide the authorization described above to the identified POCs listed in this line 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 completing Part 2.**

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

Legal name of Member Financial Institution	Country/Jurisdiction 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
- Registered Deemed-Compliant Financial institution (including a Reporting Financial Institution under a Model 1 IGA)
- Limited Financial Institution

**Part 2 Expanded Affiliated Group (continued)**

**13a Is the Financial Institution the Common Parent Entity of the Expanded Affiliated Group?**

- Yes (If "Yes," go to line 14)
- No (If "No," complete line 13b)

**b Enter the Legal Name of the Expanded Affiliated Group's Common Parent Entity. Also enter the FATCA ID (if known).**

**Legal Name of the Common Parent Entity ▶** \_\_\_\_\_

**FATCA ID ▶** \_\_\_\_\_

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

**14 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

**15 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

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

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

Country/Jurisdiction \_\_\_\_\_

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

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

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

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

**Part 4 SIGNATURE**

By checking this box, I, \_\_\_\_\_, 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.

**Sign Here**

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

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