Form W-8BEN

(Rev. October 2021)

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.

Go to www.irs.gov/FormW8BEN 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 | T use this form if: | | | Instead, use Form: | |
|--|---|---------------------------------------|--------------------------|---------------------------------------|--|
| • You | are NOT an individual | | | W-8BEN-E | |
| • You are a U.S. citizen or other U.S. person, including a resident alien individual | | | | | |
| | are a beneficial owner claiming that income is effectively connect r than personal services) | | rade or business | within the United States | |
| • You | are a beneficial owner who is receiving compensation for persor | nal services performed in | the United States | 8233 or W-4 | |
| • You | are a person acting as an intermediary | | | W-8IMY | |
| | If you are resident in a FATCA partner jurisdiction (that is, a Med to your jurisdiction of residence. | odel 1 IGA jurisdiction w | ith reciprocity), ce | ertain tax account information may be | |
| Par | Identification of Beneficial Owner (see inst | ructions) | | | |
| 1 Name of individual who is the beneficial owner 2 Country of c | | | itizenship | | |
| DOMBROVSKIY STANISLAV Vyacheslavovich Kazakhstan | | | | | |
| 3 | Permanent residence address (street, apt. or suite no., or rural | route). Do not use a P.C | box or in-care- | of address. | |
| Az Nauryz 12, 105 City or town, state or province. Include postal code where appropriate. | | | | Country | |
| Aktybinskaya Oblast, Aqtobe, 030008 | | | Kazakhstan | | |
| 4 Mailing address (if different from above) | | | | Razakiistaii | |
| | | | | | |
| | City or town, state or province. Include postal code where appropriate. | | | Country | |
| 5 | 5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) | | | | |
| | | | | | |
| 6a | Foreign tax identifying number (see instructions) 040711500045 | 6b Check if FTIN not legally required | | | |
| 7 | | | | | |
| Doub | 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 Kazakhstan | purposes only) (see | instructions) | within the meaning of the income tax | |
| treaty between the United States and that country. | | | | | |
| 10 | Special rates and conditions (if applicable—see instructions) | sions 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 | 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: | | | | | |
| • I am | the individual that is the beneficial owner (or am authorized to sign for the | e individual that is the benefic | cial owner) of all the i | income or proceeds to which this form | |
| | s 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; | | | | | |
| • This form relates to: | | | | | |
| (a) income not effectively connected with the conduct of a trade or business in the United States; (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; | | | | | |
| (c) the partner's share of a partnership's effectively connected taxable income; or | | | | | |
| (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); | | | | | |
| • 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 b | roker transactions or barter exchanges, the beneficial owner is an exemp | ot foreign person as defined i | n the instructions. | | |
| | ore, I authorize this form to be provided to any withholding agent that has contro or make payments of the income of which I am the beneficial owner. I agree tha | | | | |
| Sign | I certify that I have the capacity to sign for the perso | n identified on line 1 of this fo | orm. | | |
| Cigii | y | | | 09-08-2024 | |
| | Signature of beneficial owner (or individual auth | norized to sign for beneficial of | owner) | Date (MM-DD-YYYY) | |
| | DOMBROVSKIY STANISLAV Vyacheslavovich | | | | |
| | Print name of signer | | | | |