Entity tax residency self-certification FORM - *(please complete parts 1-3 in BLOCK CAPITALS)*

Part 1 –Identification of Account Holder

A. Legal Name of Entity/Branch NORDEA BANK Abp

B. Country of incorporation or organisation FINLAND

C. Current Residence Address

Line 1 *(e.g. House/Apt/Suite Name, Number, Street)* SATAMARADANKATU 5

Line 2 *(e.g. Town/City/Province/County/State)* HELSINKI

Country FINLAND

Postal Code/ZIP Code FI-00020 NORDEA

D. Mailing Address *(please only complete if different to address shown in Section **C** above above)*

Line 1 *(e.g. House/Apt/Suite Name, Number, Street)*

Line 2 *(e.g. Town/City/Province/County/State)*

Country

Postal Code/ZIP Code

Part 2 – Entity Type ***Please provide the Account Holder's Status by ticking one of the following boxes.***

1. (a) Financial Institution – Investment Entity

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution ☐
*Note: if ticking this box please also complete **Part 2(2)** below*

ii. Other Investment Entity ☐

(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company ☒

If you have ticked **(a)** or **(b)** above, please provide, if held, the Account Holders Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

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(c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a related entity of such a corporation ☐

*If you have ticked **(c)**, please provide the name of the established securities market on which the corporation is regularly traded*: _____

*If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in **(c)** is a Related Entity of:*

(d) Active NFE – a Government Entity or Central Bank ☐

(e) Active NFE – an International Organisation ☐

(f) Active NFE – other than **(c)-(e)** (for example a start-up NFE or a non-profit NFE) ☐

(g) Passive NFE (*Note: if ticking this box please also complete **Part 2(2)** below)* ☐

2. *If* you have ticked **1(a)(i)** or **1(g)** above, then please:

a. **Indicate the name** of any Controlling Person(s) of the Account Holder:

_____

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_____

_____

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b. **Complete** "*Controlling Person tax residency self-certification form*" for each Controlling Person.

Part 3 – Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent ("TIN")

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction)

If the Account Holder is not tax resident in any country/jurisdiction (e.g. because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

If a TIN is unavailable please provide the appropriate reason **A, B** or **C where appropriate:**
Reason A *-The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents*
Reason B *-The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)*
Reason C *- No TIN required. (Note. Only select this reason if the domestic law of relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)*

	Country of tax residence	TIN	Reason A,B,C
1	FINLAND	2858394-9	
2			
3			

Please explain why you are unable to obtain a TIN if you selected ***Reason C****.*

1	
2	
3	

Part 4 – Declaration and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with the Financial Institution that maintains the account setting out how that Financial Institution may use and share the information supplied by me to the Financial Institution.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Accounts(s) may be reported to the tax authorities of the country which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

Nordea will submit a new form within 30 days if any certification on this form becomes incorrect.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

Signature:

Print name: OUTI REKILÄ

Date: (dd/mm/yyyy) 08/07/2026

Note: Please indicate the capacity in which you are signing the form (for example 'Authorised Officer').

If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: HEAD OF GROUP TAX