Form W-8BEN	Certific	ate of Foreign S	status of B	eneficial (Dwner		
(Rev. February 2018)	for United States Tax Withholding				OMB No. 1545-1621		
Department of the treasury Internal Revenue Service	Section references are to the Internal Revenue Code See separate instructions.						
Do not use this form for:						Instead, use Form:	
? A U.S. citizen or other	 			W-9			
 ? A person claiming that income is effectively connected with the conduct of a trade or business in the United State s ? A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) 							
		ist, or a foreign grantor trust ization, foreign central bank				W-8ECI or W-8IMY	
foreign private founda	tion, or government	of a U.S. possession that re 2), 501(c), 892, 895, or 1443(b)	ceived effectively	connected income	e or that is	W-8ECI or W-8EXP	
Note: These entities sho	ould use Form W-8E	BEN if they are claiming treat					
A person acting as an in		om backup withholding?.					
W-8IMY Note: See instr		•					
		cial Owner (See instructi	ions.)		0 Osumlau (1)		
1 Name of individual or	organization that is	the beneficial owner			2 Country of I	ncorporation or organization	
3 Type of beneficial owr	ner: Ir	ndividual	Corporation	Disregarded er	ntity Partn	ership Simple trust	
Grantor trust		Complex trust	Estate	Government	Interr	national organization	
Central bank of is Permanent resider		ax-exempt organization 🖵 et, apt. or suite no., or rural r	Private foundation	A P O Box or in	-care-of addres	e	
City or town, state or province. Include postal code where appropriate.						(do not abbreviate)	
5 Mailing address (it	different from abov	ve)					
City or town, state or province. Include postal code where appropriate.					Country	(do not abbreviate)	
· · ·							
6 U.S. taxpayer ider	ntification number, if	required (see instructions)		7 Foreign ta	ax identifying nur	nber, if any (optional)	
			or ITIN	_			
8 Reference numbe	r(s) (see instruction	s)					
Part II Identifi	cation of Benefi	cial Owner					
9 Profession		Email address		Day time telephone and fax number		nber	
Date of birth	ate of birth Mothers median name			Passport number			
10 Name of bank(s) : (U.S.A BANK ONLY)			Branch address				
Account Name and Account Number			Date account was opened				
			Bato account in				
			Branch address	<u>.</u>			
			Dianci address)			
Account Name and Account Number			Date account was opened				
11 Investment(s) / Stock Options			Names at least	Names at least three(3) stock held/ Names of Shares			
12 Annuities/ Insurance			Company Name / Policy Number				
-	folio		Bronorty (ice)	Adroce			
13 Property(ies) Portfolio			Property(ies) Address				

Property (ies) Management	Property (ies) Agent
Part III Notional Principal Contracts	
14 LI have provided or will provide a statement that identified	es those notional principal contracts from which the income is not siness in the United States. I agree to update this statement as required.

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Part IV 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:

1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the inc one to which this form relates,

2 The beneficial owner is not a U.S. person,

3 The income to which this form relates is (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 income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and ______

4 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.

Sign Here

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

Date (MM-DD-YYYY) Capacity in which acting

FAX TO : +1 855 731 1366