Form W-8BEN	Certific	for United Sta	ates Tax Wit	hholding		OMB No. 1545-1621
Rev. February 2018) Department of the treasury	Section references ar	re to the Internal Revenue Code.		•		OMB NO. 1545-1621
Internal Revenue Service		orm to the withholding agent or page	yer . Do not send to the IRS			Instead use Form
	U.S. person, includi	ng a resident alien individ				Instead, use Form: W-9
		y connected with the conc s				W-8ECI
? A foreign partnership,	a foreign simple true		st (see instructions fe	or exceptions)		W-8ECI or W-8IMY
foreign private foundat Claiming the applicability Note: These entities sho to claim they are a foreig A person acting as an int	tion, or government by of section(s) 11 5(2 buld use Form W-8B on person exempt fro termediary	of a U.S. possession that 2), 501(c), 892, 895, or 1443 BEN if they are claiming tre om backup withholding?.	received effectively B(b) (see i instructions eaty benefits or are p	connected income) providing the form	e or that is only	W-8ECI or W-8EXP
W-8IMY Note: See instru Part I Identific		cial Owner (See instru	uctions)			
1 Name of individual or c			ictions.)		2 Country c	of incorporation or organization
3 Type of beneficial own	ier: In	dividual	Corporation	Disregarded ent	tity Pa	artnership Simple tru
Grantor trust	C c	omplex trust	Estate	Government	Int	ernational organization
Central bank of iss Permanent residen		ax-exempt organization	Private foundation		-oaro of add-	220
Permanent residen	ice addresses (siree	er, apr. of suite no., of fun	a route). Do not use	a P.U. BOX of In	-care-or addr	ess.
City or town, state or province. Include postal code where appropria			opriate.		Count	try (do not abbreviate)
Mailing address (if	different from above	e)				
City or town, state	or province. Include		opriate.		Count	trv (do not abbreviate)
City or town, state	or province. Include	e postal code where appro	ppriate.		Count	try (do not abbreviate)
6 U.S. taxpayer iden	tification number, if	e postal code where appro required (see instructions		7 Foreign ta		try (do not abbreviate) number, if any (optional)
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6 U.S. taxpayer iden Reference number Part II Identific	tification number, if r(s) (see instructions cation of Benefic	e postal code where appro required (see instructions	s)	7 Foreign ta	ax identifying r	number, if any (optional)
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Property (ies) Management	Property (ies) Agent /Phone number / E-mail

Part III Notional Principal Contracts

14 LI have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

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 : +1 806 230 0200