

# Corporate Deposit Account Application Requirements

1. Account opening application.\*
2. Copy of the Certificate of Incorporation, Articles of Incorporation and/or Documents with proof of shareholdings property of the Company.
3. Two (2) valid photo identifications of the signers:
  - Primary identification document of the signers and final beneficiaries with 10% of the shares or more (passport).
  - Secondary Identification for signers only (ID, National Identity Document, drivers license).
4. Financial Statements, properly signed by one of the Corporation representatives.
5. W-8BEN-E. \*\*
6. Copy of the valid Tax Identification Document or Corporation number.
7. Copy of one (1) utility company bill under the Corporation's name (water, power, phone, cable) issued within a period no longer than ninety (90) days prior to application.
8. Copy of one (1) Bank Statement, issued within a period no longer than ninety (90) days prior to application.
9. One (1) commercial reference, issued within a period no longer than ninety (90) days prior to application.

*\* Attach the following documents:*

- **Certification of Beneficial Owner(s):** One form must be filled per account. The signer, owner or applicant of the account must sign certifying the final beneficiaries with 10% of the shares or more.
- **Certificate of Resolution:** Must be signed and sealed by the company; or submit the resolution of the board of directors authorizing the opening of the account.

*\*\* Form must be completed at the time of opening the account.*

*Important:*

- Copies of all documents must be clear and legible.
- If needed, BSJI will request additional information to open the account.

# Corporate Deposit Account Application

Date    /    /

**Please complete the attached Certificate of Resolution and Certification of Beneficial Owner(s)**

## SECTION I: Entity Information

Company name/Business name

Tax ID No.                      Expiration date                      Commercial activity

Incorporation/Registry Information (book, volume, page, place of incorporation)

Date of incorporation

Fiscal address

City

State/Province

ZIP code

Country

Mailing address (if different from fiscal address)

City

State/Province

ZIP code

Country

Telephone No.

Alternate telephone No.

Fax No.

Account administrator email

Website

### Main shareholders

### Board of directors

Name of shareholder

% of shares

Names and surnames

Position

## SECTION II: Instructions

**Signers:** complete Section I and II in its entirety.

**Stockholders (with 10% of the shares or more):** complete Section I in its entirety.

**Control person:** fill in Section I in its entirety. One (1) control person is required to fill in this section to open the account.

### Bank Certification of Beneficial Owners

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230)

#### Beneficial Owner Definition

**1. Ownership:** Each individual (if any) who directly or indirectly owns 25% or more of the equity interests of a legal entity customer. In the case of BSJI, we consider the 10 percent or more of the equity interest of the legal entity customer and; depending on the facts, up to four individuals may need to be identified.

**2. Control person:** An individual with “significant responsibility to control, manage, or direct a legal entity customer” (including an individual acting in an executive Officer or senior management position, such as a Chief Executive Officer [CEO], Chief Financial Officer [CFO], Chief Operating Officer [COO], Managing Member, General Partner, President, Vice President, or Treasurer).

## Signer/Control Person/Stockholder Information 1

**SECTION I** – Check if you are a Signer, Shareholder and/or Control person of the legal entity that owns this account and complete the information (check all that apply).

Signer <input type="checkbox"/>	Stockholder <input type="checkbox"/>	% of shares _____	Control person <input type="checkbox"/>
Position _____	Profession _____	Information of power of attorney certifying representation _____	
Names _____	Surnames _____		
Date of birth _____	Residential address _____		
City _____	State/Province _____	ZIP code _____	Country _____
Primary identification number _____	Type of identification _____	If other, please explain _____	
Expiration date _____	Issuing country _____		

Are you a politically exposed person in another country? According to the definition on section V of the attached contract.

Yes ☐ No ☐

**SECTION II** – To be completed only by the signers of the account.

Gender _____	Marital status _____	Nationality _____	Other nationality _____
Secondary identification number _____	Type of identification _____	If other, please explain _____	
Expiration date _____	Issuing country _____	Mailing address (if different from residential address) _____	
City, State, ZIP code, Country _____	Residential telephone No. _____	Alternate telephone No. _____	Email _____

## Signer/Control Person/Stockholder Information 2

**SECTION I** – Check if you are a Signer, Shareholder and/or Control person of the legal entity that owns this account and complete the information (check all that apply).

Signer <input type="checkbox"/>	Stockholder <input type="checkbox"/>	% of shares _____	Control person <input type="checkbox"/>
Position _____	Profession _____	Information of power of attorney certifying representation _____	
Names _____	Surnames _____		
Date of birth _____	Residential address _____		
City _____	State/Province _____	ZIP code _____	Country _____

Primary identification number	Type of identification	If other, please explain
Expiration date		Issuing country

Are you a politically exposed person in another country? According to the definition on section V of the attached contract.

Yes ☐ No ☐

## SECTION II – To be completed only by the signers of the account.

Gender	Marital status	Nationality	Other nationality
Secondary identification number	Type of identification	If other, please explain	
Expiration date	Issuing country	Mailing address (if different from residential address)	
City, State, ZIP code, Country	Residential telephone No.	Alternate telephone No.	Email

## Signer/Control Person/Stockholder Information 3

**SECTION I** – Check if you are a Signer, Shareholder and/or Control person of the legal entity that owns this account and complete the information (check all that apply).

Signer <input type="checkbox"/>	Stockholder <input type="checkbox"/>	% of shares	Control person <input type="checkbox"/>
Position	Profession	Information of power of attorney certifying representation	
Names		Surnames	
Date of birth	Residential address		
City	State/Province	ZIP code	Country
Primary identification number	Type of identification	If other, please explain	
Expiration date		Issuing country	

Are you a politically exposed person in another country? According to the definition on section V of the attached contract.

Yes ☐ No ☐

## SECTION II – To be completed only by the signers of the account.

Gender	Marital status	Nationality	Other nationality
Secondary identification number	Type of identification	If other, please explain	
Expiration date	Issuing country	Mailing address (if different from residential address)	
City, State, ZIP code, Country	Residential telephone No.	Alternate telephone No.	Email

### SECTION III: Economic Activity Information

#### Average annual income (financial information in USD)

Less than \$50,000 ☐ Between \$50,001 and \$250,000 ☐ Between \$250,001 and \$500,000 ☐  
 Between \$500,001 and \$1,000,000 ☐ More than \$1,000,000 ☐

#### Net worth

Less than \$100,000 ☐ Between \$100,001 and \$250,000 ☐ Between \$250,001 and \$500,000 ☐  
 Between \$500,001 and \$1,000,000 ☐ More than \$1,000,000 ☐

Assets \$ \_\_\_\_\_ Liabilities \$ \_\_\_\_\_

Explain source of assets

### SECTION IV: Initial Deposit

Name/Entity sending the money \_\_\_\_\_ Initial deposit amount \_\_\_\_\_ Financial institution \_\_\_\_\_ Country \_\_\_\_\_

Explain origin or concept of the initial deposit

### SECTION V: Account Profile

#### Purpose of the account

Payment to providers ☐ Client payment ☐ Import ☐ Export ☐ Investments/Securities titles ☐  
 Transactional ☐ Loan liquidations ☐ Other \_\_\_\_\_

Explain origin or concept of the funds entering the account

#### Information about the foreseen activity of the account

Complete all the transactions foreseen to be made. In the case of any foreseen transaction, please mark the option "None".

	No. of transactions	Amount (\$)	Frequency			
Check deposits	_____	_____	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	None <input type="checkbox"/>	
Check payments	_____	_____	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	None <input type="checkbox"/>	
ACH credits	_____	_____	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	None <input type="checkbox"/>	
ACH debits	_____	_____	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	None <input type="checkbox"/>	
Incoming transfers	_____	_____	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	None <input type="checkbox"/>	
Outgoing transfers	_____	_____	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	None <input type="checkbox"/>	
Check Deposits, from banks outside of P.R./EE.UU <input type="checkbox"/>						

## Transfers

Specify the **Incoming** recurring transfers.

Specify the **Outgoing** recurring transfers.

Name	Country	Relationship	Name	Country	Relationship
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Main customers 

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Main providers 

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## Transfer details

Payment between companies <input type="checkbox"/>	Payment to retailers (third parties) <input type="checkbox"/>	Remittance services <input type="checkbox"/>
Client payments <input type="checkbox"/>	Merchandise payments <input type="checkbox"/>	Repurchase agreements <input type="checkbox"/>
Payment to providers/distributors <input type="checkbox"/>	Securities <input type="checkbox"/>	Payroll payment <input type="checkbox"/>

Transfers to individuals (explain)

Other (explain)

Is there a seasonal variation in volume? Yes ☐ No ☐

If yes, please explain

Is there a significant transaction that you expect to receive or make in the near future? (For example: purchase/sell a property or vehicle, investment, insurance, etc.)

Does your business perform any of the following activities? (Check all that apply).

Check ☐ Sale of money orders or traveler's checks ☐ Money transfer ☐ Sale of pre-paid card ☐

## SECTION VI: Product

Checkbook ☐

## SECTION VII: Disclosures

• **Wire transfers.** I hereby designate the following individuals as representatives, for the purpose of authorizing the wire transfer requests in my name. These representatives will remain authorized until I notify the Bank, in writing, of the revocation of the authorization of any of said representatives, in accordance to Section II of the attached contract.

• **Certificate of legitimacy.** I hereby swear under penalty of perjury, that all the information provided by me, collected and registered by Banco San Juan Internacional Inc. is correct and accurate, and that I acknowledge that any forgery or omission of information may result on the blocking of my account of all activity and immediately closed without previous notification in accordance to Section III of the contract.

• I hereby declare under oath that the funds deposited in Banco San Juan Internacional, Inc. are of legal origin and a product of my own property. I have read the above information, which I validate as authentic and reliable. I as well declare that I am aware of the civil and criminal consequences that could result from false or misleading information given. I authorize Banco San Juan Internacional, Inc. to request, consult, gather and transmit information about my credit history and references as many times it is required by the banking regulatory entities and any other related authorities.

*\* The following signature(s) pertain to the selected product(s). Your signature(s) constitute(s) the authorization to the Bank, that the undersigner(s) is/are the authorized person(s). These signatures will be under custody of Banco San Juan Internacional, Inc. in San Juan, Puerto Rico.*

BY SUBSCRIBING THIS DOCUMENT, I ACCEPT AND ACKNOWLEDGE THE VALIDITY OF ITS CONTENTS WITHIN THE SAME. AND MY SIGNATURE EVIDENCES MY AGREEMENT WITH THE DECLARATIONS, TERMS AND CONDITIONS DETAILED IN THE ATTACHED "DEPOSIT ACCOUNT CONTRACT BANCO SAN JUAN INTERNACIONAL".

## SECTION VIII: Registered Signatures

Joint ☐ Representative ☐ Other ☐ Explain \_\_\_\_\_

The signatures to be registered in this section may include Account holder(s).

				Account holder	
A. Names and surnames	Signature	Identification No.	Position	<input type="checkbox"/>	/ /
B. Names and surnames	Signature	Identification No.	Position	<input type="checkbox"/>	/ /
C. Names and surnames	Signature	Identification No.	Position	<input type="checkbox"/>	/ /
D. Names and surnames	Signature	Identification No.	Position	<input type="checkbox"/>	/ /

## SECTION IX: Only to be used by the Executive/Representative/Witness

Names and surnames of the executive/representative/witness	Signature	Date (mm/dd/yyyy)

## SECTION X: For internal use

Customer number	Account number	Date opened
Reviewed by:		
		/ /
Name and surname of back office officer	Signature	Date (mm/dd/yyyy)
Approved by:		
		/ /
Names and surnames of the compliance officer	Signature	Date (mm/dd/yyyy)

## Certificate of Resolution

I, \_\_\_\_\_, Secretary of \_\_\_\_\_

\_\_\_\_\_ (The Entity), HEREBY CERTIFY:

That in the meeting of the Board of Directors, celebrated on \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_, the following Resolution was approved:

1. Banco San Juan Internacional (BSJI) will serve as depositary of the funds of The Entity by means of a Savings Account \_\_\_\_\_ (corporation name and identification number of the company).
2. We authorize BSJI to pay the checks, payment orders, promissory notes, bills of exchange, letters of credit and any other negotiable instruments issued, emitted, signed, accepted or endorsed by The Entity, regardless of an overdraft occurrence in that instance.
3. We authorize the following:

Name	Title/Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To, in name and representation of The Entity:

- a. Issue, accept, emit, endorse and sign checks, payment orders, promissory notes, letters of credit, cash advances, and any other negotiable documents. \_\_\_\_\_ signature(s) required.
- b. Make deposits, including Term deposits and investments and withdrawals from the savings account that The Entity has with BSJI. \_\_\_\_\_ signature(s) required.
- c. Contribute, modify, amend, correct, balance, accept, and certify the accounts of loans, payment orders, exchanges and deposits of any nature, as well as to receive and withdraw from BSJI all the paid checks and account statements, debit and credit statements, and to accordingly sign all the balances that may result, exonerating BSJI of all responsibility. \_\_\_\_\_ signature(s) required.



d. Request BSJI for Loans of any amount of money that may be needed, convening in the terms and conditions of the Loan, as well as the filing of guaranties that may be required by BSJI, and to, from time to time, vary, modify, amend, broaden or extend the convened terms and conditions. \_\_\_\_\_ signature(s) required.

e. Sign, give, cede, pledge, endorse, submit, or transmit to BSJI, as guaranty for any amount of money loaned or any values that have been turned over, deducted or endorsed, the contracts, pay orders, Promissory notes, or guaranty documents, values, negotiable documents, Real and Movable titles, mortgages and pledges that may have been convened to or required by BSJI, as well as any additional guaranty that may be convened or required from time to time, in order to maintain an adequate margin of Loans and discounts to Guaranties. \_\_\_\_\_ signature(s) required.

f. Request fund transfers to accounts in BSJI or any other banks, subject to the terms and conditions for said service. \_\_\_\_\_ signature(s) required.

4. The faculties given to the individuals here authorized, will remain with full force and effect until any have been revoked and written notice has been given to BSJI. Through this Resolution, all previous ceded faculties (if any) to any individual, to perform all or any one of the acts and operations included in this Resolution, are hereby revoked.

5. In the case one of the authorized signatories is deceased, The Entity will immediately submit to BSJI a new Resolution which will substitute or eliminate said signatory.

6. I HEREBY CERTIFY, as well, that the meeting of the Board of Directors of The Entity in which this Resolution was approved, was convened with the regulatory quorum, that said Resolution is in all force and effect, and that it is in accordance to all the dispositions contained in the Clauses of Incorporation of The Entity.

To its effect, I submit this document with my signature and seal of The Entity on this \_\_\_\_\_ ,  
today, \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_ .

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President (Principal)

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Secretary (Authorized individual)

# Corporate Deposit Account Application

## Appendix I

Date     /     /

### Signer/Control Person/Stockholder Information 4

**SECTION I** – Check if you are a Signer, Shareholder and/or Control person of the legal entity that owns this account and complete the information (check all that apply).

Signer <input type="checkbox"/>	Stockholder <input type="checkbox"/>	% of shares _____	Control person <input type="checkbox"/>
Position _____	Profession _____	Information of power of attorney certifying representation _____	
Names _____	Surnames _____		
Date of birth _____	Residential address _____		
City _____	State/Province _____	ZIP code _____	Country _____
Primary identification number _____	Type of identification _____	If other, please explain _____	
Expiration date _____	Issuing country _____		

Are you a politically exposed person in another country? According to the definition on section V of the attached contract.

Yes ☐ No ☐

**SECTION II** – To be completed only by the signers of the account.

Gender _____	Marital status _____	Nationality _____	Other nationality _____
Secondary identification number _____	Type of identification _____	If other, please explain _____	
Expiration date _____	Issuing country _____	Mailing address (if different from residential address) _____	
City, State, ZIP code, Country _____	Residential telephone No. _____	Alternate telephone No. _____	Email _____

### Signer/Control Person/Stockholder Information 5

**SECTION I** – Check if you are a Signer, Shareholder and/or Control person of the legal entity that owns this account and complete the information (check all that apply).

Signer <input type="checkbox"/>	Stockholder <input type="checkbox"/>	% of shares _____	Control person <input type="checkbox"/>
Position _____	Profession _____	Information of power of attorney certifying representation _____	
Names _____	Surnames _____		
Date of birth _____	Residential address _____		
City _____	State/Province _____	ZIP code _____	Country _____

Primary identification number	Type of identification	If other, please explain
Expiration date		Issuing country

Are you a politically exposed person in another country? According to the definition on section V of the attached contract.

Yes ☐ No ☐

## SECTION II – To be completed only by the signers of the account.

Gender	Marital status	Nationality	Other nationality
Secondary identification number	Type of identification	If other, please explain	
Expiration date	Issuing country	Mailing address (if different from residential address)	
City, State, ZIP code, Country	Residential telephone No.	Alternate telephone No.	Email

## Signer/Control Person/Stockholder Information 6

### SECTION I – Check if you are a Signer, Shareholder and/or Control person of the legal entity that owns this account and complete the information (check all that apply).

Signer <input type="checkbox"/>	Stockholder <input type="checkbox"/>	% of shares	Control person <input type="checkbox"/>
Position	Profession	Information of power of attorney certifying representation	
Names		Surnames	
Date of birth	Residential address		
City	State/Province	ZIP code	Country
Primary identification number	Type of identification	If other, please explain	
Expiration date		Issuing country	

Are you a politically exposed person in another country? According to the definition on section V of the attached contract.

Yes ☐ No ☐

## SECTION II – To be completed only by the signers of the account.

Gender	Marital status	Nationality	Other nationality
Secondary identification number	Type of identification	If other, please explain	
Expiration date	Issuing country	Mailing address (if different from residential address)	
City, State, ZIP code, Country	Residential telephone No.	Alternate telephone No.	Email

# Certification of Beneficial Owner(s)

Date     /     /

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

First and second last name and title of person opening account

First and middle name

Title

Name and type of Legal Entity for which the account is being opened

Legal Entity address

City

State

ZIP/Postal code

## SECTION I: General Instructions

### What is this form?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### Who has to complete this form?

This form must be completed by the person opening a new account or maintaining business relationships on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities. For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country.

### What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of non-U.S. persons) for the following beneficial owners:

- (i) **Ownership:** Each individual (if any) who directly or indirectly owns 25% or more of the equity interests of a legal entity customer. In the case of BSJI, we consider the 10 percent or more of the equity interest of the legal entity customer and; depending on the facts, up to four individuals may need to be identified; and
- (ii) **Control person:** An individual with “significant responsibility to control, manage, or direct a legal entity customer” (including an individual acting in an executive officer or senior management position, such as a Chief Executive Officer [CEO], Chief Financial Officer [CFO], Chief Operating Officer [COO], Managing Member, General Partner, President, Vice President, or Treasurer). The financial institution may also ask to see a copy of a valid government ID or other identifying document for each beneficial owner listed on this form.

## SECTION II: Certification of Beneficial Owner(s)

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the (SSN/ITIN) and leave Primary ID Type, Description and ST/Ctry/Prov blank.
- For a non-U.S. person without a (SSN/ITIN), provide a valid Passport Number and Country of Issuance. In lieu of a passport, non-U.S. persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Persons opening an account on behalf of a legal entity must provide the following information:

First and second last name

First and middle name

Date of birth

% of shares

Position

Address

City

State

ZIP/Postal code

Country

SSN/ITIN (U.S. Persons)

For Non-U.S. persons

Issuing country

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check “Beneficial Owner Not Applicable” below and skip this section.

Beneficial Owner Not Applicable ☐

## Second Beneficial Owner (if required)

First and second last name

First and middle name

Date of birth

% of shares

Position

Address

City

State

ZIP/Postal code

Country

SSN/ITIN (U.S. Persons)

For Non-U.S. persons

Issuing country

## Third Beneficial Owner (if required)

First and second last name

First and middle name

Date of birth

% of shares

Position

Address

City

State

ZIP/Postal code

Country

SSN/ITIN (U.S. Persons)

For Non-U.S. persons

Issuing country

### Fourth Beneficial Owner (if required)

First and second last name		First and middle name	
<hr/>		<hr/>	
Date of birth	% of shares	Position	
<hr/>	<hr/>	<hr/>	
Address		City	
<hr/>		<hr/>	
State	ZIP/Postal code	Country	
<hr/>	<hr/>	<hr/>	
SSN/ITIN (U.S. Persons)	For Non-U.S. persons	Issuing country	
<hr/>	<hr/>	<hr/>	

### Fifth Beneficial Owner (if required)

First and second last name		First and middle name	
<hr/>		<hr/>	
Date of birth	% of shares	Position	
<hr/>	<hr/>	<hr/>	
Address		City	
<hr/>		<hr/>	
State	ZIP/Postal code	Country	
<hr/>	<hr/>	<hr/>	
SSN/ITIN (U.S. Persons)	For Non-U.S. persons	Issuing country	
<hr/>	<hr/>	<hr/>	

### Sixth Beneficial Owner (if required)

First and second last name		First and middle name	
<hr/>		<hr/>	
Date of birth	% of shares	Position	
<hr/>	<hr/>	<hr/>	
Address		City	
<hr/>		<hr/>	
State	ZIP/Postal code	Country	
<hr/>	<hr/>	<hr/>	
SSN/ITIN (U.S. Persons)	For Non-U.S. persons	Issuing country	
<hr/>	<hr/>	<hr/>	

### Seventh Beneficial Owner (if required)

First and second last name		First and middle name	
<hr/>		<hr/>	

Date of birth	% of shares	Position
_____	_____	_____
Address		City
_____		_____
State	ZIP/Postal code	Country
_____	_____	_____
SSN/ITIN (U.S. Persons)	For Non-U.S. persons	Issuing country
_____	_____	_____

### Eighth Beneficial Owner (if required)

First and second last name		First and middle name
_____		_____
Date of birth	% of shares	Position
_____	_____	_____
Address		City
_____		_____
State	ZIP/Postal code	Country
_____	_____	_____
SSN/ITIN (U.S. Persons)	For Non-U.S. persons	Issuing country
_____	_____	_____

### Ninth Beneficial Owner (if required)

First and second last name		First and middle name
_____		_____
Date of birth	% of shares	Position
_____	_____	_____
Address		City
_____		_____
State	ZIP/Postal code	Country
_____	_____	_____
SSN/ITIN (U.S. Persons)	For Non-U.S. persons	Issuing country
_____	_____	_____

### Tenth Beneficial Owner (if required)

First and second last name		First and middle name
_____		_____
Date of birth	% of shares	Position
_____	_____	_____
Address		City
_____		_____

State	ZIP/Postal code	Country
SSN/ITIN (U.S. Persons)	For Non-U.S. persons	Issuing country

The following information for **one** individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (C) above may also be listed in this section (D)).

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN and leave Primary ID Type, Description and ST/Ctry/Prov blank.

- For a non-U.S. person without a SSN/ITIN, provide a valid Passport Number and Country of Issuance. In lieu of a passport, non-U.S. persons may also provide a U.S. government-issued Alien ID or other foreign government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

## Individual with Control

First and second last name	First and middle name	
Date of birth	% of shares	Position
Address	City	
State	ZIP/Postal code	Country
SSN/ITIN (U.S. Persons)	For Non-U.S. persons	Issuing country

## Certified/Agreed

I, \_\_\_\_\_ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature	Date (mm/dd/yyyy)
Legal Entity Identifier (optional)	





**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):
- |  |   |
|--|---|
| <input type="checkbox"/> Government                                  | <input type="checkbox"/> Company that meets the ownership and base erosion test                         |
| <input type="checkbox"/> Tax exempt pension trust or pension fund    | <input type="checkbox"/> Company that meets the derivative benefits test                                |
| <input type="checkbox"/> Other tax exempt organization               | <input type="checkbox"/> Company with an item of income that meets active trade or business test        |
| <input type="checkbox"/> Publicly traded corporation                 | <input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received |
| <input type="checkbox"/> Subsidiary of a publicly traded corporation | <input type="checkbox"/> 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 Bank**18 ☐ 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 Accounts**19 ☐ 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 Entity**22 ☐ 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 Accounts**23 ☐ 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 FFI**41 ☐ 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)(ii)(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 to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W;
- The entity identified on line 1 of this form is not a U.S. person;
- 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**
- 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.**

**Sign Here**

Signature of individual authorized to sign for beneficial owner

Print Name

Date (MM-DD-YYYY)

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