

DECLARATION

Based on Act XIX of 2014 on the Promulgation of the Agreement between the Government of Hungary and the Government of the United States of America to Improve International Tax Compliance and to Implement the FATCA Regulation, and on the Amendments of Certain Related Laws" (hereinafter: FATCA) and Act XXXVII of 2013 on Certain Rules of International Public Administration Cooperation Related to Taxes and Other Public Duties" (hereinafter: Tax Cooperation Act)

I, the undersigned,

Name: _____
Name at birth: _____
Mother's first name and surname at birth: _____
Date and Place of Birth: _____
Home address: _____

hereby make the following declaration:

1. I hereby declare that I have familiarised myself with the information provided by OTP Bank with regard to FATCA and the Tax Cooperation Act and acknowledge the provisions of those as binding on me.

2. I declare that, based on FATCA

I am not a US resident for tax purposes

I am a US resident for tax purposes

US tax identification code: _____

3. I hereby declare that based on the Tax Cooperation Act I have residence for tax purposes in the following country/countries:

Country of residence for tax purposes: (1) * _____

Tax identification number in the case of tax residence
in a Participating Legislation: _____

Country of residence for tax purposes: (2) * _____

Tax identification number in the case of tax residence
in a Participating Legislation: _____

Country of residence for tax purposes: (3) * _____

Tax identification number in the case of tax residence
in a Participating Jurisdiction: _____

Country of residence for tax purposes: (4) * _____

Tax identification number in the case of tax residence
in a Participating Jurisdiction: _____

Country of residence for tax purposes: (5) * _____
Tax identification number in the case of tax residence
in a Participating Jurisdiction: _____

I declare that my data provided in the declaration are true and valid.

I am aware of the fact that any change in the data stated in the declaration must be reported to OTP Bank within 5 (five) working days and I shall bear responsibility for the failure to do so.

Done at: ,

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Client

Witness 1
Name: _____
Home address: _____
Signature: _____

Witness 2
Name: _____
Home address: _____
Signature: _____

* you may specify several residences for tax purposes