Form	W-8BEN	Certificate of Foreign Sta States Tax Withholdi					
(Rev. C	(Rev. October 2021) For use by individuals. Entities must u					OMB No. 1545-1621	
	Revenue Service ► 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.						
Do N	OT use this form	if:				Instead, use Form:	
• You	are NOT an indivi	dual				W-8BEN-E	
• You	are a U.S. citizen	or other U.S. person, including a resident alie	en individual			W-9	
	are a beneficial ov er than personal s	wner claiming that income is effectively connervices)	ected with the conduct of	trade or business w	vithin the Unit	ed States W-8ECI	
• You	are a beneficial or	wner who is receiving compensation for pers	onal services performed ir	the United States		8233 or W-4	
• You	are a person actir	ng as an intermediary				W-8IMY	
		nt in a FATCA partner jurisdiction (that is, a l ction of residence.	Model 1 IGA jurisdiction w	vith reciprocity), cer	rtain tax acco	unt information may be	
Par	t I Identifie	cation of Beneficial Owner (see ins	structions)				
1	Name of individ	al who is the beneficial owner 2 Country of c			izenship		
3	Permanent resic	lence address (street, apt. or suite no., or run	al route). Do not use a P.(O. box or in-care-o	of address.		
	City or town, sta	City or town, state or province. Include postal code where appropriate.			Country		
4	Mailing address	(if different from above)					
	City or town, state or province. Include postal code where appropriate.				Country		
5	U.S. taxpayer ic	lentification number (SSN or ITIN), if required	(see instructions)				
<u></u>	Fausian tau idan		x_id_ssn	le selle ve su ive al			
6a Foreign tax identifying number (see instructions) 6b Check if FTIN not legally required						tin_not_required ^	
7	Reference numb	per(s) (see instructions)	8 Date of birth (MM	I-DD-YYYY) (see ins		<u></u>	
Par	t II Claim c	f Tax Treaty Benefits (for chapter 3	3 purposes only) (see	instructions)			
9	I certify that the					aning of the income tax	
	,	the United States and that country.	\				
10	Special rates a	Decial 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 income):					
	Explain the add	tional conditions in the Article and paragraph	the beneficial owner mee	ets to be eligible for	the rate of wi	hholding:	
Pari	Certific	ation					
Under p	enalties of perjury, I decl	are that I have examined the information on this form and to the	ne best of my knowledge and belief	it is true, correct, and com	plete. I further cert	fy under penalties of perjury that:	
		the beneficial owner (or am authorized to sign for t	he individual that is the benefi	icial owner) of all the in	come or proce	eds to which this form	
	•	orm to document myself for chapter 4 purposes; e 1 of this form is not a U.S. person;					
	form relates to:						
(a) ir	ncome not effectively	connected with the conduct of a trade or business	in the United States;				
(b) ir	ncome effectively cor	nnected with the conduct of a trade or business in t	he United States but is not su	bject to tax under an a	applicable incon	ne tax treaty;	
(c) th	ne partner's share of	a partnership's effectively connected taxable incon	ne; or				
		realized from the transfer of a partnership interest s					
		of this form is a resident of the treaty country listed on line 9		-	y between the Uni	ed States and that country; and	
		or barter exchanges, the beneficial owner is an exer			<i>a</i>		
		rm to be provided to any withholding agent that has cont the income of which I am the beneficial owner. I agree th					
Sign	Here	I certify that I have the capacity to sign for the pers	on identified on line 1 of this f	form.			
	¥	Signature of beneficial owner (or individual au	thorized to sign for beneficial	owner)	Date (MM-DD-YYYY)	

Print name of signer