## Form W-8BEN

Substitute Form

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.

a) If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), a certain tax account information may be provided

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

		n can be used by a non-U.S. individual to certify tax status for pa ber of the questions in this substitute form matches the official I		s reference the official IRS inst	ructions.	
Do N	OT use this f	orm if:	v		Instead, use Form:	
• You	are NOT an	individual			W-8BEN-E	
• You	are a U.S. ci	tizen or other U.S. person, including a resident	t alien individual		W-9	
		cial owner claiming that income is effectively conal services)		ct of trade or business	within the United States W-8ECI	
• You	are a benefic	cial owner who is receiving compensation for p	personal services perform	ed in the United States	s 8233 or W-4	
• You	are a person	acting as an intermediary			W-8IMY	
Par		ntification of Beneficial Owner (see				
1		ame of individual who is the beneficial owner		2 Country of o	2 Country of citizenship	
3	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>					
	City or town, state or province. Include postal code where appropriate.				Country	
4	Mailing add	dress (if different from above)			J	
	City or tow	n, state or province. Include postal code where	e appropriate.		Country	
5	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)					
6a	Foreign tax	dentifying number (see instructions)	6b Check if FTIN	6b Check if FTIN not legally required		
7	Reference	number(s) (see instructions)	8 Date of birth	8 Date of birth (MM-DD-YYYY) (see instructions)		
Par	III Cla	im of Tax Treaty Benefits (for chapte	er 3 purposes only) (	see instructions)		
9 I certify that the beneficial owner is a resident of					within the meaning of the income tax	
	treaty betw	treaty between the United States and that country.				
10	Special 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	e additional conditions in the Article and paragr	raph the beneficial owner	meets to be eligible fo	or the rate of withholding:	
Part	III Cer	tification				
Under p	enalties of perjury	I declare that I have examined the information on this form and	to the best of my knowledge and	pelief it is true, correct, and co	mplete. I further certify under penalties of perjury that:	
• I am	the individual t	hat is the beneficial owner (or am authorized to sign this form to document myself for chapter 4 purposes	for the individual that is the b			
		on line 1 of this form is not a U.S. person;				
	form relates to					
` '		tively connected with the conduct of a trade or business	•		anniachia income toy tyeaty	
		ly connected with the conduct of a trade or business are of a partnership's effectively connected taxable in		ot subject to tax under an	applicable income tax treaty;	
. ,	•	ount realized from the transfer of a partnership intere		ler section 1446(f):		
. ,	•	line 1 of this form is a resident of the treaty country listed on lin	,		aty between the United States and that country: and	
		ions or barter exchanges, the beneficial owner is an $\epsilon$	, ,,,	•	ay between the childe clates and that country, and	
Furtherr	nore, I authorize	this form to be provided to any withholding agent that has one of the income of which I am the beneficial owner. I agree	control, receipt, or custody of the	e income of which I am the b	eneficial owner or any withholding agent that can	
The Int	ernal Revenue S	ervice does not require your consent to any provisions of n a reduced rate of withholding.				
Sian	Here	I certify that I have the capacity to sign for the person identified on line 1 of this form.				
Jigil	i lei e	MUHAMMED MUSTAFA	al availe aritment to the control of	G-1-1	D. L. (MM DD ) 0000	
		Signature of beneficial owner (or individua	al authorized to sign for bene	ricial owner)	Date (MM-DD-YYYY)	
		Print name of signer				

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