

Dados Pessoais

Nome Completo

Ernani de Souza Cubas Neto

Data de Nascimento

14/03/1981

CPF

007.280.789-02

Telefone Celular

+55 (41) 999309911

E-Mail

ernanicubas@gmail.com

RG

62763540

UF Expedição

PR

Orgão Emissor

Secretaria de Segurança Pública

Data de expedição

25/05/2015

CNH - Número de Registro

--

Número de segurança

--

Sexo

Masculino

Nacionalidade

Brasileira

Naturalidade

Curitiba

Estado Civil

Casado(a)

Nome do Cônjuge

Patricia Escobar Bruno Canini Cubas

Nome da Mãe

Sonia de Fatima Alves Dias Cubas

Nome da Pai

Ernani de Souza Cubas Junior

Dados Residenciais

Endereço Residencial

Logradouro

Rua Coronel Amazonas Marcondes

Número

933

Complemento

Ap 46

Bairro

Cabral

Cidade

Curitiba

Estado

PR

CEP

80035230

País

BRA

Dados do Beneficiário

Nome Completo

CPF

Data de nascimento

Endereço Beneficiário

Logradouro

Número

Complemento

Bairro

Cidade

Estado

CEP

País

Dados Comerciais

Atividade Atual

Posição

Tipo de Negócios

Empresa

Endereço Comercial

Logradouro

Número

Complemento

Bairro

Cidade

Estado

CEP

País

Dados Financeiros

Renda Mensal

Valor aprox. Dos Bens

Aplicações Financeiras

Banco

Agência

Conta

Perfil de Investimento

Prazo de Investimentos

Necessidade de Liquidez

Experiência com Investimentos

Perfil de Risco

Objetivo de Investimento

Contato de Confiança

Nome Completo

Sonia de Fatima Alves Dias Cubas

Telefone

+55 (41) 996718656

Informações Adicionais

Você, seu cônjuge ou qualquer outro membro da família, incluindo pais, sogros, irmãos e dependentes são empregados ou associados ao Setor de Valores Mobiliários? (Exemplo:

proprietário, sócio, diretor ou gerente de filial de uma corretora ou uma agência reguladora financeira)

Não

Você é um diretor ou acionista com 10% (ou mais) em uma empresa pública?

Não

Você é um oficial militar, membro do governo ou organizações políticas? (Consideram-se pessoas politicamente expostas os agentes públicos que desempenham ou tenham desempenhado, nos últimos cinco anos, no Brasil ou em países, territórios e dependências estrangeiros, cargos, empregos ou funções públicas relevantes, assim como seus

representantes, familiares e outras pessoas de seu relacionamento próximo (Circular BCB 3.461/2009))

Não

US Person?

Não

Aceite eletrônico dos termos

Termos de Uso (Avenue Securities): a11f66f4-3f3d-471c-b436-a4c891329c02;terms_us_agreement.pdf;1647292691080352;ae63cd753e9e6705fdd90294f70a6a7303e595eb4862f3c6d72cca37bca6f05e;2804:7f4:3c80:e958:e1bf:3b10:9001:8b6;2022-08-01T03:25:08.718Z
Política de Privacidade (Avenue Securities): a11f66f4-3f3d-471c-b436-a4c891329c02;privacy_agreement.pdf;1544109889968571;668202c22898918d18f5ddcb593b49b72e420cd0cbb6182fa9d16a9e8a0be88e;2804:7f4:3c80:e958:e1bf:3b10:9001:8b6;2022-08-01T03:25:08.718Z
Customer Agreement (Avenue Securities): a11f66f4-3f3d-471c-b436-a4c891329c02;customer_agreement.pdf;1602768207828480;d6f120d86aac35d3d1f516747b2fcc39e6e68c750ab22d0b11ab467c1aded184;2804:7f4:3c80:e958:e1bf:3b10:9001:8b6;2022-08-01T03:25:08.716Z
Customer Account Agreement (Drive Wealth):
Termos de Uso (Avenue Meios de Pagamento):
Contrato de Abertura de Conta (Bexs): a11f66f4-3f3d-471c-b436-a4c891329c02;bexs_agreement.pdf;1544109890374840;7b25f452c9a63750fd3055e26ff85aac772e2c49cdfa0fdb16b88a89b16ac6ec;2804:7f4:3c80:e958:e1bf:3b10:9001:8b6;2022-08-01T03:25:08.715Z
Customer Account Agreement (Apex): a11f66f4-3f3d-471c-b436-a4c891329c02;apex_customer_agreement.pdf;1602768175891494;560506c7cff2847a7c2f8d8fc67c354c404dd9d267ab411e188132742ca2a930;2804:7f4:3c80:e958:e1bf:3b10:9001:8b6;2022-08-01T03:25:08.722Z
Formulário CRS: a11f66f4-3f3d-471c-b436-a4c891329c02;form_crs_pt.pdf;1659119689510391;65ab2df5bb007813e295ac0e7b52f38fb0234954b39de8b6b342aa5a1186c4b2;2804:7f4:3c80:e958:e1bf:3b10:9001:8b6;2022-08-01T03:25:08.719Z
Contrato de Abertura de Conta (DTVM): a11f66f4-3f3d-471c-b436-a4c891329c02;dtvm_agreement.pdf;1654526019797599;9809ca7568c2fc1844346f54ea56c8d58d7fa41a6898e095fb237df295817a6e;2804:7f4:3c80:e958:e1bf:3b10:9001:8b6;2022-08-01T03:25:08.719Z
Outros Contratos: Sim

Form W-8BEN (Rev. July 2017) 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 NOT use this form if: <ul style="list-style-type: none">• You are NOT an individual• You are a U.S. citizen or other U.S. person, including a resident alien individual• You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services)• You are a beneficial owner who is receiving compensation for personal services performed in the United States• You are a person acting as an intermediary		Instead, use Form: <ul style="list-style-type: none">W-8BEN-EW-9W-8ECI8233 or W-4W-8IMY
Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.		
Part I Identification of Beneficial Owner (see instructions)		
1 Name of individual who is the beneficial owner Ernani de Souza Cubas Neto		2 Country of citizenship Brasileira
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. Rua Coronel Amazonas Marcondes, #933 Ap 46		
City or town, state or province. Include postal code where appropriate. Curitiba, PR, 80035230		Country BRA
4 Mailing address (if different from above)		
City or town, state or province. Include postal code where appropriate.		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions) 007.280.789-02
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions) 1981-03-14	
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 <u>Brasileira</u> within the meaning of the income tax 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 additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____		
Part III 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: <ul style="list-style-type: none">• I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates 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,• The income to which this form relates is:<ul style="list-style-type: none">(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 applicable income tax treaty, or(c) the partner's share of a partnership's effectively connected income,• 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 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 I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.		
Sign Here ▶	<u>Ernani de Souza Cubas Neto</u> Signature of beneficial owner (or individual authorized to sign for beneficial owner) Ernani de Souza Cubas Neto Print name of signer	<u>2022-08-01</u> Date (MM-DD-YYYY) Capacity in which acting (if form is not signed by beneficial owner)
For Paperwork Reduction Act Notice, see separate instructions.		Cat. No. 25047Z Form W-8BEN (Rev. 7-2017)