

4572



BNP Paribas Securities Services

**Propuesta servicios de gestión de efectivo
para CNP Caution, Sucursal en España**

Noviembre 2020



▪ Introducción y Términos

General

Nos es grato presentarles nuestra oferta económica aplicable a los Servicios de gestión de efectivo para CNP Caution, Sucursal en España (en adelante CNP Caution). Esta oferta contiene precios sobre el marco genérico de servicios a prestar, pero también incluye la posibilidad de realizar los servicios adicionales que pueden ser contratados de manera independiente.

BNP Paribas pone a disposición de CNP Caution su equipo de operaciones, proyectos y sistemas con el objetivo de facilitar el estudio preliminar de sus necesidades, así como la preparación de la implementación del servicio para alcanzar un modelo operativo mucho más eficiente para ustedes.

Términos

- Las tarifas de precios permanecerán válidas mientras esté vigente el contrato de custodia firmado con BNP Paribas. No obstante, serán revisadas anualmente en caso de producirse cambios de volumen y en la operativa del servicio en caso de que éstos produzcan un cambio significativo en el coste del mismo.
- Los precios sobre servicios no incluidos en el presente documento deberán ser discutidos de manera separada en caso de que CNP Caution desee solicitar la prestación de los mismos.
- Los precios no incluyen gastos externos ("out of pocket") ligados a la prestación de servicios contenida en este documento.
- A éstos precios no se aplicará IVA, ya que no es de aplicación a los servicios de movimientos de efectivo.
- El cobro de las facturas será de carácter mensual, a mes vencido.
- Esta oferta entrará en vigor una vez firmada.

Esperamos que nuestro documento de oferta sea suficientemente claro y detallado y quedamos a su disposición en caso de necesitar cualquier aclaración adicional sobre el mismo. En caso necesario, no duden en ponerse en contacto con Beatriz Echarri (telf. +34 91 762 51 23)



▪ Descripción de Servicios de gestión de efectivo

BNP Paribas abrirá tantas cuentas de efectivo en EUR como CNP Caution considere necesarias para la actividad de cobros y pagos.

Por su parte, CNP Caution dará poderes a un TPA para que pueda operar diariamente la cuenta de CNP Caution a través de Neolink (web de BNP Paribas donde se realizaran la carga de ficheros de la operativa diaria).

Como parte de la operativa diaria, se contempla:

- la emisión de recibos (confirmación, gestión de impago and co)
- pago de siniestros y reclamación
- pago de facturas / comisiones

A continuación, se detalla el servicio de gestión de efectivo que ofrece BNP Paribas:

Cobros

- **Recibos presentados (Cuadernos 19.14):** BNP Paribas gestiona los cobros a través de SEPA por medio del Cuaderno 19 para domiciliación de recibos.

El TPA generará y cargará un fichero en Neolink con los datos relativos a los recibos a cualquier hora del día, teniendo en cuenta que la hora límite de envío es las 16.30h.

Por su parte, BNP Paribas lo presentará a la cámara para su cobro.

BNP Paribas se encargará de abonarle la remesa en la fecha que se haya indicado y gestionará el cargo en la cuenta de efectivo que se haya indicado en el fichero.

En la fecha de liquidación de la remesa de recibos, BNP Paribas abonará el importe de la remesa descontando el importe de las denegaciones recibidas antes de la fecha de vencimiento.

- **Recibos devueltos (Cuaderno 19.14):** Si se produjera una devolución, BNP Paribas informará en un fichero formato xml el día de la recepción y se realizará el cargo correspondiente en cuenta.

La contabilidad de los cargos por devolución puede ser a elección del TPA por fichero de devoluciones enviado.

Pagos

- **Transferencias Cuaderno 34.14:** es una transferencia a través de SEPA. En un único fichero, BNP Paribas puede realizar órdenes masivas tanto nacionales como transfronterizas, en euros. El TPA ordenará el pago de las transferencias a BNP Paribas a través del fichero 34.14 en formato xml, quien lo presentará para su pago.



La contabilidad de estas transferencias puede ser individual o agrupada por remesa a elección del TPA.

▪ Tarifas aplicables

Categoría	Descripción	Tarifa a aplicar
Servicios de gestión de efectivo (1)	<u>Proceso de ficheros en SEPA</u>	
	-Norma 19.14 recibos presentados	0,01 euros por recibo
	-Norma 19.14 recibos devueltos	0,12 euros por devolución
	-Norma 34.14 transferencias	Libre de gastos
Condiciones cuenta corriente	Saldo acreedor en EUR Saldo deudor en EUR	Eonia -12bp Eonia +350bp

1.- Las tarifas aquí descritas podrán ser revisadas en caso de producirse cambios de mercado y/o en la operativa en caso de que estos produzcan un cambio significativo en el coste del mismo.



▪ Aceptación y firma

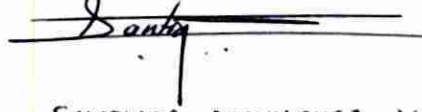
Fecha: 27 de noviembre de 2020

BNP Paribas Securities Services,
Sucursal en España

CNP Caution, Sucursal en España

Firma:

Firma:



SANTIAGO DOMINGUEZ VACAS

Firma:

Firma:



MAJOR SANCTIONED COUNTRIES AND REGIONS QUESTIONNAIRE

FINANCIAL INSTITUTIONS FORM

Confidential information

As part of BNP Paribas' ("BNPP") client due diligence, BNPP endeavours to understand whether, and to what extent, its clients have activities with or in certain sensitive or Major Sanctioned Countries or Regions.

The Major Sanctioned Countries and Regions Questionnaire ("MSCQ") is utilized to identify and quantify the aggregate direct and indirect exposure related to BNPP in-scope clients' involvement with these countries.

It is the general policy of BNPP not to process or otherwise engage in any activity (regardless of the currency and even when such activity may be legally permitted) for, on behalf of, or for the benefit of, a sanctioned individual, entity, territory, or organization targeted by French, European, or United States authorities, or other applicable sanctions regimes, in particular activity involving directly or indirectly: CRIMEA/SEVASTOPOL, CUBA, IRAN, NORTH KOREA and SYRIA (collectively, "Major Sanctioned Countries and Regions" or "MSCs").

BNPP complies with all applicable laws of jurisdictions in which it operates and does not further support or otherwise participate in unlawful boycotts. If your company responds to any of the questions below in the affirmative, this does not necessarily mean that BNPP would reject your company as a client or terminate its relationship with your company.

Please provide the following information as requested below on behalf of your company and your company's group of entities, as defined below. The reference period is the preceding 12 months or the 12 month period corresponding with your company's most recent accounting period.

Additional information may be requested upon review.

PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE



BNP PARIBAS

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PLEASE COMPLETE AND RETURN THE QUESTIONNAIRE

To the best of your knowledge, please answer the questions below regarding your direct and/or indirect¹ exposure to MSCs.

Does your company or any member of your company's Controlled Perimeter²:

- Have a location in, is incorporated in or have any offices in an MSC; and/or
- have transactions, investments, dealings ("Activities") or Planned Activities³ in an MSC, or
- have any Activities or Planned Activities with (or in) any individual located of resident, or entity organized in an MSC or with (or in) any entity directly or indirectly owned or controlled by any entity located, resident, or organized in an MSCs (in each case, including with intermediaries acting on behalf of or engaging in related Activities with MSCs or MSC-based entities)?

Please choose:

- YES
- NO

◆—————> If YES, please complete page 3 and fill out the rest of the questionnaire.

◆—————> If NO, please complete page 3 only.

In accordance with the relevant data protection regulations, you have a right to access, correct and delete information about yourself, as well as a right to specify how such data is to be treated upon your death, which you can exercise by contacting your BNP Paribas Relationship Manager. You may also object to the processing of your personal data on grounds of your particular personal circumstances.

¹ Indirect Activities include, but are not limited to participating in, facilitating, making available funds or resources for, or aiding transactions, investments, dealings with, goods, services or technology that come from or are destined to MSCs, including with third party intermediaries or banks/financial institutions that could be associated with these transactions.

² Including entities in which your company owns directly or indirectly 50% or more of the shares or voting rights or entities over which it exercises control.

³ Planned Activities include any contract under negotiation or Activities being developed during the current fiscal year and/or over the next fiscal year.



Company Name:

Company Group Name:

PLEASE COMPLETE AND RETURN THE QUESTIONNAIRE

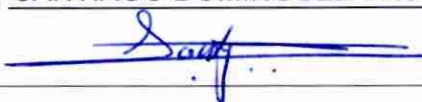
MSCs - CRIMEA/SEVASTOPOL, CUBA, IRAN, NORTH KOREA and SYRIA

We acknowledge that it is the general policy of BNPP not to process or otherwise engage in any activity (regardless of the currency and even when such activity may be legally permitted) for, on behalf of, or for the benefit of, a **sanctioned individual, entity, territory or organization⁴** targeted by French, European, or United States authorities, or other applicable sanctions regimes, in particular activity involving, directly or indirectly, CRIMEA/SEVASTOPOL, CUBA, IRAN, NORTH KOREA and SYRIA (collectively, "Subject Transactions").

We further confirm, to the best of our knowledge, that any activity conducted by us (as well as by our Controlled Perimeter) related to Subject Transactions is permissible, exempted or licensed/authorized and we will not, nor any of our subsidiaries, directly or indirectly use any account(s) or any products and services provided by BNPP⁵, regardless of the currency, in relation to Subject Transactions, even if licensed by the relevant authorities.

We will promptly notify BNPP if we, at any time, are no longer able to comply with any of the aforementioned representations.

Company hereby represents that the statements above are fully accurate

- **COMPANY NAME:** CNP ASSURANCES, S.A., SUCURSAL EN ESPAÑA
- **COMPANY ADDRESS:** CARRERA DE SAN JERÓNIMO Nº 21, 28014 MADRID
- **COMPANY GROUP NAME:** CNP ASSURANCES, S.A.
(if applicable)
- **COMPLETED BY*:** SANTIAGO DOMINGUEZ VACAS
(name and title)
- **SIGNATURE:** 
- **DATE:** 01 DE DICIEMBRE DE 2020

* This questionnaire must be completed by a duly authorized Senior Representative(s) of the Client who is/are in a position to respond on behalf of the Company and the Company's Controlled Perimeter. Examples include but are not limited to: CEO, CFO, COO, President, Treasurer, Legal or Compliance Representative, or other authorized representative.

⁴ Including an entity owned directly or indirectly 50% or more or controlled (directly or indirectly) by such sanctioned individual, entity or organization, or an individual or entity acting on behalf of such sanctioned individual, entity or organization.

⁵ BNPP includes BNP Paribas S.A. as well as its subsidiaries, branches, and affiliates.



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Company Name:

Company Group Name:

PLEASE COMPLETE AND RETURN THE QUESTIONNAIRE

MSCs – CRIMEA/SEVASTOPOL, CUBA, IRAN, NORTH KOREA and SYRIA

CURRENT AND PLANNED EXPOSURE

REVENUES – CONSOLIDATED* INFORMATION

1.1 Current Activities

To the best of your knowledge, for **Current Activities**:

- please quantify your MSC exposure by identifying (a) **percentage** of revenues of your company and your company's Controlled Perimeter accounted for by these Current Activities
- please also provide the (b) **absolute value in EUR** (in ranges) for revenues accounted for by these Current Activities

MSC	EXPOSURE IN TERMS OF REVENUES			
	Current Activities (last fiscal year)			
	Percentage (a)	Absolute value in € (b)		
Crimea/Sevastopol	%	<input type="checkbox"/> From 0 to <1M	<input type="checkbox"/> From 10M to <100M	<input type="checkbox"/> Above 100M
Cuba	%	<input type="checkbox"/> From 0 to <1M	<input type="checkbox"/> From 10M to <100M	<input type="checkbox"/> Above 100M
Iran	%	<input type="checkbox"/> From 0 to <1M	<input type="checkbox"/> From 10 to <100M	<input type="checkbox"/> Above 100M
North Korea	%	<input type="checkbox"/> From 0 to <1M	<input type="checkbox"/> From 10M to <100M	<input type="checkbox"/> Above 100M
Syria	%	<input type="checkbox"/> From 0 to <1M	<input type="checkbox"/> From 10M to <100M	<input type="checkbox"/> Above 100M
Aggregated current exposure in % (Addition of all the above percentages)	%			

Please describe your **Current Activities** (including goods, services and currencies) that directly or indirectly involve MSCs.

**Consolidated: Inclusive of Parent Company, Subsidiaries and Affiliates*



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Company Name:

Company Group Name:

PLEASE COMPLETE AND RETURN THE QUESTIONNAIRE

MSCs – CRIMEA/SEVASTOPOL, CUBA, IRAN, NORTH KOREA and SYRIA

CURRENT AND PLANNED EXPOSURE

1.2 Planned Activities

- Please choose all that apply regarding your **Planned Activities** to specify whether the anticipated revenues are increasing, decreasing, remain stable/will not change compared to the previous fiscal year or last 12 months.
- Please choose "no activity" if your company is planning on completely stopping Current Activities within the current fiscal year.

MSC	Increasing	Decreasing	Stable / No change	No activity
Crimea/Sevastopol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Korea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Please add any relevant comments.

ASSETS – CONSOLIDATED* INFORMATION

1.3 Current Activities

To be the best of your knowledge, does your company or any member of your company's Controlled Perimeter have directly or indirectly (i.e. via investments or ownership, among others) any **current or planned physical presence** (such as offices, branches...) in an MSC?

- YES
- NO

If yes, please describe.

*Consolidated: Inclusive of Parent Company, Subsidiaries and Affiliates



BNP PARIBAS

Company Name:

Company Group Name:

PLEASE COMPLETE AND RETURN THE QUESTIONNAIRE

MSCs - CRIMEA/SEVASTOPOL, CUBA, IRAN, NORTH KOREA and SYRIA

REVENUES - NON-CONSOLIDATED INFORMATION

1.4 Current Activities

To the best of your knowledge, for Current Activities:

- (a) Please identify all entities of your Controlled Perimeter, including your company, that respectively have an MSC exposure:
 - Higher than zero for North Korea, or
 - 1% or higher for other MSCs.
- Please provide for each entity the (b) percentage and (c) the absolute value of exposure (in ranges) of current revenues related to the MSC and describe the current underlying activity with the MSC.

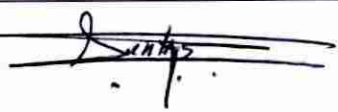
Legal Entity Name (a)	Related MSC	Exposure	
		Current Revenues (last fiscal year)	
		Percentage (b)	Absolute Value in € (c)
		%	<input type="checkbox"/> From 0 to <1M <input type="checkbox"/> From 1M to <10M <input type="checkbox"/> From 10 to <100M <input type="checkbox"/> Above 100M
		Description of the underlying activity	
		%	<input type="checkbox"/> From 0 to <1M <input type="checkbox"/> From 1M to <10M <input type="checkbox"/> From 10 to <100M <input type="checkbox"/> Above 100M
		Description of the underlying activity	
		%	<input type="checkbox"/> From 0 to <1M <input type="checkbox"/> From 1M to <10M <input type="checkbox"/> From 10 to <100M <input type="checkbox"/> Above 100M
		Description of the underlying activity	



Protección de Datos, calle Emilio Vargas 4, 28043 Madrid o por vía electrónica en la dirección dpodeskspain@bnpparibas.com. Además, podrá dirigir su solicitud a la Agencia Española de Protección de Datos, sita en la calle Jorge Juan 6, 28001 Madrid.

Reconozco/reconocemos y acuerdo/acordamos la recopilación, el procesamiento y la comunicación de la información incluida en el presente certificado, incluyendo la relativa a las personas que ejercen control, **conforme a los procedimientos internos implantados a nivel del grupo BNP Paribas (<http://mea.bnpparibas.com/en/bnp-paribas-locations/>), dentro y fuera de la Unión Europea (por ejemplo, Australia, Brasil, Colombia, Estados Unidos, Hong Kong, India, Singapur y Turquía), donde no necesariamente cuentan con una normativa de protección de datos equivalente a la normativa española.**

Certifico/certificamos que estoy/estamos autorizado(s) de pleno derecho a divulgar la información o que la entidad ha obtenido la aprobación de cada persona que ejerce control para recopilar, procesar y comunicar la información personal indicada y me comprometo/nos comprometemos a informar a cada persona que ejerce control sobre los derechos de protección de datos que se han explicado.

Nombre y Apellidos	Cargo (Director, CEO, Manager, etc.)	Fecha	Firma
Santiago Dominguez VACAS	Representante Legal de la Sucursal en España	10/03/2020	

(1) De acuerdo con los arts. 4.2 de la Ley 10/2010 y 8 del Real Decreto 304/2014, un titular real es, en relación con una persona jurídica, la persona o personas físicas que en último término posean o controlen, directa o indirectamente, un porcentaje superior al 25 % del capital o de los derechos de voto de una persona jurídica, o que por otros medios ejerzan el control, directo o indirecto, de la gestión de una persona jurídica. Cuando no exista una persona física que posea o controle, directa o indirectamente, un porcentaje superior al 25 por ciento del capital o de los derechos de voto de la persona jurídica, o que por otros medios ejerza el control, directo o indirecto, de la persona jurídica, se considerará que ejerce dicho control el administrador o administradores. Cuando el administrador designado fuera una persona jurídica, se entenderá que el control es ejercido por la persona física nombrada por el administrador persona jurídica.



El/los administrador(es) de la sociedad son las siguientes personas físicas. (Por favor complete todos los campos de la tabla a continuación, incluido el cargo dentro del Consejo de Administración u Órgano de Gobierno de la Entidad. *Cuando el administrador fuera una persona jurídica, por favor indique la persona física nombrada por el administrador persona jurídica*). **Adjunte copia del documento de identidad en vigor de cada uno de los administradores.**

Nombre, Apellidos	Tipo Doc ID (NIF, NIE, Pasaporte)	Número de Documento de Identidad	Fecha de nacimiento	Cargo / Función	País de nacimiento	País de nacionalidad	País de residencia	País de residencia fiscal
Santiago Dominguez Vacas	NIF	0976267H	27/09/1967	Representante Legal	España	España	España	España

Sección de Declaración

Por el presente, declaro/declaramos que he/hemos revisado la información de este certificado y que a mi/nuestro leal saber y entender es verdadera, correcta y completa.

Me comprometo/nos comprometemos a comunicar a BNP Paribas Securities Services Sucursal en España, a la mayor brevedad posible, cualquier cambio en las circunstancias que provoque que la información incluida en este certificado sea incorrecta y a enviar a dicha Entidad una nueva auto-certificación en un plazo de 30 días a partir de dicho cambio de circunstancias. BNP Paribas Securities Services Sucursal en España se reserva el derecho a cancelar la relación comercial con el Cliente si la información proporcionada es incompleta o incorrecta.

Con el objetivo de cumplir con las obligaciones establecidas en las leyes y reglamentos nacionales e internacionales en materia de prevención del blanqueo de capitales y de financiación del terrorismo, puede que el responsable de la tramitación de datos tenga que recopilar, procesar y comunicar información incluida en este certificado y relacionada con las cuentas de la entidad al Servicio Ejecutivo de Prevención de Blanqueo de Banco de España (SEPBLAC).

La información solicitada es obligatoria y el hecho de que no se rellene este certificado podría entenderse como que BNP Paribas Securities Services Sucursal en España no podría procesar su solicitud.

De conformidad con el Reglamento (UE) 2016/679 del Parlamento Europeo y del Consejo del 27 de abril de 2016, así como de acuerdo con la Ley Orgánica 3/2018, de 05 de diciembre, de Protección de Datos Personales y garantía de los derechos digitales, en vigor desde el 07 de diciembre de 2018, las personas que ejerzan control de una entidad, podrán ejercer sus derechos de acceso, rectificación cancelación, oposición, así como ejercer su derecho a la portabilidad de los datos y a oponerse al tratamiento automatizado de sus datos. Podrán ejercerlos por escrito, dirigiendo su solicitud junto con su DNI, al Delegado de



Tiene la siguiente estructura de participación directa o indirecta:

PERSONAS JURÍDICAS

Nombre de la Persona Jurídica	Número de Identificación Fiscal	% de Participación	Tipo de Participación: Directa o Indirecta
CNP ASSURANCES, S.A.	341 737 062	100%	DIRECTA

(En caso de tener más de una sociedad interpuesta se adjuntará la estructura de control completa mediante **organigrama** de la compañía actualizado)

PERSONAS FÍSICAS

Tiene los siguientes titulares reales (Elija una de las dos siguientes opciones):

- No está poseída o controlada en **más del 25%** de su capital por persona física alguna.
- Los titulares reales accionistas (aquellos que poseen o controlan de manera directa o indirecta **más del 25%** de su capital) de la sociedad son las siguientes **personas físicas** (Complete la siguiente tabla únicamente con información relativa a personas físicas. En el caso de haber declarado alguna persona jurídica en el apartado anterior, procederá identificar a los titulares reales de la misma en el presente apartado. Por favor complete todos los campos y **adjunte copia del documento de identidad en vigor para cada uno de los titulares reales**):

Nombre y Apellidos del partícipe y del titular real ⁽¹⁾	Tipo Doc ID (NIF, NIE, Pasaporte)	Número de Documento de Identidad	Fecha de nacimiento	País de nacimiento	País de nacionalidad	País de residencia	País de residencia fiscal	% Participación / Interés	Directa / Indirecta



DECLARACIÓN DE TITULAR REAL ⁽¹⁾

(Declaración emitida en cumplimiento de las obligaciones de identificación de la Ley 10/2010 y el RD 304/2014 sobre Prevención del blanqueo de Capitales y de la financiación del Terrorismo.

El/los abajo firmante(s) que, por razón de su cargo o apoderamiento, representa(n) a la sociedad declara(n) responsablemente que a fecha ... / ... / ... , la sociedad:

Razón social de la entidad		CNP ASSURANCES, S.A., SUCURSAL EN ESPAÑA
	Pais de constitución u organización	FRANCE
Domicilio permanente	Número y calle	CARRERA DE SAN JERÓNIMO, 21
	Código postal	28014
	Ciudad / Provincia / Estado	MADRID
	Pais	ESPAÑA
	Dirección postal (completar sólo en caso de ser distinta al domicilio permanente)	Número y calle
	Código postal	28014
	Ciudad / Provincia / Estado	MADRID
	Pais	ESPAÑA

Emite acciones representadas mediante títulos al portador:

- Sí
 No



Thursday, 03 December 2020

Dear Sir/Madam,

Undisclosed Principals

We refer to our exchanges regarding certain accounts that you maintain with BNP Paribas to certain underlying third parties whose identities are not fully disclosed to us (referred to below as “undisclosed principals”)²⁸.

As mentioned, BNP Paribas is firmly committed to participating in efforts to combat money laundering, terrorist financing and to ensure compliance with applicable sanctions laws and regulations. Each Client on whose behalf you are transacting through BNP Paribas is at the time of the relevant transaction neither itself, nor owned or controlled by, nor to your reasonable knowledge, acting for or on behalf of, a designated target of Sanctions, or otherwise a subject of Sanctions, nor is any such Client a resident of or located in any country or territory subject to comprehensive country or territory-wide Sanctions including Cuba, Iran, Sudan, Syria, North Korea or Crimea region. Accordingly, we require you to sign and return a copy of this letter by way of your confirmation on which we would rely that:

1. You have implemented and maintain appropriate systems and controls to ensure compliance with applicable laws and regulations in relation to the prevention and detection of money laundering and terrorist financing and in relation to Sanctions.
2. You conduct risk-based customer due diligence on all undisclosed principals in accordance with applicable laws and regulations, including the identification and verification of the identity of your customers and their beneficial owners and proxy holders. In addition, you conduct enhanced due diligence in relation to higher risk situations (for example, relationships with politically exposed persons) and you conduct risk-based vigilance and ongoing monitoring of all customers to detect and report suspicious activities.
3. You will not process any transaction, regardless of currency, through or involving BNP Paribas²⁹ to, directly or indirectly³⁰, fund or facilitate any activities or business of, or otherwise make available or use such proceeds with or related to any person who is a designated target of or who is otherwise the subject of Sanctions (including in all cases any person resident or located in any country or territory subject to comprehensive country or territory-wide Sanctions (including Cuba, Iran, Sudan Syria, North Korea or Crimea region)³¹ or in any other manner or, for any other purpose that is prohibited by Sanctions, whether or not a specific authorisation or licence is in place, or would result in Sanctions violation.

For the purposes of this letter “sanctions” means:

- US sanctions administered by OFAC or any other US Government authority or department;
- EU restrictive measures implemented pursuant to any EU Council or Commission Regulation or decision adopted pursuant to a Common Position in furtherance of the EU’s Common Foreign and Security Policy; and sanctions administered by the French Republic
- other applicable sanctions regimes



We should be grateful if you would sign and return a copy of this letter to acknowledge receipt, and remain at your disposal if you should have any queries.

Yours faithfully,

Yours faithfully,

.....
for and on behalf of BNP Paribas

SANTIAGO DOMÍNGUEZ VACHÉS
for and on behalf of CNP ASSURANCES, S.A. Sucursal
en España

We acknowledge receipt of your letter dated 03/12/ 2020.

Signed

Signed

²⁸ In the context of this policy, the term “undisclosed principals” mainly refer to funds’ investors.

²⁹ BNP Paribas S.A. as well as its branches and affiliates

³⁰ Including, but not limited to, through intermediaries or your own business relationships with other financial institutions.

³¹ Including an entity owned 50% or more or controlled (directly or indirectly) by such person; or an individual or entity on behalf of which such person is acting.

List of authorized signatories

Dear client,

The security of your transactions is our utmost priority. With a clear objective of achieving high efficiency and effectiveness of securing any of your instructions, we would need your assistance to confirm your list of Authorized Signatory and collect some additional information as required **by the COMOFI* art. R561-5**.

Therefore, we kindly ask you to provide us with the list of Authorized Signatories who will **effectively** authorize **written instructions** (eg. fax) as well as their Date of birth, Country of birth, Country of residence

Your list of Authorized Signatories might include a large number of employees who are not involved in any transactions with us. To focus on those signatories who will effectively authorize written instructions, we propose that you use for your convenience the template below (for up to 25 signatories).

We want to make sure that your written instructions are always executed as quickly as required, therefore your assistance is key to make sure those records are up to date and complete.

Should you need further information, please do not hesitate to contact your dedicated Relationship Manager.

Yours faithfully,

<u>Date:</u>	<u>01/12/2020</u>
<u>Client name:</u>	<u>CNP Assurances, S.A., sucursal en España</u>
<u>Address:</u>	<u>Carrera de San Jerónimo 21, 28014 madrid</u>
<u>Group Name:</u> <u>(if applicable)</u>	<u>CNP Assurances, S.A.</u>



BNP PARIBAS
SECURITIES SERVICES

*The persons subject to the identification requirements of the COMOFI (Code Monétaire et Financier) also include persons acting on behalf of the customer.

List of authorized signatories

Are the below authorized signatories the same in all countries: YES / NO

Authorized Signatory 1	
Title	Don
Last name / First name	Santiago Dominguez VACAS
Date of birth	26/09/1967
Country of birth	Spain
Country of residence	Spain
Authorized Signatory 2	
Title	Don
Last name / First name	David Vincent Lattes
Date of birth	15/02/1966
Country of birth	France
Country of residence	Spain
Authorized Signatory 3	
Title	
Last name / First name	
Date of birth	
Country of birth	
Country of residence	
Authorized Signatory 4	
Title	
Last name / First name	
Date of birth	
Country of birth	
Country of residence	

List of authorized signatories

Authorized Signatory 5

Title

Last name / First name

Date of birth

Country of birth

Country of residence

Authorized Signatory 6

Title

Last name / First name

Date of birth

Country of birth

Country of residence

Authorized Signatory 7

Title

Last name / First name

Date of birth

Country of birth

Country of residence

Authorized Signatory 8

Title

Last name / First name

Date of birth

Country of birth

Country of residence

List of authorized signatories

Authorized Signatory 25	
Title	
Last name / First name	
Date of birth	
Country of birth	
Country of residence	

The BP2S ASIG Form (or an equivalent form) must be updated when a new official list of Authorized Signatories is requested / received.

The Company, undertakes to communicate to BNP Paribas Securities Services Branch in Spain, as soon as possible, any change in the circumstances that causes the information included in this certificate to be incorrect and to send to this entity a new ASIG Form or equivalent in a within 30 days of such change of circumstances. BNP Paribas Securities Services Branch in Spain reserves the right to cancel the commercial relationship with the Client if the information provided is incomplete or incorrect.

In accordance with Regulation (EU) 2016/679 of the European Parliament and the Council of April 27, 2016, as well as in accordance with Organic Law 3/2018, of December 5, on the Protection of Personal Data and guarantee of digital rights, in force since December 7, 2018, the controlling persons of the Entity may exercise their rights of access, rectification, cancellation, opposition, as well as exercise their right to the portability of the data and to oppose the automated processing of their data. They may exercise those rights in writing, directing their application along with their ID, to the Delegate of Data Protection, Emilio Vargas Street 4, 28043 Madrid or electronically at the address dpodeskspain@bnpparibas.com. In addition, they can direct their request to the Spanish Agency for Data Protection, located at Calle Jorge Juan 6 28001 Madrid.

FATCA & AEOI

BNP Paribas Securities Services

Formulario de Autocertificación - Entidades

Incluye

US Foreign Account Tax Compliance (“FATCA”)

Automatic Exchange of Information (“AEOI”)



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AUTOCERTIFICACIÓN DE LA ENTIDAD

I – IDENTIFICACIÓN

Razón social de la entidad	CNP ASSURANCES, S.A. SUCURSAL EN ESPAÑA		
País de constitución u organización	FRANCE		
Domicilio permanente	Número y calle	CARRERA DE SAN JERÓNIMO, 21	
	Código postal	28014	
	Ciudad / Provincia / Estado	MADRID	
	País	ESPAÑA	
Dirección postal (sólo en caso de ser distinta del domicilio permanente)	Número y calle	CARRERA DE SAN JERÓNIMO, 21	
	Código postal	28014	
	Ciudad / Provincia / Estado	MADRID	
	País	ESPAÑA	

II – RESIDENCIA FISCAL

La regulación fiscal exige al Grupo BNP Paribas recopilar cierta información sobre la situación tributaria de sus clientes.

Introduzca en la siguiente tabla TODOS los países en los que tenga residencia fiscal y sus números de identificación fiscal.

PAÍS(ES) DE RESIDENCIA FISCAL	NÚMEROS DE IDENTIFICACIÓN FISCAL*
España	W0013620J

* Introduzca N/A si el país de residencia a efectos fiscales no ha emitido un número de identificación fiscal.

En caso de que no pueda obtener un número de identificación fiscal del organismo de administración tributaria pertinente, aunque su residencia fiscal tenga un número de identificación fiscal, indique el motivo a continuación:

¿La entidad se constituyó, se organizó o reside en Estados Unidos? Sí NO

En caso afirmativo,

- Además rellene el modelo W-9 del IRS e
- Indique si la entidad es:
 - Una persona estadounidense específica según FATCA
 - Una persona estadounidense no específica según FATCA

III – FATCA AND AEOI STATUSES

Indique el estatus de la entidad. A continuación, marque un solo tipo de entidad (A, B, C o D) y añada la información solicitada, (si procede), para el tipo seleccionado.



AUTOCERTIFICACIÓN DE LA ENTIDAD

III – FATCA AND AEOI STATUSES

Indique el estatus de la entidad. A continuación, marque un solo tipo de entidad (A, B, C o D) y añada la información solicitada, (si procede), para el tipo seleccionado.

(A) Institución financiera

INSTITUCIÓN FINANCIERA O TIPO CONFORME A FATCA (MARQUE SOLO UNA CASILLA)

- Institución financiera estadounidense (US FI, por sus siglas en inglés). (Envíe también el modelo W9 del IRS)
- Institución financiera extranjera (FFI, por sus siglas en inglés)
 - Institución financiera extranjera registrada:
 - Institución financiera extranjera participante (según la regulación final de FATCA)
 - Institución financiera extranjera sujeta a comunicación de información conforme al modelo 1 del acuerdo IGA
 - Institución financiera extranjera sujeta a comunicación de información conforme al modelo 2 del acuerdo IGA

Para cualquiera de estos tres tipos de institución financiera extranjera registrada, introduzca el GIIN a continuación: 00P367.00000.LE.250

- Institución financiera extranjera no sujeta a comunicación (incluyendo fondos de pensiones exentos según el acuerdo IGA aplicable). Indique el estatus de la entidad que habilita la aplicación de la exención, según el acuerdo IGA: _____
- Institución extranjera financiera no participante (NPFFI por sus siglas en inglés)
- Otras instituciones financieras extranjeras (institución financiera extranjera considerada cumplidora certificada, institución financiera extranjera patrocinada,...): Envíe el modelo W-8 del IRS.

¿La entidad es una entidad de inversión y está gestionada por otra institución financiera?

SÍ NO

En caso afirmativo, ¿la entidad se encuentra localizada en una jurisdicción no participante? (Véase la lista en las instrucciones del formulario): SÍ NO

- **En caso afirmativo,** la entidad se considera una entidad pasiva no financiera según AEOI. Se deben cumplimentar la Sección IV y la tabla del Anexo A.

(B) Entidad exceptuada conforme a FATCA y AEOI



AUTOCERTIFICACIÓN DE LA ENTIDAD

TIPO DE ENTIDAD EXCEPTUADA

- Sociedad que cotiza en bolsa o una filial de una sociedad que cotiza en bolsa Indique uno de los mercados de valores en los que normalmente cotizan las acciones de la sociedad: _____
- Entidad gubernamental (o entidades controladas totalmente por esta)
- Banco Central (o entidades controladas totalmente por este)
- Organización internacional (o las entidades controladas totalmente por esta)

(C) Entidad activa distinta de una institución financiera extranjera (Active NFE por sus siglas en inglés)

TIPO DE ACTIVE NFE (DIFERENTE A LAS INDICADAS EN LA OPCIÓN (B))

- Entidad activa distinta de una institución financiera, debido a sus ingresos y activos
- Organización sin ánimo de lucro
- Otras Entidades activas distintas de una institución financiera extranjera (indique el estatus):

(D) Entidad pasiva distinta de una institución financiera (Passive NFE por sus siglas en inglés) (diferentes a (B))

- Rellene la siguiente sección (IV) y el Anexo A (lista de personas que ejercen el control de la entidad).
- Si la entidad es una entidad extranjera pasiva distinta de una institución financiera, sujeta a comunicación directa conforme a FATCA, introduzca a continuación el GIIN:

- - -

Si dicho tipo de entidad no tiene GIIN, **marque esta casilla** y envíe el modelo W-8BEN-E del IRS.

IV – INFORMACIÓN SOBRE LAS PERSONAS QUE EJERCEN CONTROL

Con la ayuda de la tabla que aparece en el Anexo A, indique si las personas que ejercen control de la entidad concuerdan con alguno de los siguientes tipos:

- Entidad pasiva distinta de una institución financiera (**Opción D de la sección III**)
- Entidad de inversión (**A**) que cumple cada uno de los siguientes requisitos:
 - Es una entidad de inversión cuyos ingresos brutos se atribuyen principalmente a la inversión, reinversión o comercialización de activos financieros **Y**
 - Está gestionada por una institución financiera **Y**
 - Al menos uno de los países de residencia fiscal declarados en la sección II no se encuentra en una jurisdicción participante conforme a la normativa AEOI.

V – AVISO DE PRIVACIDAD Y CONFIDENCIALIDAD



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AUTOCERTIFICACIÓN DE LA ENTIDAD

Con el objetivo de cumplir con las obligaciones establecidas en las leyes y reglamentos nacionales y los acuerdos internacionales de intercambio de información tributaria de los que BNP Paribas Securities Services Sucursal en España forman parte, puede que el responsable de la tramitación de datos tenga que recopilar, procesar y comunicar información incluida en este formulario y relacionada con las cuentas de la entidad al organismo nacional de administración tributaria u otros organismos competentes que puedan proporcionar esa información al país o a los países en los que la entidad y/o las personas que ejercen control sean residentes a efectos fiscales.

La información solicitada es obligatoria y el hecho de que no se rellene este formulario podría entenderse como que BNP Paribas Securities Services Sucursal en España no podría procesar su solicitud.

De conformidad con la Ley Orgánica 15/1999, de 13 de diciembre, de Protección de datos de carácter personal, las personas que ejerzan control de una entidad tienen derechos de acceso, rectificación y oposición y podrán ejercerlos por escrito o poniéndose en contacto a través de la dirección Ribera del Loira, 28, 28042 Madrid.

VI - SECCIÓN DE CERTIFICACIÓN

Por el presente, declaro/declaramos que he/hemos revisado la información de este formulario y que a mi/nuestro leal saber y entender es verdadera, correcta y completa.

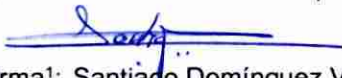
Me comprometo/nos comprometemos a comunicar a BNP Paribas Securities Services Sucursal en España, a la mayor brevedad posible, cualquier cambio en las circunstancias que provoque que la información incluida en este formulario sea incorrecta y a enviar a BNP Paribas Securities Services Sucursal en España una nueva autocertificación en un plazo de 30 días a partir de dicho cambio de circunstancias.

Reconozco/reconocemos y acuerdo/acordamos la recopilación, el procesamiento y la comunicación de la información incluida en el presente formulario, incluyendo el NIF de las personas que ejercen control emitido por países que no estén sujetos a la comunicación, a partir de la fecha del presente documento, y la información relacionada con las cuentas de la entidad a los efectos explicados en la sección V anterior.

Certifico/certificamos que estoy/estamos autorizado(s) de pleno derecho a divulgar la información o que la entidad ha obtenido la aprobación de cada persona que ejerce control para recopilar, procesar y comunicar la información personal indicada en el Anexo A y me comprometo/nos comprometemos a informar a cada persona que ejerce control sobre los derechos de protección de datos que se han explicado en la sección V anterior.

Día:

Ciudad: Madrid

Representante autorizado 1	Representante autorizado 2
<p>Nombre y apellidos en mayúsculas:</p> <p>Que actúa en calidad de: Representante Legal</p> <p> 03/12/2020</p> <p>Firma¹: Santiago Domínguez Vacas</p> <p><input checked="" type="checkbox"/> Certifico que soy un representante autorizado de la entidad sobre la que se informa en este formulario.</p>	

¹ Si el representante facultado para firmar está autorizado de forma conjunta, entonces este formulario tendrá que ser firmado por al menos dos de los representantes autorizados de manera conjunta.



Form **W-8BEN-E**

(Rev. July 2017)
Department of the Treasury
Internal Revenue Service

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code.
▶ Go to www.irs.gov/FormW8BENE for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Instead use Form:

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner CNP ASSURANCES SUCURSAL EN ESPAÑA	2 Country of incorporation or organization SPAIN
--	---

3 Name of disregarded entity receiving the payment (if applicable, see instructions)

4 Chapter 3 Status (entity type) (Must check one box only):

<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership
<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government
	<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization		

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. Yes No

5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)

<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input checked="" type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. <input type="checkbox"/> Account that is not a financial account.
--	---

6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).

CARRERA DE SAN JERONIMO, 21 City or town, state or province. Include postal code where appropriate. MADRID-28014	Country SPAIN
--	-------------------------

7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.	Country
---	---------

8 U.S. taxpayer identification number (TIN), if required	9a GIIN 00P367.00000.LE.250	b Foreign TIN W0013620J
---	--	--

10 Reference number(s) (see instructions)

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

- 11** Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment
 Branch treated as nonparticipating FFI. Reporting Model 1 FFI. U.S. Branch.
 Participating FFI. Reporting Model 2 FFI.
- 12** Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

- 13** GIIN (if any) _____

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

- 14** I certify that (check all that apply):
- a** The beneficial owner is a resident of **SPAIN** within the meaning of the income tax treaty between the United States and that country.
- b** The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):
- | | |
|--|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Company that meets the ownership and base erosion test |
| <input type="checkbox"/> Tax exempt pension trust or pension fund | <input type="checkbox"/> Company that meets the derivative benefits test |
| <input type="checkbox"/> Other tax exempt organization | <input type="checkbox"/> Company with an item of income that meets active trade or business test |
| <input type="checkbox"/> Publicly traded corporation | <input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received |
| <input type="checkbox"/> Subsidiary of a publicly traded corporation | <input type="checkbox"/> Other (specify Article and paragraph): _____ |
- c** The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

- 15** **Special rates and conditions** (if applicable—see instructions):
 The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____
 Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI

- 16** Name of sponsoring entity: _____
- 17** **Check whichever box applies.**
- I certify that the entity identified in Part I:
- Is an investment entity;
 - Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
 - Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.
- I certify that the entity identified in Part I:
- Is a controlled foreign corporation as defined in section 957(a);
 - Is not a QI, WP, or WT;
 - Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
 - Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank18 I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts19 I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle

20 Name of sponsoring entity: _____

21 I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity22 I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts23 I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI (continued)**Check box 24b or 24c, whichever applies.**

- b I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI26 I certify that the entity identified in Part I:

- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____ . The applicable IGA is a Model 1 IGA or a Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
- If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ . The trustee is: U.S. Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue27 I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).**Part XIV International Organization**

Check box 28a or 28b, whichever applies.

28a I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).b I certify that the entity identified in Part I:

- Is comprised primarily of foreign governments;
- Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
- The benefit of the entity's income does not inure to any private person; **and**
- Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans

Check box 29a, b, c, d, e, or f, whichever applies.

29a I certify that the entity identified in Part I:

- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
- Is operated principally to administer or provide pension or retirement benefits; **and**
- Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.

b I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- No single beneficiary has a right to more than 5% of the FFI's assets;
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
 - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
 - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
 - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
 - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.

c I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- Has fewer than 50 participants;
- Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
- Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
- Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

Part XV Exempt Retirement Plans (continued)

- d I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f I certify that the entity identified in Part I:
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

- 30 I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
 - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
 - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
 - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31 I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

- 32 I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
 - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

- 33 I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
 - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
 - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

- 34 I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
 - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
 - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
 - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

- 35 I certify that the entity identified in Part I is a 501(c) organization that:
- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
 - Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

- 36 I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements:
- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
 - The entity is exempt from income tax in its country of residence;
 - The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
 - Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
 - The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

- 37a I certify that:
- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
 - The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).
- b I certify that:
- The entity identified in Part I is a foreign corporation that is not a financial institution;
 - The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
 - The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
 - The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

- 38 I certify that:
- The entity identified in Part I is an entity that is organized in a possession of the United States;
 - The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
 - All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

- 39 I certify that:
- The entity identified in Part I is a foreign entity that is not a financial institution;
 - Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
 - Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

- 40a I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Fecha:	25/11/2020						
Sociedad:	CNP Caution SA						
Tipo de documento:	Contrato /Anexos <input type="checkbox"/>	Presupuesto/ Proyecto <input type="checkbox"/>	Doc. Consejo <input type="checkbox"/>	Doc. Hacienda <input type="checkbox"/>	Doc. DGSFP <input type="checkbox"/>	Doc. Planes/EPVS <input type="checkbox"/>	Otro: (especificar)
Solicitado por: <i>(Director del CODIR)</i>	David Lattes						
Contenido / Objetivo: Principal Acuerdo, entregables y descripción del servicio	Apertura de cuentas bancarias para CNP Assurances con BNP Paribas para la gestión del productos Hospi con Carrefour.						

Cumplimentar en caso de contrato, presupuestos, proyectos, u obligaciones de pago

Denominación del Documento:	Propuesta comercial BNP Paribas		
Apoderado/s de CNP: <i>(según importe económico del contrato) (1)</i>	DAVID LATTES		
Contraparte: <i>(proveedor, o interviniente)</i>	BNP Paribas		
Fecha de inicio del contrato:	25/11/2020		
Fecha de vencimiento del contrato:			
Renovación Tácita:	<input type="checkbox"/> SI	<input type="checkbox"/> NO	
Preaviso Cancelación:	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Especificar preaviso:
Penalización por cancelación:	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Importe:
Actualización precio por IPC, etc.:	<input type="checkbox"/> SI	<input type="checkbox"/> NO	
Delegación actividades críticas:	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Especificar:
KPI / SLA:	<input type="checkbox"/> SI	<input type="checkbox"/> NO	
Presupuestado:	<input type="checkbox"/> SI	<input type="checkbox"/> NO	Importe (IVA incluido):
Código CECO:			
Código PEP:			
Activable:	<input type="checkbox"/> SI	<input type="checkbox"/> NO	
Periodicidad del pago:	Mensual <input type="checkbox"/>	Trimestral <input type="checkbox"/>	Anual <input type="checkbox"/> Pago único <input type="checkbox"/>

- OBLIGATORIO -

Responsable del Departamento y Director del CODIR correspondiente:	Fecha: 25/11/2020	Firma: Fabrice Alberti 	Firma: David Lattes
Verificación de Control Financiero: <i>En el caso de que el gasto sea activable.</i>	Fecha:	Firma:	
Verificación de Control de Gestión: <i>En el caso de que el gasto esté presupuestado y el pedido o la factura no superen el presupuesto, no será necesaria la firma del Control de Gestión.</i>	Fecha:	Firma:	
Revisión Asesoría Jurídica: <i>(persona del equipo legal que ha revisado el contrato y verificado que cumple con todos los requerimientos solicitados)</i>	Fecha:	Firma:	
Comentarios Asesoría Jurídica:			
Verificación de Compras:	Fecha: 27/11	Firma: 	
Director General o Directora Operativa o Directora Financiera:	Fecha: 25/11/2020	Firma: David Lattes 	
Director General o Directora Operativa:	Fecha: 25/11/2020 0 30/11/2020	Firma: Santiago Dominguez 	