



Print

Reference Id: A05753513DSUTDYTQ4R6

Form <b>W-8BEN-E</b>	<b>Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)</b>	<b>SUBSTITUTE</b> (July 2017)
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**Do NOT use this form for:**

- U.S. entity or U.S. citizen or resident
- A foreign individual
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits)
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions)
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions)
- Any person acting as an intermediary

**Instead, use Form:**

W-9

W-8BEN (Individual)

W-8ECI

W-8IMY

W-8ECI or W-8EXP

W-8IMY

**Part I Identification of Beneficial Owner**

<b>1</b> Name of organization that is the beneficial owner <input type="text" value="Fenix Alliance S.A.S"/>	<b>2</b> Country of incorporation or organization <input type="text" value="Colombia"/>
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**3** Name of disregarded entity receiving the payments (if applicable)

- 4** Type of beneficial owner:
- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Individual            | <input checked="" type="checkbox"/> Corporation  | <input type="checkbox"/> Disregarded entity | <input type="checkbox"/> Partnership                |
| <input type="checkbox"/> Grantor trust         | <input type="checkbox"/> Complex trust           | <input type="checkbox"/> Estate             | <input type="checkbox"/> Government                 |
| <input type="checkbox"/> Central bank of issue | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Private foundation | <input type="checkbox"/> International organization |
| <input type="checkbox"/> Simple trust          |  |   |   |

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III.

☐ Yes ☐ No
**5** Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address (other than a registered address).**

City or town, state or province. Include postal code where appropriate.

Tunja Boyaca 150003

Country

Colombia

6 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country

7 Reference number(s) (see instructions)

## Part II Certification

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:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W,
- The entity identified 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 income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **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 the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

**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, establish your chapter 4 status (if required), and, if applicable, obtain a reduced rate of withholding**

**I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.**

**Sign Here**

Daniel Lozano Navas

Signature of individual authorized to sign for beneficial owner

Daniel Lozano Navas

Print Name

04-09-2020

Date (MM-DD-YYYY)

☒ I certify that I have the capacity to sign for the entity identified on line 1 of this form.