

**Do NOT use this form if:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- You are a person acting as an intermediary . . . . . W-8IMY

**Note:** If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

<b>Part I Identification of Beneficial Owner</b> (see instructions)	
<b>1</b> Name of individual who is the beneficial owner <u>Iaina Lucien RAZAFINDRAIBE</u>	<b>2</b> Country of citizenship <u>Madagascar</u>
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b> <u>Lot k7 076 A Ivato</u> City or town, state or province. Include postal code where appropriate. <u>Antananarivo, 105</u>	
<b>4</b> Mailing address (if different from above)  City or town, state or province. Include postal code where appropriate.  <b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	
<b>6a</b> Foreign tax identifying number (see instructions) <u>7011688895</u>	<b>6b</b> Check if FTIN not legally required . . . . . <input type="checkbox"/>
<b>7</b> Reference number(s) (see instructions) <u>UID: 75181196</u>	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions) <u>02-13-1995</u>

<b>Part II Claim of Tax Treaty Benefits</b> (for chapter 3 purposes only) (see instructions)	
<b>9</b> I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.	
<b>10 Special rates and conditions</b> (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 income): _____ Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____	

<b>Part III Certification</b>	
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:	
<ul style="list-style-type: none"><li>• 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 or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;</li><li>• The person named on line 1 of this form is not a U.S. person;</li><li>• This form relates to:<ul style="list-style-type: none"><li>(a) income not effectively connected with the conduct of a trade or business in the United States;</li><li>(b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;</li><li>(c) the partner's share of a partnership's effectively connected taxable income; or</li><li>(d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);</li></ul></li><li>• 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</li><li>• For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.</li></ul>	
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. <b>I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.</b>	
<a href="#">W-8BEN – Electronic Substitute Form Statement</a>	
The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-U.S. person and, if applicable, obtain a reduced rate of withholding.	
<input type="checkbox"/> I certify that I have the capacity to sign for the person identified on line 1 of this form.	

Sign Here

Electronically signed



Date : 01-02-2024 10:42:11 AM

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Iaina Lucien RAZAFINDRAIBE

Print name of signer

ESC: CZNDZZ

01-02-2024

Date (MM-DD-YYYY)

## **Affidavit of Unchanged Status**

For use with form W-8BEN, W-8BEN-E, W-8IMY or W-8EXP only.

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Name (as shown Line 1 of form W-8)

Iaina Lucien RAZAFINDRAIBE

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I declare, under penalties of perjury, that I have examined the Form W-8BEN submission that I am providing and that the information and certifications contained therein remain the same and unchanged throughout the period beginning on 01/01/2014 to the date of the submission here and that they were true, correct and complete during the entire period.

If any information or certifications were not true, correct and complete for that entire period enter the date from when they were, providing additional written information below supporting the changes in circumstances back to the account opening date provided above.

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Signature: Iaina Lucien RAZAFINDRAIBE | Date Signed: 01-02-2024

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Print Name of Signatory:

Iaina Lucien RAZAFINDRAIBE

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