



HBL

ASSET MANAGEMENT

ایسٹیت میجمنٹ

Account Opening Form (For Institutional Only)

General Instructions

1. Fill the form in block letters. Please do not overwrite as it might lead to errors in processing your application.
2. All fields are mandatory except for Official Use only.
3. Please tick in the appropriate box where applicable, otherwise mark N/A (Not Applicable).
4. It is the responsibility of the applicant to understand the general instructions, terms and conditions and risk disclosure mentioned in this form.
5. All cheques should be made in favor of "CDC Trustee HBL (Name of fund)"
6. Please submit complete documents including list of all directors on company letterhead, CNIC(s), Latest Audited Financial Statements, Memorandum and Articles of Association and Board Resolution along with this form.
7. Redemption proceeds will be made to the bank account as specified on this form only.
8. If assistance is required in filling this form, please contact (021) 111-425-262.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Folio Number

(for office use only)

Corporate Information

Name of Entity

NTN No.

CUIN/Reg No. (as per NCCPL)

Date of Incorporation / Registration

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place of Incorporation

Purpose of Account

☐

Investment & Cash Management

Registered Office Address

Business Address

Contact Person

Designation

Tel. (Off)

Mobile

Fax

Email

Bank Details

IBAN

Account Number

Bank Name

City

Branch Name & Address

Frequency of Account Statement

☐

Monthly

☐

Quarterly

☐

Semi-annually*

☐

Through Email

*Default Option

Cash Dividend Payment/Bonus

Dividend pay-out instruction: (Please tick one)*

☐

Cash Dividend

☐

Dividend Reinvest (Net of applicable taxes)

*In case no option is selected, reinvestment is considered as default option

IBAN

Account Number

Operational Instructions

To be signed by:

☐

Single Signatory

☐

All authorised signatories

☐

Jointly (Any Two)

☐

Others (Please specify)

Authorised Signatory

Authorised Signatory

Authorised Signatory

Official Stamp

Know Your Customer (KYC)

This section is meant and adopted to establish the identity of the client by using reliable, independent source of documents, data and information, as per SECP AML/CFT laws reference and other regulatory requirements.

Customer Type

☐ Trust/Clubs/Associations/Societies/NGOs

☐ Government Organisation

☐ Joint Stock Company (Public, Private)

☐ District Government/Local Government Organisations

☐ Partnership (Registered/Unregistered)

☐ Foreign Missions/International

☐ Others

(Please specify)

Nature of Business

☐ Import/Export

☐ Manufacturing

☐ Agriculture

☐ Trading

☐ Others

(Please specify)

Geographies Involved

☐ Sindh

☐ Punjab

☐ Balochistan

☐ KPK

☐ Others

(Please specify)

Types of Counter Parties

☐ Individual

☐ NPO / Trust

☐ Business

☐ Others

(Please specify)

Possible mode of transactions

☐ Online & Physical

Expected amount of investment in a year (Rupees)

Expected number of investment transactions in a year

Name of Directors/Trustee/Partners				
	Name	Nationality (please specify)	Country of Residence	Place of Birth
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Declaration and Signature

We request you to open our account in HBL Asset Management as per the given details. We hereby acknowledge having read and understood the relevant Trust Deed, Offering Document and Associated Risks. We confirm that the information furnished by us herein, is true, correct and complete in all respects.

Authorised Signatory

Authorised Signatory

Authorised Signatory

Official/Stamp

For Official Use Only

Risk Category

CRS Status

FATCA Status

☐ Form duly completed

☐ Relevant copies and documents attached

Distributor Name

Distributor Code

Purchase ID.

User ID.

Application Processed by

IT Updated on

Signature & Stamp

I/We, the undersigned Applicant(s), hereby allow HBL Asset Management Limited to perform all the required KYC related verifications including but not limited to NADRA Verisys, IBAN and Mobile Number verification as applicable pertaining to the Applicant(s), its beneficial owners, authorised signatories, Directors/Trustees/ Members of Governing Body etc.

"I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same."

Authorised Signatory

Authorised Signatory

Authorised Signatory

Official/Stamp

Entity tax residency self-certification FORM - (please complete parts 1-3 in BLOCK CAPITALS)

Part 1 – Identification of Account Holder

A. Legal Name of Entity/Branch*

B. Country of incorporation or organisation

C. Registered Office

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)*

Line 2 (e.g. Town/City/Province/County/State)*

Country*

Postal Code/ZIP Code (if any)

D. Mailing Address (please only complete if different to the address shown in Section C above)

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

Line 2 (e.g. Town/City/Province/County/State)

Country*

Postal Code/ZIP Code (if any)

Part 2 – Entity Type Please provide the Account Holder's Status by ticking one of the following boxes.

1. (a) Financial Institution

☐ i. An Investment Entity located in a Non - Participating Jurisdiction and managed by another Financial Institution
 (Note: if ticking this box please also complete Part 2 (2) below)

☐ ii. Other Investment Entity

☐ (b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

☐ (c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of:

☐ (d) Active NFE – a Government Entity or Central Bank

☐ (e) Active NFE – an International Organisation

☐ (f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)

☐ i. Active NFE by reason of income and Assets

☐ ii. Active NFE Holding NFE that are Member of a Non-Financial Group

☐ iii. Active NFE Start-up NFE

☐ iv. Active NFE that are Liquidating or emerging from Bankruptcy

☐ v. Active NFE Treasury Centers that are Members of a Non-Financial Group

☐ vi. Active NFE Non-Profit NFE

☐ (g) Passive NFE (Note: if ticking this box please also complete Part 2 (2) below)

2. If you have ticked 1(a)(i) or 1(g) above, then please:

a. Indicate the name of any Controlling Person(s) of the Account Holder:*

b. Complete "Part 3 and 4" for each Controlling Person.*

Part 3 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent* ("TIN") (see Appendix)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

If a TIN is unavailable please provide the appropriate reason **A**, **B** or **C** where appropriate:
Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
Reason C - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A,B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

Part 4 – Declaration and Signature*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with **HBL Asset Management Limited** setting out how **HBL AML** may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise HBL Asset Management Limited within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide **HBL Asset Management Limited** with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature:*

Print name:*

Date:*(dd/mm/yyyy)

Note: Please indicate the capacity in which you are signing the form (for example 'Authorised Officer').

If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: *

General Instructions

1. WE DO NOT ACCEPT CASH OR BLANK/BEARER CHEQUE / ہم نقد رقم وصول نہیں کرتے
2. Investors are advised to make cheques in favour of CDC Trustee HBL (Name of Fund) only.
3. Mandatory fields*

Account Title*

Mr./Mrs./Ms./Messrs

Date

Folio Number

(for existing investor)

CNIC No.*

This Investment

HBL Fund Name

Amount (Rs.)

Amount in words

Class or Type of Units

☐ *Growth ☐ Income

☐ *Growth ☐ Income

Income Units: (Please tick one) This option is available for Income and Money Market Funds only and is subject to minimum balance requirement.

☐ *Flexible Income Plan: Income based on performance of the fund.

Payment Frequency: (Please tick one)

☐ **Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

☐ **Default Option

By choosing income unit I/we hereby authorise HBL AMC to redeem my units to pay my income at regular intervals based on the above instructions.

Instrument Details

Account Title*

Mr./Mrs./Ms./Messrs

Account Number/IBAN*

Bank Name*

Branch Name*

City*

RTGS/Cheque/Online/P.O. No.

Front-End Load Percentage charged: _____

Signature: _____

Note: All taxes as levied under Government Regulations will also be applicable.

Declaration & Signature

I/We, the undersigned, would like to purchase the units of the investment scheme as per the details mentioned above. I/We, hereby indemnify that the decision to make investment in Low/Medium/High Risk Funds has solely undertaken at my/our own discretion, and none of the employees or representatives of HBL AMC has convinced/forced to undertake the aforesaid investment. I/We have read and understood the relevant Trust Deeds, Offering Documents (including any supplemental documents), Risk Profile table* and understand the associated risks. I/We have understood that past performance is not necessarily indicative of future results and protection in any fund/plan. I/We fully understand that gain/loss on investment is completely dependent on market fluctuation/movement of price/yield of underlying instruments. I/We am/are entirely responsible and HBL AMC, its officer, representative and employee does not provide any guaranteed return or assurance of minimum profit/return. Except where expressly stated in offering document, HBL AMC does not promise capital able to bear loss (if any) incurred as a result of above investment decision. I/We agree that HBL AMC is not liable to compensate in the event of loss or dilution in actual investment. I/We have also received and understand Fund Manager Report and/or basic fund information as applicable in respect of related investment scheme(s). I/We understand that I/we can take refund of my/our first investment (Cooling-Off Right for individuals only) within six working days in any collective investment scheme (CIS) managed by HBL AMC on applicable NAV along with charged Front-end Load (after deduction of any Back-end Load or Contingent Load), if I/we send a written request within three (3) business days from Account Statement issuance date. I/We confirm that I/we have understood the details of Sales Load to be deducted including taxes, as % of NAV. I/We confirm that in case of investment in riskier fund, risk profile of the account to be assumed accordingly.

"I acknowledge that I have read the Key Fact Statement at the time of investment, and I have read and understood the terms and conditions to the best of my knowledge and have retained copy of the same."

Were you facilitated by our investment advisor/distributor ☐ Yes ☐ No

Authorised Signatory/Official Stamp

Authorised Signatory/Official Stamp

Authorised Signatory/Official Stamp

Authorised Signatory/Official Stamp

For Official Use Only

☐ Form duly completed

☐ Relevant copies and documents attached

Previous Balance Rs.

Signature & Stamp

Distributor /Agent Code

Distributor /Agent Name

For Distributor Mandatory

Application Processed by

Transaction ID

Ver. 3/24

*Fund Type & Risk Level

Category of CIS/Plans	Risk Profile	Risk of Principal Erosion
HBL Mehfooz Munafa Fund	Very Low	Principal at very low risk
HBL Cash Fund, HBL Money Market Fund, HBL Islamic Money Market Fund, HBL Islamic Savings Fund	Low	Principal at low risk
HBL Islamic Fixed Term Fund	Moderate	Principal at moderate risk
HBL Income fund, HBL Islamic Income Fund, HBL Financial Sector Income Fund, HBL Government Securities Fund	Medium	Principal at medium risk
HBL Stock Fund, HBL Multi Asset Fund, HBL Islamic Stock Fund, HBL Equity Fund, HBL Islamic Equity Fund, HBL Energy Fund, HBL Growth Fund, HBL Investment Fund, HBL Islamic Asset Allocation Fund	High	Principal at high risk

"The above Risk Profile table is given as per the requirement of SECP Circular 6 of 2022 dated June 09th, 2022 "Requirements for assessing Suitability and risk categorization of collective investment schemes"

GUIDELINES

- 1. Please complete the Investment Request Form in BLOCK LETTERS and write with a ball point pen.
- 2. This form is required at the time of purchasing units of the respective fund(s).
- 3. Subject to realisation of payment instrument; units will be allocated on the basis of applicable Net Asset Value (NAV) for the business day on which correctly filled Investment Form has been received (within cutoff times) at Distributor Offices or Authorised Branches or at Head Office of HBL AMC.
- 4. Upon completion and submission of this form you will be provided a customer's copy duly signed and stamped by the authorised representative.
- 5. It shall be the responsibility of the applicant to pay all stamp & other duties, taxes and processing charges (if applicable) upon submission of this form.
- 6. If investment form is received by HBL AMC and/or its distributor after the cutoff time, that transaction will be processed on the next working day and HBL AMC will not be responsible for any loss consequent to processing of investment form on the next working day.
- 7. If cheque is returned unpaid the application will be rejected.
- 8. Investor should contact HBL AMC if acknowledgment of investment is not received within 7 working days from investment date.

Account Holder Information

- 9. In case of existing Unit Holders please specify the Investor ID No. as allotted at the time of account creation.

Investment & Payment Detail

- 10. All Investment amount to be accepted only in PKR currency.
- 11. Investor must properly tick mark the option for Type of Units in the form.
- 12. Minimum Investment (in line with offering document).
- 13. Payment shall be made through, payee account cheque, pay order, demand draft in favour of "CDC -Trustee [HBL (Name of Fund)]".

Units - Mode of Holding

- 14. For issuance of Physical Unit Certificate(s), please fill the Service Request Form and enclose it along with investment Form. Please note that Physical Unit Certificate(s) shall be used upon payment of Rs. 100/- per certificate. Unless indicated by the applicant, only Jumbo Certificate shall be issued.

S. No.	Fund Name	Funds Category	Risk Profile	Risk of Principal Erosion
1	HBL Mehfooz Munafa Fund	Fixed Rate/Return	Very Low	Principal at very low risk
2	HBL Cash Fund	Money Market	Low	Principal at low risk
3	HBL Money Market Fund	Money Market	Low	Principal at low risk
4	HBL Islamic Money Market Fund	Shariah Compliant Money Market	Low	Principal at low risk
5	HBL Islamic Savings Fund	Shariah Compliant Money Market	Low	Principal at low risk
6	HBL Income Fund	Income	Medium	Principal at medium risk
7	HBL Financial Sector Income Fund - Plan I	Income	Medium	Principal at medium risk
8	HBL Islamic Income Fund	Shariah Compliant Income	Medium	Principal at medium risk
9	HBL Government Securities Fund	Income	Medium	Principal at medium risk
10	HBL Stock Fund	Equity	High	Principal at high risk
11	HBL Islamic Stock Fund	Shariah Compliant Equity	High	Principal at high risk
12	HBL Equity Fund	Equity	High	Principal at high risk
13	HBL Islamic Equity Fund	Shariah Compliant Equity	High	Principal at high risk
14	HBL Energy Fund	Equity	High	Principal at high risk
15	HBL Growth Fund	Equity	High	Principal at high risk
16	HBL Investment Fund	Equity	High	Principal at high risk
17	HBL Multi Asset Fund	Balanced Scheme	High	Principal at high risk
18	HBL Islamic Asset Allocation Fund	Shariah Complaint Asset Allocation Scheme	High	Principal at high risk
19	HBL Islamic Fixed Term Fund	Shariah Complaint Fixed Rate/Return	Moderate	Principal at Moderate risk

"The above Risk Profile table is given as per the requirement of SECP Circular 6 of 2022 dated June 09th, 2022 "Requirements for assessing Suitability and risk categorization of collective investment schemes"

Provisional Receipt

Deposit Slip No.

Received

Rs.

from

for sale of

Name of Bank

Branch

Date

Signature & Stamp

Units will be allocated on realization of funds

Following details are required to be filled for each ultimate natural person(s) who owns or controls 10% or more or in exceptional cases the details of the person(s) stated in the above paragraph:

6. Full Name (as per Identity Document)

Father / Husband Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

NIC / NICOP / Passport No.

Nationality

% of Ownership

Residential Address

Date: _____

Form **W-8BEN-E**
(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

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

▶ For use by entities. Individuals must use Form W-8BEN.
▶ Go to www.irs.gov/FormW8BENE 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 for:

Instead use Form:

• U.S. entity or U.S. citizen or resident

• A foreign individual

• A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits)

• A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions)

• 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 for other exceptions)

• Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer)

W-9

W-8BEN (Individual) or Form 8233

W-8ECI

W-8IMY

W-8ECI or W-8EXP

W-8IMY

Part I

Identification of Beneficial Owner

1

Name of organization that is the beneficial owner

2

Country of incorporation or organization

3

Name of disregarded entity receiving the payment (if applicable, see instructions)

4

Chapter 3 Status (entity type) (Must check one box only):

☐ Simple trust

☐ Central Bank of Issue

☐ Grantor trust

☐ Tax-exempt organization

☐ Private foundation

☐ Disregarded entity

☐ Corporation

☐ Complex trust

☐ Estate

☐ International organization

☐ Partnership

☐ Foreign Government - Controlled Entity

☐ Foreign Government - Integral Part

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) (See instructions for details and complete the certification below for the entity's applicable status.)

☐ Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).

☐ Participating FFI.

☐ Reporting Model 1 FFI.

☐ Reporting Model 2 FFI.

☐ Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XIII). See instructions.

☐ Sponsored FFI. Complete Part IV.

☐ Certified deemed-compliant nonregistering local bank. Complete Part V.

☐ Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.

☐ Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.

☐ Certified deemed-compliant limited life debt investment entity. Complete Part VIII.

☐ Certain investment entities that do not maintain financial accounts. Complete Part IX.

☐ Owner-documented FFI. Complete Part X.

☐ Restricted distributor. Complete Part XI.

☐ Nonreporting IGA FFI. Complete Part XII.

☐ Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.

☐ International organization. Complete Part XIV.

☐ Exempt retirement plans. Complete Part XV.

☐ Entity wholly owned by exempt beneficial owners. Complete Part XVI.

☐ Territory financial institution. Complete Part XVII.

☐ Excepted nonfinancial group entity. Complete Part XVIII.

☐ Excepted nonfinancial start-up company. Complete Part XIX.

☐ Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.

☐ 501(c) organization. Complete Part XXI.

☐ Nonprofit organization. Complete Part XXII.

☐ Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.

☐ Excepted territory NFFE. Complete Part XXIV.

☐ Active NFFE. Complete Part XXV.

☐ Passive NFFE. Complete Part XXVI.

☐ Excepted inter-affiliate FFI. Complete Part XXVII.

☐ Direct reporting NFFE.

☐ Sponsored direct reporting NFFE. Complete Part XXVIII.

☐ Account that is not a financial account.

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)

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

Country

7

Mailing address (if different from above)

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

Country

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 10-2021)

Part I Identification of Beneficial Owner (continued)

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

9a GIIN

b Foreign TIN

c Check if FTIN not legally required ☐

10 Reference number(s) (see instructions)

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

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

11 Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment

☐ Branch treated as nonparticipating FFI.☐ 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. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):☐ Government☐ Company that meets the ownership and base erosion test☐ Tax-exempt pension trust or pension fund☐ Company that meets the derivative benefits test☐ Other tax-exempt organization☐ Company with an item of income that meets active trade or business test☐ Publicly traded corporation☐ Favorable discretionary determination by the U.S. competent authority received☐ Subsidiary of a publicly traded corporation☐ No LOB article in treaty☐ Other (specify Article and paragraph): _____c ☐ The beneficial owner is claiming treaty benefits for U.S. source 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 and paragraph _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI

16 Name of sponsoring entity: _____

17 Check whichever box applies.

☐ I certify that the entity identified in Part I:

• Is an investment entity;

• Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), 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 Bank18 ☐ 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 5% 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.

Part VI 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 Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; and
- 20 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% 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 Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts23 ☐ I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 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, participating FFI, or reporting Model 1 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;
- Does not maintain a financial account for any nonparticipating FFI; and
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X 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:
 - (i) 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);
 - (ii) The name, address, TIN (if any), and chapter 4 status 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
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c ☐ I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 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 Regulations section 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 (optional, see instructions).

- d ☐ I certify that the entity identified on 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 Regulations section 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 _____ . The applicable IGA is a ☐ Model 1 IGA or a ☐ Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
 - If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ .
The trustee is: ☐ U.S. ☐ Foreign

Part XIII 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 Regulations section 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 or that has in effect a headquarters agreement with a foreign government;
 - The benefit of the entity's income does not inure to any private person; and
 - 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 Regulations section 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
 - (i) 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;
 - (ii) 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 Regulations section 1.1471-5(b)(2)(i)(A));
 - (iii) 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 Regulations section 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
 - (iv) 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 Regulations section 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% 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.

Part XV Exempt Retirement Plans (continued)

- 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, or accounts described in Regulations section 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.
- 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 Regulations section 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 Regulations section 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 Owners

- 30 ☐ 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 Regulations section 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 Regulations section 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 Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31 ☐ 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 Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 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 Company

- 33 ☐ 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 Bankruptcy

- 34 ☐ 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 3 years.

Part XXI 501(c) Organization

- 35 ☐ 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 Nonprofit Organization

- 36 ☐ I certify that the entity identified in Part I is a nonprofit 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 noncharitable 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 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:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; or
 - (iii) 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 XXVI 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, if applicable, no controlling U.S. persons); 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 (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Part XXVII Excepted Inter-Affiliate FFI41 ☐ 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;
- Does not hold an account (other than depository accounts 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 Regulations section 1.1471-4(d)(2)(iii)(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 XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

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 _____ on line 42.**Part XXIX 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 the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

Part XXX 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 or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified 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 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); 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.

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

Sign Here

_____
Signature of individual authorized to sign for beneficial owner_____
Print Name_____
Date (MM-DD-YYYY)

