# W-8BEN-E Form – Mandatory fields to be completed

This simplified document is produced for information purposes only. If necessary, you should refer to the official instructions available on the IRS website irs.gov/pub/irs-pdf/iw8bene.pdf

Form W-8BEN-E		Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)				
(Rev. October 2021)  Department of the Treasury Internal Revenue Service  For use by entition, individuals must use Form W-BEEN.  F On one was in gov/FormW-BEEN for the Withholding ag		lection references	are to the Internal Revenue Code.	OMB No. 1545-1621		
Internal						
	OT use this form for				Instead use Form:	
	entity or U.S. citizer				W-0	
	reign Individual .	tity claiming that income is effectively connected with	the conduct o		N (Individual) or Form 8233 Inited States	
		anoffis)			W-8ECI	
• A for	olgn partnership, a	foreign simple trust, or a foreign grantor trust (unless o	claiming treaty	benefits) (see instructions for e	xceptions) W-8IMY	
<ul><li>A for</li></ul>	reign government, in	ternational organization, foreign central bank of Issue,	, foreign tax-ax	empt organization, foreign priv	ate foundation, or	
90VG 5018	mmant of a U.S. po ol. 802, 895, or 1443	ssession claiming that income is effectively connected (b) (unless claiming treaty benefits) (see instructions t	d U.S. Income ( or other except	or that is claiming the applicab tions)	etry of section(s) 115(2), W-8ECI or W-8EXP	
		intermediary (including a qualified intermediary acting			W-8IMY	
Por	d Identific	cation of Beneficial Owner				
1		ion that is the beneficial owner		2 Country of Incorporation	or organization	
	OBLIGA	TOIRE		ÓBLIGATOIR	RE	
3	Name of disregard	led entity receiving the payment (if applicable, see inst	tructions)			
4	Charitre 9 Status	entity type) (Must check one box only):	oration	Partnership		
-	Simple trust		plax trust		mment - Controlled Entity	
	Central Bank			TOIRE Foreign Gover		
	Grantor trust		national organiz		-	
	If you entered disrega	rded entity, partnership, simple trust, or grantor trust above, is the	entity a hybrid ma	king a treaty claim? If "Yes," complete	Part III. Yes No	
5		FATCA status) (See instructions for details and compl				
		ing FFI (including an FFI related to a Reporting IGA a deemed-compliant FFI, participating FFI, or		ting IGA FFI. Complete Part XII overnment, government of a U		
	exempt benef			nk of Issue. Complete Part XIII		
	☐ Participating F	FL COLUMN	Internatio	nal organization. Complete Par	t XIV.	
	☐ Reporting Mo	del 1 FFI. OBLIGATOIRE		stirement plans. Complete Part		
	■ Reporting Mo			ily owned by exampt beneficial		
	Registered de	emed-compliant FFI (other than a reporting Model 1 d FFI, or nonreporting IGA FFI covered in Part XII).	_	Territory financial institution. Complete Part XVII.		
	See Instruction		_	nonfinancial group entity. Con nonfinancial start-up company		
	Sportsored FF	I. Complete Part IV.	_			
	_	ned-compliant nonregistering local bank. Complete	<ul> <li>Excepted nonfinancial entity in liquidation or bankruptcy.</li> <li>Complete Part XX.</li> </ul>			
	Part V.		501(c) organization. Complete Part XXI.			
	Certified deemed-compliant FFI with only low-value accounts.		Nonprofit organization. Complete Part XXII.			
	Complete Par			raded NFFE or NFFE affiliate of on. Complete Part XXXII.	a publicly traded	
	vahicle, Comp	ned-compliant sponsored, closely held investment slete Part VII.		territory NFFE. Complete Part	YYW	
		ed-compilant limited life debt investment entity.		FE. Complete Part XXV.	ANIV.	
	Complete Part		_	FFE. Complete Part XXVI.		
		nent entities that do not maintain financial accounts.	_	Inter-affiliate FFI. Complete Pa	art XXVII.	
	Complete Part		Direct rep			
	_	nonted FFI. Complete Part X.		d direct reporting NFFE. Comp	Note Part XXVIII.	
- 6		tributor. Complete Part XI. se address (street, apt. or suite no., or rural route). Do no		hat is not a financial account.	tan a roristorod arkhovsi.	
	OBLIGA"	TOIRE			and registrates and and	
	City or town, state	or province. Include postal code where appropriate.		Country		
_	OBLIGA	TOIRE		OBLIG	SATOIRE	
7	Mailing address (f	different from above)				
_	City or town, state	or province. Include postal code where appropriate.		Country		
	,					
For Pa	sperwork Reductio	n Act Notice, see separate instructions.	Cat. No. 5	season Form	W-8BEN-E (Rev. 10-2021)	

# Part I – Identification of Beneficial Owner: Customer information (Beneficial owner)

- 1. Full name
- 2. Country of incorporation or organization
- 3. If a "Disregarded" entity receives the payments, provide its Full Name here
- 4. Chapter 3 Entity type with regard to Qualified Intermediary (QI) regulations Check one single box
- 5. Chapter 4 Entity type with regard to FATCA regulations **Check one** single box
- 6. Full main/permanent residence address:
  - 1. City, State/province and post code,
  - 2. Country
- 7. The mailing address is only required if the mailing address is different from the main residence address on line 6.

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But the proper identification number (TRI), it required  8 U.S. tecapyer identification number (TRI), it required  9 Entermore number (I) like instinctions;  10 Entermore number (I) like instinctions;  10 Entermore number (I) like instinctions;  11 Orapitar 4 Status (RATCA status) of damperated entity or Branch Receiving Payment. (Complete only If a disregarded entity with a GIIIN or a branch of an FFI III a country of that than the FFT's country of realcance. See instinctions, 1  11 Orapitar 4 Status (RATCA status) of damperated entity or branch neotiting payment  12 Enderto thesald as nonparitipating FT.   Reporting Model 1 FT.   U.S. Street.  13 Enterto thesald as nonparitipating FT.   Reporting Model 1 FT.   U.S. Street.  14 Address of demagnetic entity or branch (pthreet, spt. or suite no., or nursi model, Do not use a P.O. box or in-case-of address (other than negletized address).  14 Contriby  15 GIM (If any)   Service   Street   Street	Form W	46EN-E (Nov. 10-2021) Page 2						
Selection   Description   De	Par	Identification of Beneficial Owner (continued)						
Selection   Description   De	ā	U.S. texpayer identification number (TIN), if required						
Description								
Reference number[9] (see instructions)	9m	GIN LICATORS b Foreign TIN c Check # FTIN not legally required						
Note: Please complete remainder of the form including signing the form in Part XXX.    Part   Disregarded Entity or Branch Receiving Payment. (Complete conty) if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFT's country of needednote. See inclinations.)    Dispere 4 Stata, (FATCA stata) of developeded entity or branch receiving payment.		ORLIGATOIRE.						
Part III   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.)  10	10	Reference number(s) (see instructions)						
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Chapter 4 Status (PATCA status) of disregarded entity or branch receiving payment   Charach treated as receptatiogating PTL   Reporting Model 1 PTL   U.S. Branch.	-							
Ensech treated as nonparticipating PTL   Reporting Model 2 PTL	44	·						
Participating PTI.     Reporting Model 2 PTI.								
Address of developeded entity or branch (street, spt. or autie no., or rural route). Do not use a P.O. box or in-care-of address (other than registered address).  Country  19 GBN (** any)  Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)  14   Country that (check at that apply):  a   The branchical owner is a resident of with the meaning of the income tax treaty between the United States and that country.  b   The branchical owner derives the item (or items) of income for which the freely benefits are claimed, and, if applicable, meets the equivaments of the healty provision identify with instance on benefits. The following are types of limitation on benefits had country.  Government   Company that meets the developed provision that or be included in an applicable tax treaty (check only one; see instructions):    Government   Company that meets the developed provision that or persion fund   Company that meets the developed provision that or Developed provisions that one of the country is the country of the country of the country is an applicable to the country of								
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Country								
Country								
Part III   Claim of Tax Treaty Benefits (if applicable), (For chapter 3 purposes only.)		City or town, state or province. Include postal code where appropriate.						
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Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)    Lordty that [check all that apply]:		Country						
Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)    Lordty that [check all that apply]:								
The beneficial owner is a resident of testing the provision of the street of the str	13	GIN (f any)						
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Government   Company that meets the derivative benefits test   Company that meets the derivative benefits test   Company that meets the derivative benefits test   Company with an item of income that meets active trade or business test   Publicly traded corporation   Pavonable discontionary determination by the U.S. competent authority received   Subsidiary of a publicly traded corporation   Pavonable discontionary determination by the U.S. competent authority received   Subsidiary of a publicly traded corporation and meets qualified in the stay   Other (specify Article and paragraph);   Cher (specify Article and paragraph);   Cher (specify Article and paragraph);   The beneficial owner is claiming the special meets qualified resident status (see instructions).   Special rates and conditions (if applicable—asse instructions);   The beneficial owner is claiming the provisions of Article and paragraph of the trady identified on line 14s above to claim s		The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the						
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Tax-exempt pension that or pension fund   Company that meets the derivative benefits test   Other tax-exempt organization   Publicly tracked corporation   Pavonable discontionary determination by the U.S. competent authority received   Subsidiary of a publicly tracked corporation   No LOB article in treaty		_						
Other tax-exempt organization								
Publicly tracked corporation   Pavonable decontionary determination by the U.S. competent authority received   Subsidiary of a publicly tracked corporation   No LOS article in treaty   Other (specify Article and paragraph);								
Subsidiery of a publicly traded corporation   No LOB article in treaty   Other (specify Article and paragraph);								
Citer (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. trac or business of a foreign corporation and mests qualified resident status (see instructions).  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 14s above to claim s								
c								
or business of a foreign corporation and meets qualified resident status (see instructions).  Special rates and conditions (f applicable—see instructions):  The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified on line 14s 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   Sponsored FF	•							
The beneficial owner is claiming the provisions of Article and paragraph of the trouby identified on line 14s above to claim s								
of the treaty identified on line 14a above to claim a	15	Special rates and conditions (f applicable—ase instructions):						
Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding:    Part W		The beneficial owner is claiming the provisions of Article and paragraph						
Point W Sponsored FFI  16 Name of appropring entity:  17 Check whichever box applies.  18 In investment entity:  18 Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; and  19 Is a greed with the entity identified above (that is not a nonparticipating FFI) to act as the appropring entity for this entity.  19 Is certify that the entity identified in Part I:  10 Is a controlled foreign corporation as defined in acction 957[a];  10 Is not a QI, WP, or WT;  10 Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the appropring entity for this entity; and								
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<ul> <li>Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; and</li> <li>It is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; and</li> <li>It is agreed with the entity identified above (that is not a nonparticipating PFI) to act as the sponsoring entity for this entity.</li> <li>It is a controlled foreign corporation as defined in section 957[a];</li> <li>Is not a QI, WP, or WT;</li> <li>Is not a QI, WP, or WT;</li> <li>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; an</li> </ul>	17							
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<ul> <li>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; an</li> </ul>								
<ul> <li>consent holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limite</li> </ul>								
to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.								

Part I – Identification of Beneficial Owner: Customer information (Beneficial owner) (continued)

9.a. Your GIIN number, if you are a non-American financial institution registered with the IRS.

9b. Your tax identification number of your country of residence mentioned on Line 6. (TIN)

## Part III - Claim of Tax Treaty Benefits

The United States has signed tax treaties with a number of foreign countries whereby residents of those countries are taxed at a reduced rate or are exempt from U.S. income tax or withholding tax on certain income (e.g. dividends, interest) or earnings from U.S. sources.

The Internal Revenue Service ("IRS") provides <u>tables relating to the said</u> <u>treaties</u> on their website.

As a non-U.S. entity completing the W-8BEN-E form, these tables will help you determine whether a treaty exists and is in force between the United States and your country of residence (Table 3) and the article on the limitation on benefits ("LOB") and the main relevant criteria relating to them (table 4) that applies.

You must consult an independent tax advisor for any question concerning the eligibility of the customer for such benefits, and in this case:

- 14 a. Check and Indicate the country of tax residence (different from the United States)
- 14 b. Check this box as well as one of the 10 propositions that correspond to your situation.

Form W-8BEN-E (Rev. 10-2021)

## W-8BEN-E Form – Mandatory fields to be completed

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Form W-HIEN-E (Flow: 10-2021)	•		Page 8					
Part XXXVIII Excepted Inter-A	ffiliate FFI		ragio					
	I certify that the entity identified in Part I:							
	Is a member of an expanded affiliated group;							
<ul> <li>Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);</li> </ul>								
		members of its expanded affiliated group;	12					
		ountry in which the entity is operating to pay	for expenses) with or receive					
payments from any withholding	gagent other than a member of its exp	anded affiliated group; and						
<ul> <li>Has not agreed to report under Regulations section 1.1471-4(d/2/)((C)) or otherwise act as an agent for chapter 4 purposes on behalf institution, including a member of its expanded affiliated group.</li> </ul>								
Sponsored Direct		tions for when this is normitted)						
42 Name of sporaoring entity:	Treporting Hire pass trained	to the man and to permitted						
	effect in Darf Lis a clinic amorting NPT	T that is appraished by the entity identified on	Ina 42					
Politico Substantial U.S. (		E was in apparatured by the entry constant of	10.42					
As required by Part XXVI, provide the n	arre, address, and TIN of each substa form to an FFI treated as a reporting h	ritial U.S. owner of the NPPE. Please see the i Model 1 PPI or reporting Model 2 PPI, an NPPI						
Name	1	Address	TIN					
			<del>                                     </del>					
Certification								
Under penalties of perjury, I declare that I to certify under penalties of perjury that:	en examined the information on this form a	end to the best of my knowledge and belief it is true	correct, and complete. I further					
	his form is the beneficial owner of all the inc g this form for purposes of section 6056W o	come or proceeds to which this form relates, is using a 6650Y;	this form to cartify its status for					
<ul> <li>The entity identified on line 1 of the</li> </ul>	tis form is not a U.S. person;							
<ul> <li>This form relation to: (a) income n</li> </ul>	at effectively connected with the conduct o	of a thede or business in the United States, (b) incom	ne effectively corrected with the					
		a under an income tax treaty, (c) the partner's str						
connected basable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446 ft; and								
<ul> <li>For broker transactions or barter</li> </ul>	exchanges, the beneficial owner is an exem	pt foreign person as defined in the instructions.						
		ntrol, receipt, or custody of the income of which the rich the entity on line 1 is the beneficial owner.	entity on line 1 is the beneficial					
agge that I will submit a new form with								
	sign for the entity identified on line							
Sign Here \ OBLIGA	-	OBLIGATOIRE	OBLIGATOIRE					
	dual authorized to sign for beneficial owner	Print Name	Date (MM-DD-YYYY)					
		For	W-8BEN-E (Few. 10-0001)					

Part IV to Part XXVIII

These sections in the form represent specific certifications relative to the FATCA status checked in Part I - Line 5 of this form.

#### Part XXIX - Substantial U.S. Owners of Passive NFFE

This section is to be completed if the Passive NFFE box in Part I – Line 5 is checked, as well as box 40c in Part XXVI.

Indicate the name, address and **USTIN** of each US Controlling person.

### Part XXX – Certification

Your certification that the information provided is correct:

- Check the box certifying your capacity to sign for the entity identified in Line 1 of this form
- Signature
- Name of authorised signatory
- Date in US format MM/DD/YYYY