Form W-8BEN

(Rev. February 2014)

Department of the Treasury Internal Revenue Service

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

► For use by individuals. Entities must use Form W-8BEN-E.

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do No	OT use this form if:			Instead, use Form:	
• You	are NOT an individual			W-8BEN-E	
• You	are a U.S. citizen or other U.S. person, including a resider	nt alien individual		W-9	
	are a beneficial owner claiming that income is effectively or than personal services)		of trade or business	within the U.S.	
• You	are a beneficial owner who is receiving compensation for	personal services performed	I in the United State	s 8233 or W-4	
• A pe	rson acting as an intermediary			W-8IMY	
Par					
1	Name of individual who is the beneficial owner		2 Country of	2 Country of citizenship	
3	Permanent residence address (street, apt. or suite no., or	or rural route). Do not use a l	P.O. box or in-care	-of address.	
	City or town, state or province. Include postal code whe	re appropriate.		Country	
4	Mailing address (if different from above)				
	City or town, state or province. Include postal code where appropriate.			Country	
	U.S. taxpayer identification number (SSN or ITIN), if requ	uired (see instructions)	6 Foreign tax	identifying number (see instructions)	
3	0.3. taxpayer identification frumber (0314 of 11114), if fequ	ulled (See Illstractions)	O Toleightax	identifying number (see instructions)	
7	Reference number(s) (see instructions)	8 Date of birth (MM-DE	<mark>)-YYYY</mark>) (see instruc	etions)	
Par	Claim of Tax Treaty Benefits (for chap	ter 3 purposes only) (se	ee instructions)		
9	I certify that the beneficial owner is a resident of within the meaning of the income tax treaty				
	between the United States and that country.				
10	Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article				
	of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):				
	Explain the reasons the beneficial owner meets the terms of the treaty article:				
Pari	Certification				
	penalties of perjury, I declare that I have examined the information	on this form and to the best of r	ny knowledge and beli	ef it is true correct and complete. I further	
	under penalties of perjury that:	on this form and to the best of t	ny knowledge and ben	er it is true, correct, and complete. Further	
_		I to along four the individual that is	the beneficial access o	f all the imported to which this forms valetce or	
•	I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,				
•	The person named 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 applicable income tax treaty, or				
	(c) the partner's share of a partnership's effectively connected income,				
•	The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, 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 withhold any withholding agent that can disburse or make payments of the if any certification made on this form becomes incorrect.				
Sign	Here \				
J	Signature of beneficial owner (or individual	ual authorized to sign for benefic	ial owner)	Date (MM-DD-YYYY)	
	Print name of signer		Capacity in which act	ing (if form is not signed by beneficial owner)	