TRUST ACCOUNT

APPLICATION FORM

Shard Capital Partners LLP, 3rd Floor, 70 St Mary Axe, London, EC3A 8BE

T +44 (0)207 186 9900 F +44 (0)207 186 9979 E info@shardcapital.com W shardcapital.com

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INTRODUCTION

Please read carefully

This document is designed to enable you, the Trustees, to provide Shard Capital Partners LLP ("Shard Capital") with important information about the Trust. The information contained in this document will be relied upon to establish an account for the Trust and therefore we require you to complete and sign this document in full. It is important that you provide as much relevant detail as possible and check the information that is included in this document with your relationship manager to ensure that you have understood it correctly.

Shard Capital will review all the information you provide. Once we are satisfied we possess all the information we need to comply with our legal and regulatory requirements, we will be able to provide our services to the Trust. Any gaps in the information provided may result in Shard Capital being unable to offer our services to the Trust.

Your privacy and your information are important to us. For details of how we manage and process your information, please refer to our Privacy Policy which is made available, and updated from time to time, on our website: shardcapital.com

This form should be completed by the main applicant intending to operate the account. Any references to "I", "we", "you" or "your" in this document refers to the Trustees to the Trust. Before completing this form, please ensure that you have obtained and read all the information regarding the products and services provided by Shard Capital and all relevant terms and policies made available, and updated from time to time, on our website: shardcapital.com

Once completed, this form and any accompanying documentation (detailed in Appendix II) should be sent to our business address (see front cover) or scanned and emailed to your contact at Shard Capital.

This form should be completed by an individual authorised to operate the Trust Account.

Please tick ☐ the boxes as appropriate

Personal details of the individual completing the form

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Relationship to the Trust.....

PART 1 – DETAILS OF THE TRUST

Full Name of the Trust .....

Date the Trust was Established .....

Type of Trust (e.g. Discretionary, Interest-in-Possession, etc) .....

Purpose of the Trust .....

Country in which the Trust was Established .....

Unique Taxpayer Reference Number (UTR) .....

Tax Identification Number (TIN) .....

Legal Entity Identifier (LEI) .....

PART 2 – CORPORATE TRUSTEE DETAILS

Please provide the following information in respect of any Corporate Trustee providing professional services to the Trust. If there is no Corporate Trustee providing professional services to the Trust, please proceed to Part 3 (Individual Trustee Details).

Company Name .....

Registered Address .....

.....Postcode.....

Date of Incorporation .....

Country of Incorporation .....

Company Registration Number .....

REGULATORY STATUS

Is the Corporate Trustee regulated?

☐ Yes

☐ No

If the answer to the above is yes, please provide the name of the regulator and the Corporate Trustee's regulatory reference number:

Name of Regulator	Regulatory Reference Number

COMPANIES PROVIDING TRUSTEE SERVICES IN ASSOCIATION WITH THE CORPORATE TRUSTEE

Please provide the names of all companies that are providing trustee services in conjunction with the abovenamed Corporate Trustee:

Company Name

INDIVIDUALS ACTING ON BEHALF OF THE CORPORATE TRUSTEE

Please provide the names of all individuals acting on behalf of the Corporate Trustee:

Title	Name

If you require more space, please use Appendix I – Additional Notes. Please refer to Appendix II for due diligence information required in respect of each name listed in the table above.

PLEASE PROVIDE DETAILS OF THE PRIMARY CONTACT

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Position/Role within Company.....

Primary Contact email.....

Primary Contact telephone number.....

Primary Contact mobile number .....

PLEASE PROVIDE DETAILS OF THE SECONDARY CONTACT

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Position/Role within Company.....

Secondary Contact email.....

Secondary Contact telephone number.....

Secondary Contact mobile number .....

PLEASE PROVIDE DETAILS OF THE COMPLIANCE OFFICER

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Compliance Officer email.....

Compliance Officer telephone number.....

Compliance Officer mobile number .....

PART 3 - INDIVIDUAL TRUSTEE DETAILS

Please provide the following information in respect of any Individual Trustees to the Trust.

TRUSTEE (1):

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Occupation.....

Date of Birth.....

Town and Country of Birth.....

Residential Address .....

.....Postcode.....

Correspondence Address *(if different to above)*.....

.....Postcode.....

Email address.....

Telephone number.....Mobile number .....

Please provide the Trustee's Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the Trustee a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

TRUSTEE (2):

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Occupation.....

Date of Birth.....

Town and Country of Birth.....

Residential Address .....

.....Postcode.....

Correspondence Address *(if different to above)*.....

.....Postcode.....

Email address.....

Telephone number.....Mobile number .....

Please provide the Trustee's Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the Trustee a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

TRUSTEE (3):

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Occupation.....

Date of Birth.....

Town and Country of Birth.....

Residential Address .....

.....Postcode.....

Correspondence Address *(if different to above)*.....

.....Postcode.....

Email address.....

Telephone number.....Mobile number .....

Please provide the Trustee's Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the Trustee a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

TRUSTEE (4):

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Occupation.....

Date of Birth.....

Town and Country of Birth.....

Residential Address .....

.....Postcode.....

Correspondence Address *(if different to above)*.....

.....Postcode.....

Email address.....

Telephone number.....Mobile number .....

Please provide the Trustee's Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the Trustee a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

PART 4 - AUTHORISED SIGNATORIES

Please indicate who may provide instructions on this account: *(tick as appropriate)*

- ☐ Any one Director of the Corporate Trustee / Individual Trustee
- ☐ Any ..... Directors of the Corporate Trustee / Individual Trustees *(please provide number e.g. two)*
- ☐ All Directors of the Corporate Trustee / Individual Trustees
- ☐ As per the authorised signatory list

Please provide below the names of all Authorised Signatories.

Title	Name	Single	Joint
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Please note that a certified copy of the authorised signatory list (with specimen signatures) will be required for due diligence purposes, as per Appendix II.

PART 5 – PROTECTOR DETAILS

Is there a Protector or equivalent controller to the Trust?

☐ Yes

☐ No

If yes, please provide the following details:

Title: Mr☐ Mrs☐ Ms☐ Miss☐ Dr☐ Other☐ .....

Forename(s).....

Surname.....

Occupation.....

Date of Birth.....

Town and Country of Birth.....

Residential Address .....

.....Postcode.....

Correspondence Address *(if different to above)*.....

.....Postcode.....

Email address.....

Telephone number.....Mobile number .....

Please provide the Protector or equivalent controller's Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the Protector or equivalent controller a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

PART 6 – SETTLOR DETAILS

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Occupation.....

Date of Birth.....

If the Settlor is deceased, please provide one of the following: Certified Copy of Death Certificate or Certified Copy of Grant of Probate

Date of Death.....(DD/MM/YYYY)

Town and Country of Birth.....

Residential Address .....

.....Postcode.....

Please provide the Settlor's Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the Settlor a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

PART 7 – SOURCE OF WEALTH/SOURCE OF FUNDS

SOURCE OF WEALTH

Source of Wealth refers to the origin of the Trust's total net wealth or total assets, including how the wealth was generated. For example, the Source of Wealth can refer to the sale of a business asset where the proceeds of sale are settled into the Trust.

Please provide details of the Trust's Source of Wealth. Please note that we may ask for evidence of Source of Wealth.

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.....

SOURCE OF FUNDS

Source of Funds refers to where the money being used to fund the account is currently held. For example, the name and location of a bank account.

Please provide details of where the funds are currently held, including the amount to be invested in the account. Please note that we may ask for evidence of Source of Funds.

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PART 8 – BENEFICIARY DETAILS

Please provide the following details in respect of the Beneficiaries of the Trust.

BENEFICIARY (1):

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Date of Birth.....

Town and Country of Birth.....

Residential Address
.....

.....Postcode.....

Please provide the Beneficiary's Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the Beneficiary a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

BENEFICIARY (2):

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Date of Birth.....

Town and Country of Birth.....

Residential Address
.....

.....Postcode.....

Please provide the Beneficiary's Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the Beneficiary a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

BENEFICIARY (3):

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Date of Birth.....

Town and Country of Birth.....

Residential Address
.....

.....Postcode.....

Please provide the Beneficiary's Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the Beneficiary a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

PART 9 – POLITICALLY EXPOSED PERSONS

Are any of the abovementioned individuals connected to the Trust, a Politically Exposed Person * (PEP)?

* *A PEP is an individual who has been entrusted with a prominent public function. Examples include, but are not limited to: a head of state or minister, a member of parliament, members of governing bodies of political parties, members of supreme or constitutional courts, ambassadors or high-ranking officers in the armed forces.*

☐ Yes

☐ No

If the answer to the above is yes, please provide further details

.....

.....

Are any of the abovementioned individuals connected to the Trust, a Relative * or Close Associate ** of a Politically Exposed Person?

* *Relative includes: a spouse, partner, child and their spouse or partner and their parents.*

***Close Associate includes: any individual who is known to have joint beneficial ownership of a legal entity or legal arrangement, or any other close business relationship.*

☐ Yes

☐ No

If the answer to the above is yes, please provide further details

.....

.....

PART 10 – SERVICE TYPE

Please specify which type of service you require:

WEALTH MANAGEMENT:

Please tick	Investment Service	Description
☐	Discretionary	We act and make all investment decisions to manage your investment strategy on your behalf
☐	Advisory	We advise you on your investment decisions, but you make the final decisions on your investment strategy
☐	Execution Only	You have full control over your investment strategy and all decision making

CUSTODY & DEALING:

Please tick	Service	Description
☐	Custody & Dealing	We shall safekeep your securities across our network of agent and sub-custodians, provide execution and ancillary services

PART 11 – ACCOUNT ADMINSTRATION AND REPORTING

ACCOUNT NAME

.....

ACCOUNT SET UP

What is the base currency for this account?

☐ GBP ☐ EUR

☐ USD ☐ Other (please specify) .....

CAPITAL AND INCOME ACCOUNT

As part of the standard account set up, we will maintain separate capital and income accounts for you. If you would like to have one account for your capital (proceeds from sales) and income (dividends and/or interest), please tick this box: ☐

FEES AND CHARGES

Our Annual Management Charge (Wealth Management) or Assets Under Administration Fee (Custody & Dealing), where levied, will be debited from your capital account. If you wish for this to be debited from your income account, please tick this box: ☐

ONLINE REPORTING

We offer online access to view your account at any time. If you would like online access, please tick this box: ☐

VALUATION REPORTS

All relevant valuation reports will be made available via our online portal. If you would also like hard copies to be mailed to the Trustee(s) correspondence address(es), please tick this box: ☐

Please indicate the preferred frequency of valuation reports: ☐ Monthly basis ☐ Quarterly basis

CONTRACT NOTES

All relevant Contract Notes will be made available via our online portal. If you would also like hard copies to be mailed to the Trustee(s) correspondence address(es), please tick this box: ☐

THIRD PARTY AUTHORITY

If you would like Shard Capital to accept instructions on the account from a third party, please tick this box: ☐

If you have ticked the above box, you will need to complete a "Limited Power of Attorney" form which will be provided on request.

THIRD PARTY INFORMATION

If you would like Shard Capital to provide certain information on the account to a third party, please tick this box: ☐

If you have ticked the above box, please provide the relevant contact information in Appendix III.

PART 12 – BANK ACCOUNT INFORMATION

NOMINATED BANK ACCOUNT

Please provide details of the Trust's nominated bank account.

Please note that payments will only be made to and accepted from the Trust's nominated bank account detailed below and that a certified copy of a bank statement will be required.

Account Name.....

Account Currency .....

Bank Name.....

Bank Address .....

Sort Code .....

Account Number .....

IBAN Number .....

BIC / ABA Number *(if available)* .....

PART 13 – DECLARATIONS

By signing under Part 14 (Signatures), the following declarations apply:

1. I/We have read and understood the nature and the risk of the product(s) that the Trust intends to invest in through this account.
2. I/We warrant that I/we have full power and authority to open and operate the account in accordance with the Trust Deed and any other applicable documentation and without breach of any law, restriction or obligation binding on the Trustee(s).
3. I/We have provided true, accurate and complete information and undertake to update Shard Capital of any changes to the information provided without delay.
4. I/We accept that in certain circumstances Shard Capital will be obliged to share information with UK tax authorities, who may pass it on to other tax authorities.
5. I/We have received, read and understood the following:
   a) Shard Capital Partners LLP Business Terms and Conditions (including the product risks disclosure)
   b) Supplemental Business Terms & Conditions for Wealth Management and Custody and Dealing Clients
   c) Conflict of Interest Policy
   d) Schedule of Charges
6. I/We have obtained the Order Execution Policies for:
   a) Third Platform Services Ltd (website link: http://thirdfin.com/documents/)
   b) Shard Capital Partners LLP (website link: https://www.shardcapital.com/documents/)
7. I/We consent to the Order Execution Policies and for any orders to be executed outside a regulated market or a multilateral trading facility.
8. I/We consent for any unexecuted limit orders not to be made public.
9. I/We accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me/us by way of posting on the websites indicated above.

EXPRESS CONSENT FOR RECEIVING INFORMATION ELECTRONICALLY

We are required by regulation to obtain your express consent to provide you with information in an electronic, durable medium that is not paper. For example, by email.

If you do not consent to us providing you with information electronically, we will be unable to offer you an account. For the avoidance of doubt, by consenting to receiving information via electronic means, you remain entitled to provide us with specific requests for information via a reasonable alternative form of durable medium.

I/We hereby consent to receive information from Shard Capital via email, PDF document or by any other durable medium that is not paper

I/We hereby consent to receive information not personally addressed to me/us via the websites that you provide me/us notice of

I/We Accept ☐ (*please tick this box)*

DATA PROTECTION

Your data will be processed in line with the Shard Capital Privacy Notice which can be found at: https://www.shardcapital.com/privacy-notice/

MARKETING COMMUNICATION

We offer company news and market commentary which is emailed to your primary contact email address detailed in Part 2 (or the email address of the first-mentioned Individual Trustee in Part 3, if there is no Corporate Trustee). If you would like to receive this, please tick this box: ☐

PART 14 – SIGNATURES

AUTHORISED SIGNATORIES: NAMES AND SIGNATURES

This must be signed by at least two authorised signatories, unless the Trust has a sole authorised signatory.

.....	.....
(Signature)	**(Signature)**
.....	.....
(Print Name)	**(Print Name)**
.....	.....
(Position)	**(Position)**
.....	.....
(Date)	**(Date)**
.....	.....
(Signature)	**(Signature)**
.....	.....
(Print Name)	**(Print Name)**
.....	.....
(Position)	**(Position)**
.....	.....
(Date)	**(Date)**

PART 14 – SIGNATURES

AUTHORISED SIGNATORIES: NAMES AND SIGNATURES

This must be signed by at least two authorised signatories, unless the Trust has a sole authorised signatory.

.....

(Signature)

.....

(Print Name)

.....

(Position)

.....

(Date)

.....

(Signature)

.....

(Print Name)

.....

(Position)

.....

(Date)

.....

(Signature)

.....

(Print Name)

.....

(Position)

.....

(Date)

.....

(Signature)

.....

(Print Name)

.....

(Position)

.....

(Date)

APPENDIX I – ADDITIONAL NOTES

APPENDIX II - ACCOMPANYING DOCUMENTATION

GENERAL:

Please provide certified copies of the following:

- ☐ Relevant extracts of the Trust Deed
- ☐ Deed(s) of Appointment

CORPORATE TRUSTEES:

Please provide certified copies of the following in respect of any Corporate Trustees:

- ☐ Certificate of Incorporation
- ☐ Certificate of Good Standing/Incumbency
- ☐ Memorandum and Articles of Association
- ☐ Register of directors
- ☐ Register of members/shareholders
- ☐ Authorised signatory list (with specimen signatures)
- ☐ Latest financial statements
- ☐ Proof of regulation (if applicable)

In addition, please provide certified copies of the following in respect of any directors or signatories of the Corporate Trustees:

- ☐ Passport or other government issued identification
- ☐ Proof of address (eg. utility bill) which is no more than 3 months old

INDIVIDUAL TRUSTEES, PROTECTOR, SETTLOR AND BENEFICIARIES:

Please provide certified copies of the following in respect of any Individual Trustees, Protector, Settlor and Beneficiaries:

- ☐ Passport or other government issued identification
- ☐ Proof of address (eg. utility bill) which is no more than 3 months old

Alternatively, if the Settlor is deceased, please provide a certified copy of either:

- ☐ Death Certificate
- ☐ Grant of Probate

GROUP STRUCTURE CHART (IF APPLICABLE):

Please provide (non-certified) copies of any structure charts displaying the relationship between the Trust and any other entities.

GUIDANCE ON "CERTIFICATION" REQUIREMENTS:

Copies of the above listed documents must be independently certified by a lawyer, bank manager or notary public, and contain both the date on which they were certified and the following wording: "certified as a true copy". Additionally, the certification should provide the full name, signature, official stamp, business address and telephone number of the individual certifying the document(s).

It may be necessary for us to request further documentation and information in order to complete the due diligence process.

APPENDIX III – THIRD PARTY INFORMATION

THIRD PARTY INFORMATION – INDIVIDUAL

If you would like Shard Capital to provide information regarding the account to a third-party individual, please provide the relevant details of the person below.

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Residential Address.....

.....Postcode.....

Email address.....

Telephone number..... Mobile number .....

Please detail what correspondence you wish to be provided to the third party:

☐ Valuations ☐ Contract Notes ☐ Consolidated Tax Reports

☐ Statements ☐ Online Access ☐ Other (please specify)

.....

THIRD PARTY INFORMATION - COMPANY

If you would like Shard Capital to provide information regarding the account to a third-party company, please provide the relevant details of the company below.

Company Name.....

Contact Address.....

..... Postcode.....

Title: Mr☐ Mrs☐ Ms☐ Miss☐ Dr☐ Other☐ .....

Contact - Forename(s).....

Contact – Surname.....

Position/Role within Company.....

Contact email address.....

Contact telephone number..... Contact mobile number.....

Please detail the role of the third party:

☐ Lawyer ☐ Financial Advisor ☐ Other (please specify).....

☐ Accountant ☐ Trustee

Please detail what correspondence you wish to be provided to the third party:

☐ Valuations ☐ Contract Notes ☐ Consolidated Tax Reports

☐ Statements ☐ Online Access ☐ Other (please specify).....

APPENDIX IV - NATIONAL CLIENT IDENTIFIER

To fulfil our obligations under the Markets in Financial Instruments Directive (MiFID II), we are required to confirm your nationality and National Client Identifier (NCI). Your NCI will depend on your nationality; by way of example, for UK nationals, the NCI is the National Insurance Number. Please refer to the table below to determine the appropriate NCI.

IT IS IMPORTANT THAT YOU PROVIDE THIS INFORMATION.
WITHOUT IT, YOU WILL BE UNABLE TO TRADE.

Nationality	National Client Identifier
United Kingdom	UK National Insurance Number
Belgium	Belgian National Number (Numéro de registre national - Rijksregisternummer)
Bulgaria	Bulgarian Personal Number
Croatia	Personal Identification Number (OIB - Osobni identifikacijski broj)
Czech Republic	National Identification Number (Rodné číslo)
Denmark	Personal Identity Code (10 digits alphanumerical: DDMMYYXXXX)
Estonia	Estonian Personal Identification Code (Isikukood)
Finland	Personal Identity Code
Iceland	Personal Identity Code
Italy	Fiscal Code (Codice fiscale)
Latvia	Personal Code (Personas kods)
Lithuania	Personal Code (Asmens kodas)
Malta	National Identification Number
Norway	11 Digit Personal ID (Foedselsnummer)
Poland	National Identification Number (PESEL)
Portugal	Tax Number (Número de Identificação Fiscal)
Romania	National Identification Number (Cod Numeric Personal)
Sweden	Personal Identity Number
Slovenia	Personal Identification Number (EMŠO: Enotna Matična Številka
Slovakia	Personal Number (Rodné číslo)
Spain	Tax Identification Number (Código de - fiscal)
All other countries	**National Passport Number**