Form W-8BEN

(Rev. July 2017)

Department of the Treasury Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

 $\hbox{\bf \vdash Go to } \textit{www.irs.gov/FormW8BEN} \ \text{for instructions and the latest information}. \\$

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NO	OT use this fo	orm if:			Instead, use Form:	
• You	are NOT an i	ndividual			W-8BEN-E	
• You are a U.S. citizen or other U.S. person, including a resident alien individual						
You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services)						
• You	are a benefic	ial owner who is receiving compensation for p	ersonal services performed in	the United States	8233 or W-4	
• You	are a person	acting as an intermediary			W-8IMY	
Note:	If you are res	ident in a FATCA partner jurisdiction (i.e., a Nisdiction of residence.				
Par	Iden	tification of Beneficial Owner (see	instructions)			
1		of individual who is the beneficial owner			2 Country of citizenship	
3	Permanent	residence address (street, apt. or suite no., or	rural route). Do not use a P.C	D. box or in-care-	of address.	
	City or town	, state or province. Include postal code where	annronriate		Country	
Only of town, state of province. Include postal code where a			в арргорнате.		Country	
4 Mailing address (if different from above)						
	City or town	, state or province. Include postal code where	e appropriate.		Country	
				1		
5	U.S. taxpay	ver identification number (SSN or ITIN), if requ	lired (see instructions)	6 Foreign tax id	entifying number (see instructions)	
7	Poforonco r	number(a) (and instructions)	9 Date of hirth (MM DD VV	VV) (aga inatruatio	ana)	
,	7 Reference number(s) (see instructions) 8 Date of birth (MM-DD-YYYY) (see instructions)				ons)	
Part	Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)					
9 I certify that the beneficial owner is a resident of within the meaning of the income ta						
	treaty between the United States and that country.					
10	Special rat	es and conditions (if applicable—see instruc	ctions): The beneficial owner is	claiming the prov	isions of Article and paragraph	
		of the treaty identified on line 9 above to claim a% rate of withholding on (specify type of income):				
	Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:					
Part	∭ Cer	tification				
Under	penalties of per	jury, I declare that I have examined the information	on this form and to the best of my k	nowledge and belief	it is true, correct, and complete. I further	
certify	under penalties	of perjury that:				
•	I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,					
•	The person named on line 1 of this form is not a U.S. person,					
•	The income to which this form relates is:					
	(a) not effectively connected with the conduct of a trade or business in the United States,					
	(b) effectively connected but is not subject to tax under an applicable income tax treaty, or					
	(c) the partner's share of a partnership's effectively connected income,					
•	• The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and					
•	• For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.					
	Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.					
Sign	Here					
	,	Signature of beneficial owner (or individu	al authorized to sign for beneficial	owner)	Date (MM-DD-YYYY)	
		Print name of signer	<u> </u>	apacity in which activ	ng (if form is not signed by beneficial owner)	
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