

Fecha: 14 / 11 / 2017
Día Mes Año

Nombre de la Empresa: Treslane Limited

Formularios a completar

- | C | IB | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Solicitud de Apertura de Cuenta Cliente Empresa |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Inclusión de Firmante Autorizado en la Cuenta |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Tarjeta de Firmas Autorizadas. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Certificación de Persona Políticamente Expuesta – PEP (por cada Firmante y Accionista) |

Cliente Empresa

- | | | | |
|---|-------------------------------------|--------------------------|---|
| Necesitamos
certificación de
exempt | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Copia del formulario W-8BEN-E "Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)". |
| | <input type="checkbox"/> | <input type="checkbox"/> | Copia del Documento de Identificación Fiscal – vigente. |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Referencia bancaria (con fecha de emisión no mayor a 90 días) o los últimos tres (03) estados de cuenta bancarios de su cuenta local. |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Una (01) referencia comercial (con fecha, nombre, relación y teléfonos). |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Copia de un <u>recibo de servicio</u> con fecha no mayor a 90 días, (Por ejemplo: teléfono, agua, luz, gas, cable TV o estado de cuenta (ahorro, corriente o tarjeta de crédito siempre y cuando posea dirección de residencia), si el servicio no está a nombre de la empresa, una <u>Carta explicativa</u> con fecha de emisión, dirección, nombre y apellido que refleja el recibo, relación con el titular del servicio). |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Breve descripción del negocio (nombre del negocio, dirección, fecha de apertura, número de empleados, número de sucursales, descripción de la actividad comercial, proveedores principales, clientes habituales, concepto de los pagos a realizar a través de la cuenta, entre otros). |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Copia del Acta constitutiva o registro mercantil. |
| | <input type="checkbox"/> | <input type="checkbox"/> | Copia del Acta Asamblea Accionistas y/o Junta Directiva (Autorizados a firmar aunque no estén incluidos en la Junta Directiva) con cargos vigentes. |
| N/A empresa
constituida en
2017 | <input type="checkbox"/> | <input type="checkbox"/> | Estados financieros de la empresa del último ejercicio (balance general y estado de ganancias y pérdidas más recientes), si la empresa genera menos de \$1.000.000,00, los estados financieros deben estar certificados por un contador público autorizado (CPA), si es más , los estados financieros deben estar auditados . |
| N/A empresa
constituida en
2017 | <input type="checkbox"/> | <input type="checkbox"/> | Copia de la última declaración de impuesto. |

C: Revisado – Cliente.
IB: Revisado – ItaBank.

En el caso de **EMPRESAS NUEVAS**, es decir aquellas empresas con un periodo de creación menor o igual a un (1) año, sus accionistas debe(n) consignar la siguiente documentación: (01) referencia bancaria, balance personal, Declaración de Impuesto sobre la Renta y copia del formulario de W-8BEN "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)"

Observaciones:

Accionista de la Empresa**Nombre del Accionista:** Joseph Cristiam Canepa Portal**Identificación (con foto emitida por el Gobierno/Estado):**

C IB

- ☒ ☐ Copia del pasaporte
☒ ☐ Copia del documento nacional de identidad
☐ ☐ Documento de Registro de Identificación Fiscal

En el caso de empresas nuevas:

- ☒ ☐ Una (01) referencia bancaria de su cuenta local
☒ ☐ Balance personal
☐ ☐ Declaración de Impuesto sobre la Renta
☒ ☐ W-8BEN "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)"

Nombre del Accionista: _____**Identificación (con foto emitida por el Gobierno/Estado):**

- ☐ ☐ Copia del pasaporte
☐ ☐ Copia del documento nacional de identidad
☐ ☐ Documento de Registro de Identificación Fiscal

En el caso de empresas nuevas:

- ☐ ☐ Una (01) referencia bancaria de su cuenta local
☐ ☐ Balance personal
☐ ☐ Declaración de Impuesto sobre la Renta
☐ ☐ W-8BEN "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)"

Nombre del Accionista: _____**Identificación (con foto emitida por el Gobierno/Estado):**

- ☐ ☐ Copia del pasaporte
☐ ☐ Copia del documento nacional de identidad
☐ ☐ Documento de Registro de Identificación Fiscal

En el caso de empresas nuevas:

- ☐ ☐ Una (01) referencia bancaria de su cuenta local
☐ ☐ Balance personal
☐ ☐ Declaración de Impuesto sobre la Renta
☐ ☐ W-8BEN "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)"

C: Revisado – Cliente.
IB: Revisado – Italbank

Observaciones:

Firmante Autorizado

Nombre del Firmante Autorizado: Joseph Cristiam Canepa Portal

Identificación (con foto emitida por el Gobierno/Estado):

C IB

- ☒ ☐ Copia del pasaporte
☒ ☐ Copia del documento nacional de identidad
☐ ☐ Documento de Registro de Identificación Fiscal

Nombre del Firmante Autorizado:

Identificación (con foto emitida por el Gobierno/Estado):

- ☐ ☐ Copia del pasaporte
☐ ☐ Copia del documento nacional de identidad
☐ ☐ Documento de Registro de Identificación Fiscal

Nombre del Firmante Autorizado:

Identificación (con foto emitida por el Gobierno/Estado):

- ☐ ☐ Copia del pasaporte
☐ ☐ Copia del documento nacional de identidad
☐ ☐ Documento de Registro de Identificación Fiscal

Nombre del Firmante Autorizado:

Identificación (con foto emitida por el Gobierno/Estado):

- ☐ ☐ Copia del pasaporte
☐ ☐ Copia del documento nacional de identidad
☐ ☐ Documento de Registro de Identificación Fiscal

Nombre del Firmante Autorizado:

Identificación (con foto emitida por el Gobierno/Estado):

- ☐ ☐ Copia del pasaporte
☐ ☐ Copia del documento nacional de identidad
☐ ☐ Documento de Registro de Identificación Fiscal

C: Revisado – Cliente.
IB: Revisado – Italtbank

Observaciones:

SOLICITUD DE APERTURA DE CUENTA CLIENTE EMPRESA

Fecha 14 / 11 / 2017
Día Mes Año

(*) El formato para todos los campos de fecha es: dd/mm/aaaa

Divisas: ☒ Dólares (\$) ☒ Euros (€)

DATOS DE LA EMPRESA				
Nombre de la Empresa Treslane Limited			Marca Comercial N/A	Años en el Negocio 1
Tipo de Identificación Tributaria <input type="checkbox"/> RIF/Tax <input type="checkbox"/> NIT <input type="checkbox"/> RUC <input type="checkbox"/> EIN <input checked="" type="checkbox"/> Otros: _____	N° de Identificación 196627	Fecha de Emisión 7/28/2017	Fecha de Vencimiento	País de Constitución Seychelles
Dirección Principal Suite 9, Ansuya Estate Revolution Avenue Victoria				
Ciudad Mahe	Estado	País Seychelles	Código Postal	
Número de Teléfono Principal (949) 304-7904	Número de Teléfono Secundario ()	Página Web	Correo Electrónico treslane.ltd@buzint.com	
Sociedad Comercial o Civil <input checked="" type="checkbox"/> Sociedad/ Compañía <input type="checkbox"/> Sucursal de Sociedad Extranjera <input type="checkbox"/> Entidad sin fines de Lucro <input type="checkbox"/> Otra: _____ <input type="checkbox"/> Cooperativa <input type="checkbox"/> Asociación Civil <input type="checkbox"/> Organización No Gubernamental				
Seleccione la descripción de la actividad económica que más se ajuste a su negocio <input type="checkbox"/> Construir <input checked="" type="checkbox"/> Vender y/o Comprar <input checked="" type="checkbox"/> Suministrar o prestar Servicios <input type="checkbox"/> Cultivar, cosechar, criar <input type="checkbox"/> Fabricar, manufacturar, transformar <input type="checkbox"/> Explotar, extraer, explorar el suelo				
Detalles de la industria a la que pertenece Tourism business: general tourism such as Travel packages, Arranging tours			Número de Empleados +10	
¿Su empresa mantiene relación y/o son controladas por alguna organización de gobierno? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No				
Leer y completar la "Certificación de Persona Políticamente Expuesta", anexo 8				
¿La compañía posee otra cuenta en Italbank International Inc.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Si – En caso afirmativo, indique el número de cuenta: _____				
INFORMACIÓN FINANCIERA				
Ingreso Anual (USD) 6M	Total Activos (USD) 100K	Total Pasivos (USD) 80K	Utilidad Neta 300K	
Saldos Promedios de Cuentas Bancarias +50K		Balance de la última declaración de impuestos N/A	País principal donde provienen sus ingresos HK, Spain, USA, Panama	
MIEMBROS DE LA JUNTA DIRECTIVA				
Tipo de Identificación	Número de Identificación	Nombre Completo		
Pasaporte	116458785	Joseph Cristiam Canepa Portal		
DETALLES ACCIONISTAS				
Tipo de identificación	Número de Identificación	Nombre Completo	Participación %	
Pasaporte	116458785	Joseph Cristiam Canepa Portal	100	

SOLICITUD DE APERTURA DE CUENTA CLIENTE EMPRESA

MONTO DE APERTURA		
Monto USD/€ USD 1000	Forma de Pago <input checked="" type="checkbox"/> Transferencia <input type="checkbox"/> Instrumento bancario	Banco de Procedencia de los Fondos TBD
Nacionalidad de la Institución	Titular de la Cuenta de la cuál Proviene los Fondos	
Relación con el titular de la cuenta	El depósito inicial proviene de: <input type="checkbox"/> Venta Inmueble <input type="checkbox"/> Ingresos de Ventas <input type="checkbox"/> Otros: _____ <input type="checkbox"/> Capitalización por parte de los socios <input type="checkbox"/> Rendimientos por Inversiones	
MOVIMIENTOS ESPERADOS		
Indique el monto mensual aproximado en transferencia de Fondo USD/€. Crédito <u>USD 500K</u> Débito <u>USD 400K</u>		Indique el número mensual aproximado en transferencias de Fondos: Crédito <u>5-20</u> Débito <u>5-20</u>
Los futuros créditos en su cuenta provienen de: <input checked="" type="checkbox"/> Ventas <input type="checkbox"/> Inversiones <input type="checkbox"/> Fondos de Clientes <input type="checkbox"/> Otros de Ingresos		Los futuros pagos en su cuenta será para: <input checked="" type="checkbox"/> Pagos de proveedores <input type="checkbox"/> Gastos operativos <input type="checkbox"/> Misma Empresa <input type="checkbox"/> Clientes <input type="checkbox"/> Otras empresas <input type="checkbox"/> Accionistas
DECLARACIÓN DE ORIGEN DE BIENES Y FONDOS		
<p>Quien suscribe, anteriormente identificado, DECLARO bajo fe de juramento que estoy de acuerdo con la apertura de esta cuenta, que dichos fondos provienen y se utilizarán para actividades lícitas y que los datos aportados en la presente declaración son verdaderos. Entiendo que es mi responsabilidad informar inmediatamente a la Institución de cualquier tipo de cambio que surja en la información antes provista. De igual forma, declaro mi responsabilidad por la utilización de los fondos manejados bajo mi nombre, sujetos a todas las leyes y regulaciones impuestas por la Ley Federal de los Estados Unidos de América y sus territorios, incluido Puerto Rico, además de las leyes de su país.</p>		
DECLARACIÓN Y ACEPTACIÓN DE CONTRATO DE LA CUENTA CORRIENTE		
El depositante acepta y confirma que ha recibido y leído el Contrato de Cuenta Corriente y la Política de Privacidad que fue prescrita por el banco		
REGULACIÓN "GG" SOBRE DIVULGACIÓN ILEGAL DE APUESTAS POR MEDIO DE LA INTERNET		
<p>Aviso importante sobre la cuenta relacionada a la actualización de la regulación "GG" de la reserva federal.</p> <p>Usted no podrá utilizar sus cuentas de ItaBank International en relación con cualquier negocio de apuestas, sea que este las haga, las reciba, o que intencionalmente pueda transmitir apuestas por cualquier medio que involucre de manera parcial, o total, el uso de la internet. O para cualquier otra transacción prohibida por la Regulación GG de la Reserva Federal de los Estados Unidos de Norteamérica: "Regulation GG - Unlawful Internet Gambling Enforcement Act of 2006".</p> <p>Esta notificación sirve como nuestra explicación a usted de sus obligaciones de acuerdo a la regulación, aunque los clientes que reciben sus estados de cuenta a través de la Banca por Internet pueden recibir información adicional de manera periódica sobre este tema.</p> <p>Firmando abajo, usted nos certifica que el negocio que representa no se involucra en apuestas por medio de la internet, y que usted u otro oficial del negocio le notificará a ItaBank International en el evento de algún cambio de estas circunstancias.</p>		

Firma del Solicitante

PARA USO EXCLUSIVO DEL AGENTE (ASESOR/EJECUTIVO)

Confirmando que según mi leal saber y entender, la información anterior es verdadera y ha sido verificada. También confirmo que el carácter, integridad y reputación del cliente se ajustan a las normas del Banco y a sus políticas y procedimientos para prevenir el lavado de dinero y otros tipos de actividades criminales. Adicionalmente, en el supuesto que reciba información inconsistente con dichas normas, informaré de inmediato a la gerencia del banco. Certifico que realicé la entrevista/visita al cliente.

Nombre y Apellido: _____	Nombre y Apellido: _____
Fecha: / /	Fecha: / /
Revisado por _____	Aprobado por _____

PARA USO EXCLUSIVO DEL BANCO

Nombre y Apellido: _____	Nombre y Apellido: _____
Fecha: / /	Fecha: / /
Revisado por _____	Aprobado por _____

Nombre del Titular: Joseph Cristiam Canepa Portal

Fecha 14 / 11 / 2017
Día Mes Año

N° de Cuenta: _____

(*) El formato para todos los campos de fecha es: dd/mm/aaaa

DATOS DEL FIRMANTE AUTORIZADO				
Primer Nombre Joseph	Segundo Nombre Cristiam	Primer Apellido Canepa	Segundo Apellido Portal	
Tipo de Identificación 1 Pasaporte	Número de Identificación 116458785	País de Emisión Peu	Fecha de Emisión 03/10/2017	Fecha de Vencimiento 03/10/2022
Tipo de Identificación 2 DNI	Número de Identificación 101370734	País de Emisión Peru	Fecha de Emisión 1/26/2017	Fecha de Vencimiento 1/26/2025
Estatus de Ciudadanía <input type="checkbox"/> Ciudadano de los Estados Unidos <input checked="" type="checkbox"/> Extranjero		Registro Fiscal si no es residente de los EEUU 101370734	País de Nacionalidad si no es residente de los EEUU Peru	
Género <input type="checkbox"/> Femenino <input checked="" type="checkbox"/> Masculino	Fecha de Nacimiento 11/24/1974	País de Nacimiento Peru	Nacionalidad Peru	
Estado Civil <input type="checkbox"/> Soltero <input type="checkbox"/> Casado <input type="checkbox"/> Viudo <input type="checkbox"/> Divorciado <input type="checkbox"/> Unión libre				Profesión u Oficio bachiller en negocios
Teléfono de Residencia (949) 304-7604		Teléfono Móvil (949) 304-7604		Correo Electrónico treslane.ltd@buzint.com
Dirección de Residencia CL LOS TAMARINDOS MZ C LT 29,				
Ciudad SANTIAGO DE SURCO	Estado Lima	País Peu	Código Postal L33	
Cargo que Ocupa Director		Años Laborando en la Empresa 10+	Ingresos (aplica para accionista que firmen en la empresa)	
¿Es Ud. Firmante en alguna cuenta en ItaBank International Inc.? Es Titular <input type="checkbox"/> Sí <input checked="" type="checkbox"/> No Es Cotitular <input type="checkbox"/> Sí <input checked="" type="checkbox"/> No En caso afirmativo, indique el número de cuenta: _____ ¿Es usted empleado de alguna empresa relacionada con ItaBank? <input type="checkbox"/> Sí <input checked="" type="checkbox"/> No En caso afirmativo, indique el nombre de la afiliada: _____ Departamento: _____ Leer y completar la "Certificación de Persona Políticamente Expuesta", anexo 8				
DATOS DEL FIRMANTE AUTORIZADO				
Primer Nombre	Segundo Nombre	Primer Apellido	Segundo Apellido	
Tipo de Identificación 1	Número de Identificación	País de Emisión	Fecha de Emisión	Fecha de Vencimiento
Tipo de Identificación 2	Número de Identificación	País de Emisión	Fecha de Emisión	Fecha de Vencimiento
Estatus de Ciudadanía <input type="checkbox"/> Ciudadano de los Estados Unidos <input type="checkbox"/> Extranjero		Registro Fiscal si no es residente de los EEUU	País de Nacionalidad si no es residente de los EEUU	
Género <input type="checkbox"/> Femenino <input type="checkbox"/> Masculino	Fecha de Nacimiento	País de Nacimiento	Nacionalidad	
Estado Civil <input type="checkbox"/> Soltero <input type="checkbox"/> Casado <input type="checkbox"/> Viudo <input type="checkbox"/> Divorciado <input type="checkbox"/> Unión libre				Profesión u Oficio
Teléfono de Residencia ()		Teléfono Móvil ()		Correo Electrónico
Dirección de Residencia				
Ciudad	Estado	País	Código Postal	
Cargo que Ocupa		Años Laborando en la Empresa	Ingresos (aplica para accionista que firmen en la empresa)	
¿Es Ud. Firmante en alguna cuenta en ItaBank International Inc.? Es Titular <input type="checkbox"/> Sí <input type="checkbox"/> No Es Cotitular <input type="checkbox"/> Sí <input type="checkbox"/> No En caso afirmativo, indique el número de cuenta: _____ ¿Es usted empleado de alguna empresa relacionada con ItaBank? <input type="checkbox"/> Sí <input type="checkbox"/> No En caso afirmativo, indique el nombre de la afiliada: _____ Departamento: _____ Leer y completar la "Certificación de Persona Políticamente Expuesta", anexo 8				

Nombre del Titular: Joseph Cristiam Canepa Portal

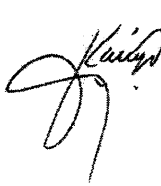
Fecha: 14 / 11 / 2017
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N° de Cuenta: _____
Se coloca después de la apertura o para una inclusión

☐ Apertura ☐ Inclusión
Divisas: ☒ Dólares (\$) ☒ Euros (€)

(*) En caso de discapacidad colocar la huella dactilar del pulgar derecho.

(**) El formato para todos los campos de fecha es: dd/mm/aaaa

Nombres y Apellidos Joseph Cristiam Canepa Portal	(*) Firma 
Cargo (Sólo para Cliente Empresa, Instituciones Financieras y MSB) Director	
Firma <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Conjunta	
Limitaciones <input type="checkbox"/> Si <input checked="" type="checkbox"/> No Hasta:	

Nombres y Apellidos	(*) Firma
Cargo (Sólo para Cliente Empresa, Instituciones Financieras y MSB)	
Firma <input type="checkbox"/> Individual <input type="checkbox"/> Conjunta	
Limitaciones <input type="checkbox"/> Si <input type="checkbox"/> No Hasta:	

Nombres y Apellidos	(*) Firma
Cargo (Sólo para Cliente Empresa, Instituciones Financieras y MSB)	
Firma <input type="checkbox"/> Individual <input type="checkbox"/> Conjunta	
Limitaciones <input type="checkbox"/> Si <input type="checkbox"/> No Hasta:	

Nombres y Apellidos	(*) Firma
Cargo (Sólo para Cliente Empresa, Instituciones Financieras y MSB)	
Firma <input type="checkbox"/> Individual <input type="checkbox"/> Conjunta	
Limitaciones <input type="checkbox"/> Si <input type="checkbox"/> No Hasta:	

PARA USO EXCLUSIVO DEL AGENTE (ASESOR/EJECUTIVO)

Nombre y Apellido: _____	Nombre y Apellido: _____
Fecha: / /	Fecha: / /
Revisado por _____	Aprobado por _____

PARA USO EXCLUSIVO DEL BANCO

Nombre y Apellido: _____	Nombre y Apellido: _____
Fecha: / /	Fecha: / /
Revisado por _____	Aprobado por _____

CERTIFICACIÓN DE PERSONA POLÍTICAMENTE EXPUESTA (PEP)

Fecha 14 / 11 / 2017
Día Mes Año

ItaBank International, Inc. (ItaBank) cumpliendo con los lineamientos establecidos en la Ley de Secreto Bancario (Bank Secrecy Act., por sus siglas en inglés) y los estándares internacionales sobre la materia, establecidos por el GAFI, necesita verificar si la persona que va abrir, mantener, o se beneficie de los servicios, es una "Persona Políticamente Expuesta (PEP)"

¿Qué es una Persona Políticamente Expuesta –PEP?

El término PEP Personas Expuestas Políticamente, hace referencia a un individuo que es o fue figura política de alto nivel, a sus familiares más cercanos o sus colaboradores asociados. Una "figura política de alto nivel" es un alto funcionario importante de un órgano ejecutivo, legislativo, judicial, administrativo o militar de un gobierno (haya sido elegido o no), un miembro de alto nivel de un partido político importante o un ejecutivo de alto nivel de una corporación que sea propiedad de un gobierno.

El concepto incluye a:

- 1) Cualquier corporación, negocio u otra entidad que haya sido creada por dicho funcionario o en su beneficio;
- 2) Familiares directos de la Figura Política de alto nivel, tales como padres, hermanos, cónyuge, hijos o familiares cercanos;
- 3) Colaboradores asociados tales como Asesores / Consultores, Abogados, Contadores, como cualquier otra persona que posean un beneficio significativo por el hecho de ser cercanos a dicha persona.

En base a lo antes expuesto, ¿Es Usted una figura política de alto nivel, familiar directo o colaborador inmediato de una Persona Expuesta Políticamente? ☐ Sí ☒ No

Si su respuesta fue "SI" favor completar la siguiente información:

Nombre y Apellido de la figura política			
Pasaporte		Nacionalidad	
País de Residencia:		Cargo:	
Ente u Órgano Gubernamental al que está o estuvo adscrito:			
Especifique si es la persona Expuesta es Familiar o Colaborador Asociado:			

Certifico que la información aquí expresada es correcta y verídica:

JOSEPH CRISTIM CANEDA PORTAL
Nombre del Cliente Completo (letra de molde)


Firma del Cliente

PARA USO EXCLUSIVO DEL BANCO

Nombre y Apellido:		Nombre y Apellido:	
Fecha: / /		Fecha: / /	
Revisado por		Aprobado por	

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

- For use by entities. Individuals must use Form W-8BEN. - Section references are to the Internal Revenue Code.
- Information about Form W-8BEN-E and its separate instructions is at www.irs.gov/formw8bene.
- Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (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). W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) W-8IMY
- 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) W-8ECI or W-8EXP
- Any person acting as an intermediary W-8IMY

Instead use Form:**Part I Identification of Beneficial Owner**

1 Name of organization that is the beneficial owner
Treslane Limited

2 Country of incorporation or organization
Seychelles

3 Name of disregarded entity receiving the payment (if applicable)

- 4** Chapter 3 Status (entity type) (Must check one box only):
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Disregarded entity | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Simple trust | <input type="checkbox"/> Complex trust | <input type="checkbox"/> Government |
| <input type="checkbox"/> Central Bank of Issue | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Private foundation |
- 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 Chapter 4 Status (FATCA status) (Must check one box only unless otherwise indicated). (See instructions for details and complete the certification below for the entity's applicable status).

- | | |
|--|--|
| <p><input type="checkbox"/> Nonparticipating FFI (including a limited FFI or an FFI related to a Reporting IGA FFI other than a registered deemed-compliant FFI or participating FFI).</p> <p><input type="checkbox"/> Participating FFI.</p> <p><input type="checkbox"/> Reporting Model 1 FFI.</p> <p><input type="checkbox"/> Reporting Model 2 FFI.</p> <p><input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI or sponsored FFI that has not obtained a GIIN).</p> <p><input type="checkbox"/> Sponsored FFI that has not obtained a GIIN. Complete Part IV.</p> <p><input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.</p> <p><input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.</p> <p><input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.</p> <p><input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII.</p> <p><input type="checkbox"/> Certified deemed-compliant investment advisors and investment managers. Complete Part IX.</p> <p><input type="checkbox"/> Owner-documented FFI. Complete Part X.</p> <p><input type="checkbox"/> Restricted distributor. Complete Part XI.</p> | <p><input type="checkbox"/> Nonreporting IGA FFI (including an FFI treated as a registered deemed-compliant FFI under an applicable Model 2 IGA). Complete Part XII.</p> <p><input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.</p> <p><input type="checkbox"/> International organization. Complete Part XIV.</p> <p><input type="checkbox"/> Exempt retirement plans. Complete Part XV.</p> <p><input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI.</p> <p><input type="checkbox"/> Territory financial institution. Complete Part XVII.</p> <p><input type="checkbox"/> Nonfinancial group entity. Complete Part XVIII.</p> <p><input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX.</p> <p><input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.</p> <p><input type="checkbox"/> 501(c) organization. Complete Part XXI.</p> <p><input type="checkbox"/> Nonprofit organization. Complete Part XXII.</p> <p><input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.</p> <p><input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV.</p> <p><input type="checkbox"/> Active NFFE. Complete Part XXV.</p> <p><input type="checkbox"/> Passive NFFE. Complete Part XXVI.</p> <p><input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII.</p> <p><input type="checkbox"/> Direct reporting NFFE.</p> <p><input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII.</p> |
|--|--|

6 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).

Suite 9, Ansuya Estate Revolution Avenue Victoria

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

Mahe

Country
Seychelles

7 Mailing address (if different from above)

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

Country

8 U.S. taxpayer identification number (TIN), if required

9a ☐ GIIN

b ☐ Foreign TIN

10 Reference number(s) (see instructions)

Note. Please complete remainder of the form including signing the form in Part XXIX.

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if disregarded entity or branch of an FFI in a country other than the FFI's country of residence.)

- 11 Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment
- ☐ Limited Branch. ☐ Reporting Model 1 FFI. ☐ U.S. Branch.
- ☐ Participating FFI. ☐ Reporting Model 2 FFI.
- 12 Address of disregarded entity or branch (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.

Country

- 13 GIIN (if any)

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only)

- 14 I certify that (check all that apply):
- a ☐ The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
- b ☐ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- c ☐ The beneficial owner is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).
- 15 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____.
- Explain the reasons the beneficial owner meets the terms of the treaty article: _____

Part IV Sponsored FFI That Has Not Obtained a GIIN

- 16 Name of sponsoring entity: _____
- 17 **Check whichever box applies.**
- ☐ I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Is not a QI, WP, or WT; **and**
 - Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.
- ☐ I certify that the entity identified in Part I:
- Is a controlled foreign corporation as defined in section 957(a);
 - Is not a QI, WP, or WT;
 - 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; **and**
 - Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank

- 18 ☐ I certify that the FFI identified in Part I:
- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
 - Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than five percent interest in such credit union or cooperative credit organization;
 - Does not solicit account holders outside its country of organization;
 - Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
 - Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
 - Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this Part V.

Certified Deemed-Compliant FFI with Only Low-Value Accounts19 ☐ I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle

20 Name of sponsoring entity: _____

21 ☐ I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in §1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Has a contractual relationship with the above identified sponsoring entity that agrees to fulfill all due diligence, withholding, and reporting responsibilities of a participating FFI on behalf of this entity; **and**
- Twenty or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100 percent of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity22 ☐ I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under § 1.1471-5(f)(2)(iv)).

Part IX Certified Deemed-Compliant Investment Advisors and Investment Managers23 ☐ I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in §1.1471-5(e)(4)(i)(A); **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note. This status only applies if the U.S. financial institution or participating FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a ☐ (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- Does not maintain a financial account for any nonparticipating FFI.

Owner-Documented FFI (continued)**Check box 24b or 24c, whichever applies.**

- b** ☐ I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
- c** ☐ I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within four years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in §1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable.

- d** ☐ I certify that the entity identified in line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** ☐ (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** ☐ Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** ☐ Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in §1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI

- 26** ☐ I certify that the entity identified in Part I:
- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____;
 - Is treated as a _____ under the provisions of the applicable IGA (see instructions); **and**
 - If you are an FFI treated as a registered deemed-compliant FFI under an applicable Model 2 IGA, provide your GIIN: _____

Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue

- 27** ☐ I certify that the entity identified in Part I is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in §1.1471-6(h)(2)).

Part XIV International Organization**Check box 28a or 28b, whichever applies.**

- 28a** ☐ I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).
- b** ☐ I certify that the entity identified in Part I:
- Is comprised primarily of foreign governments;
 - Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act;
 - The benefit of the entity's income does not inure to any private person;
 - Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in §1.1471-6(h)(2)).

Part XV Exempt Retirement Plans**Check box 29a, b, c, d, e, or f, whichever applies.**

- 29a** ☐ I certify that the entity identified in Part I:
- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
 - Is operated principally to administer or provide pension or retirement benefits; **and**
 - Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.
- b** ☐ I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - No single beneficiary has a right to more than 5% of the FFI's assets;
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
 - Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
 - Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in §1.1471-5(b)(2)(i)(A));
 - Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in §1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
 - Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.
- c** ☐ I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - Has fewer than 50 participants;
 - Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
 - Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in §1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
 - Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20 percent of the fund's assets; **and**
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.
- d** ☐ I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e** ☐ I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, accounts described in §1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.

Part XV Exempt Retirement Plans (Continued)f ☐ I certify that the entity identified in Part I:

- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in §1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); or
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in §1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners30 ☐ I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity;
- Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in §1.1471-6 or in an applicable Model 1 or Model 2 IGA;
- Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in §1.1471-6 or an applicable Model 1 or Model 2 IGA.
- Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; and
- Has provided documentation establishing that every owner of the entity is an entity described in §1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution31 ☐ I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.**Part XVIII Excepted Nonfinancial Group Entity**32 ☐ I certify that the entity identified in Part I:

- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in §1.1471-5(e)(5)(i)(C) through (E);
- Is a member of a nonfinancial group described in §1.1471-5(e)(5)(i)(B);
- Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); and
- Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company33 ☐ I certify that the entity identified in Part I:

- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
- Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
- Is investing capital into assets with the intent to operate a business other than that of a financial institution; and
- Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy34 ☐ I certify that the entity identified in Part I:

- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
- During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
- Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; and
- Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than three years.

Part XXI 501(c) Organization35 ☐ I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; or
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Non-Profit Organization

- 36** ☐ I certify that the entity identified in Part I is a non-profit organization that meets the following requirements:
- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
 - The entity is exempt from income tax in its country of residence;
 - The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
 - Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
 - The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this Part XXII or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

- 37a** ☐ I certify that:
- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
 - The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).
- b** ☐ I certify that:
- The entity identified in Part I is a foreign corporation that is not a financial institution;
 - The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
 - The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
 - The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

- 38** ☐ I certify that:
- The entity identified in Part I is an entity that is organized in a possession of the United States;
 - The entity identified in Part I:
 - Does not accept deposits in the ordinary course of a banking or similar business,
 - Does not hold, as a substantial portion of its business, financial assets for the account of others, or
 - Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
 - All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

- 39** ☐ I certify that:
- The entity identified in Part I is a foreign entity that is not a financial institution;
 - Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
 - Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXV Passive NFFE

- 40a** ☒ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b** ☒ I further certify that the entity identified in Part I has no substantial U.S. owners, or
- c** ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner of the NFFE in Part XXX.

Part XXVI Excepted Inter-Affiliate FFI

- 41** ☐ I certify that the entity identified in Part I:
- Is a member of an expanded affiliated group;
 - Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
 - Does not make withholdable payments to any person other than to members of its expanded affiliated group that are not limited FFIs or limited branches;
 - Does not hold an account (other than a depository account in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
 - Has not agreed to report under §1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVII Sponsored Direct Reporting NFFE

42 Name of sponsoring entity:

43 ☐ I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified in line 42.

Part XXIX 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.

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

Sign Here

Signature of individual authorized to sign for beneficial owner

Joseph Cristian Canepa Portol

Print Name _____

11/14/2017

Date (MM-DD-YYYY)

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

Part XXX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see instructions for definition of substantial U.S. owner.

[illegible]