(Rev. ( Departi	W-8BEN October 2021) ment of the Treasury	Certificate of Foreign Stat States Tax Withholdin ► For use by individuals. ► Go to www.irs.gov/FormW8BE	ng and Reporting Entities must use Form N for instructions and t	<b>( (Individuals</b> n W-8BEN-E. :he latest informa	5) ation_	OMB No. 1545-1621	
	Revenue Service	Give this form to the withhold	ling agent or payer. Do	not send to the I	RS.		
	OT use this form if are NOT an individ	-				Instead, use Form: W-8BEN-E	
• You • You		or other U.S. person, including a resident alier ner claiming that income is effectively connec	n individual ted with the conduct of t	trade or business	within the Unite		
`		ner who is receiving compensation for perso	nal services performed i	n the United State	es	8233 or W-4	
• You	are a person actin	g as an intermediary				W-8IMY	
provid	ded to your jurisdic		-	with reciprocity), o	certain tax acc	ount information may be	
Par		ation of Beneficial Owner (see inst	ructions)	<b>0</b> Country of	oitizopohio		
1	Name of Individu	Name of individual who is the beneficial owner 2 Country of c					
3	Permanent reside	ence address (street, apt. or suite no., or rural	l route). Do not use a P.	0. box or in-care	of address.		
	City or town, stat	e or province. Include postal code where app	propriate.		Country		
4	Mailing address	if different from above)					
	City or town, stat	e or province. Include postal code where app	propriate.		Country		
5	U.S. taxpaver ide	entification number (SSN or ITIN), if required (	see instructions)				
6a	Foreign tax ident	ifying number (see instructions)	6b Check if FTIN not legally required			🗆	
7Reference number(s) (see instructions)8Date of birth (MM-DD-YYYY) (see instructions)					instructions)		
Par	t II Claim of	f Tax Treaty Benefits (for chapter 3	purposes only) (see	e instructions)			
9		certify that the beneficial owner is a resident ofv				eaning of the income tax	
	,	between the United States and that country.					
10	Special rates ar	ecial 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 addit	ional conditions in the Article and paragraph	the beneficial owner mee	ets to be eligible fo	or the rate of w	rithholding:	
Par	III Certifica						
• Lam	the individual that is	re that I have examined the information on this form and to the ihe beneficial owner (or am authorized to sign for the					
	Ð	rm to document myself for chapter 4 purposes; 1 of this form is not a U.S. person;					
	form relates to:						
	,	connected with the conduct of a trade or business in			P		
		nected with the conduct of a trade or business in the partnership's effectively connected taxable income		ibject to tax under ai	n applicable inco	me tax treaty;	
	•	ealized from the transfer of a partnership interest su		section 1446(f);			
		this form is a resident of the treaty country listed on line 9 of barter exchanges, the beneficial owner is an exemption of the second se		-	eaty between the U	nited States and that country; and	
		m to be provided to any withholding agent that has control he income of which I am the beneficial owner. I agree that					
		certify that I have the capacity to sign for the persor	n identified on line 1 of this f	form.			
Sian	Here						
Sign		Signature of beneficial owner (or individual auth	horized to sign for beneficial	lowner)	Date	(MM-DD-YYYY)	
						·	
	Drint	name of signer					
For D		on Act Notice, see separate instructions.	Cat. No.	250477		W-8BEN (Rev. 10-2021)	
1016			Gat. No.	200712	Form		

AFFIDAVIT OF UNCHANGED STATUS. Under penalties of perjury, I declare that the following information is true, accurate and complete as of the date hereof.

- 1.
- I have examined all the information and representations set forth in the attached withholding certificate. To the best of my knowledge and belief, all information and certifications contained in the attached withholding certificate remained the same and unchanged from the period beginning 1 Jan of current year, to the present, and were true, correct, and complete during that period. 2.

Sign Here 

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

## FOR BANK USE ONLY

分行:

經辦人員:

覆核人員: