	V-8BEN	Certificate of Foreign Stat Tax Withholdin	States					
Departme	January 2017) For use by individuals. Entities must use Form W-8BEN-E. OMB No. 1545-1621 artment of the Treasury nal Revenue Service Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben. OMB No. 1545-1621							
	evenue Service		withholding agent or payer. Do not	sena to the iks.	Instead, use Form:			
• You ar	e NOT an individu	al			W-8BEN-E			
• You ar	e a U.S. citizen or c	other U.S. person, including a resident alien	individual					
• You ar	e a beneficial own	er claiming that income is effectively conne	cted with the conduct of trade of					
• You ar	e a beneficial own	er who is receiving compensation for perso	nal services performed in the Uni	ted States	8233 or W-4			
• You are	e a person acting a	as an intermediary						
	you are resident in ion of residence.	n a FATCA partner jurisdiction (i.e., a Model	1 IGA jurisdiction with reciprocity	ı), certain tax account	information may be provided to your			
Part	l Identifie	cation of Beneficial Owner (see in	structions)					
1		l who is the beneficial owner		2 Country of citizenship				
3	Permanent resider	nce address (street, apt. or suite no., or rural	route). Do not use a P.O. box or	in-care-of address.				
	City or town stat	e or province. Include postal code where ap	propriato		Country			
	City or town, state	e or province. Include postal code where ap	propriate.		Country			
4	Mailing address (if	different from above)						
	City or town, state	e or province. Include postal code where ap	propriate.		Country			
5	U.S. taxpayer ider	ntification number (SSN or ITIN), if required	(see instructions)	6 Foreign tax iden	tifying number (see instructions)			
7	Reference number	r(s) (see instructions)	8 Date of birth (MM-DD-YY)	Y) (see instructions)				
Part		f Tax Treaty Benefits (for chapter 3	3 purposes only) (see instru					
9				v	within the meaning of the income tax			
10	•	etween the United States and that country. r ates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph						
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 9 above to claim a% rate of withholding on (specify type of in								
	Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:							
Part	ll Certifica	ation						
	nalties of perjury, I d of perjury that:	leclare that I have examined the information on th	is form and to the best of my knowled	dge and belief it is true, c	orrect, and complete. I further certify under			
penances	or perjury that.							
•		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,						
•	•	on line 1 of this form is not a U.S. person,						
•		h this form relates is:	to the the book of the					
		onnected with the conduct of a trade or business						
	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 cou For broker transacti		n exempt foreign person as defined ir	the instructions				
 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 benefic 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 								
	certification made	on this form becomes incorrect.						
Sign H	lere		X - bitte unterso	chreiben				
	y	Signature of beneficial owner (or individu	al authorized to sign for beneficial ow	/ner)	Date (MM-DD-YYYY)			
	Print	name of signer		pacity in which acting (if	form is not signed by beneficial owner)			

For Paperwork Reduction Act Notice, see separate instructions.

Х

Χ

Form W-8BEN		Certificate of Foreign Stat Tax Withholdii	States OMB No. 1545-1621						
	uary 2017)		For use by individuals. Entities must use Form W-8BEN-E. ation about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.						
Departme Internal R	ent of the Treasury evenue Service	1.							
Do NOT	use this form if:	•			Instead, use Form:				
• You ar	e NOT an individu	al			W-8BEN-E				
• You ar	e a U.S. citizen or o	other U.S. person, including a resident alien	individual		W-9				
		er claiming that income is effectively conne	cted with the conduct of trade or	business within the U	J.S. (other than W-8ECI				
• You ar	e a beneficial own	er who is receiving compensation for perso	nal services performed in the Uni	ted States	8233 or W-4				
• You ar	e a person acting	as an intermediary			W-8IMY				
	you are resident i ion of residence.	n a FATCA partner jurisdiction (i.e., a Model	1 IGA jurisdiction with reciprocity), certain tax account	information may be provided to your				
Part		Identification of Beneficial Owner (see instructions)							
1 1	Name of individua	I who is the beneficial owner		2 Country of citizenship					
3	Permanent resider	nce address (street, apt. or suite no., or rural	route) Do not use a P.O. box or	use a P.O. how or in-care of address					
5.	cimanent reside			in care of address.					
	City or town, stat	e or province. Include postal code where ap	propriate.	(Country				
4	Mailing address (if	different from above)							
	City or town stat	e or province. Include postal code where ap	propriate		Country				
	city of town, stat		propriate.		country				
5	5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 6 Foreign tax identifying number (see instructions)				tifying number (see instructions)				
7	Reference numbe	r(s) (see instructions)	8 Date of birth (MM-DD-YYY	Y) (see instructions)					
Part		f Tax Treaty Benefits (for chapter 3 peneficial owner is a resident of	•••						
9	,	he United States and that country.		w	vithin the meaning of the income tax				
10	,	d conditions (if applicable—see instruction	s): The beneficial owner is claimir	ng the provisions of Ar	rticle 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	ll Certifica	ation							
		leclare that I have examined the information on th	nis form and to the best of my knowled	lge and belief it is true, co	orrect, and complete. I further certify under				
penantes	of perjury that:								
•	l 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:								
		ot effectively connected with the conduct of a trade or business in the United States, ffectively 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 b States and that country, and 									
•	For broker transact	ions or barter exchanges, the beneficial owner is a	parter 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 H	lere		X - bitte unterso	chreiben					
	· /	Signature of beneficial owner (or individu	ual authorized to sign for beneficial ow	ner)	Date (MM-DD-YYYY)				
	Print	t name of signer	Ca	pacity in which acting (if	form is not signed by beneficial owner)				

X

X