



兆豐國際商業銀行

Mega International Commercial Bank

New York Branch

65 Liberty Street, New York, NY 10005 Tel: (212) 608-4222 Fax: (212) 608-4943

CUSTOMER IDENTIFICATION PROGRAM NOTICE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

**** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If you are opening an account on behalf of a business entity, documents relating to its formation, existence and authority may also be requested.**

CUSTOMER INFORMATION PROFILE (Non-Individual Account) 客戶資料表(法人、團體帳戶適用)

A/C No. 帳戶號碼:

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格，若有任何更正請於旁邊簡簽!

Customer Information 客戶基本資料		
Full Name In English and/or Chinese, if any 英文名稱及中文名稱(若有)		
Legal structure 法人類型		
<input type="checkbox"/> Government – Embassy 台灣駐外大使館 <input type="checkbox"/> Government – Representative Office and its subsidiaries 台灣駐外代表處及其附設辦事處 <input type="checkbox"/> Government – Agricultural, Technical, Medical Missions/Projects or Others 台灣農業、技術、醫療使節團/專案等或其他政府機關 <input type="checkbox"/> Association 協會 <input type="checkbox"/> Non-bank Financial institution 非銀行金融機構 <input type="checkbox"/> Corporation/Incorporation 企業 <input type="checkbox"/> Foundation 基金會	<input type="checkbox"/> Limited Liability Partnership (LLP) 有限責任合夥公司 <input type="checkbox"/> Liability Partnership (LP) 責任合夥公司 <input type="checkbox"/> Limited Liability Company (LLC) 有限責任公司 <input type="checkbox"/> Non-Governmental Organization/ Non-Profit Organization(NGO/NPO) 非政府/非營利組織 <input type="checkbox"/> Pension Plan 退休金計畫 <input type="checkbox"/> Sole Proprietorship 獨資公司 <input type="checkbox"/> Trust/Investment company 信託/投資公司 <input type="checkbox"/> Others(Please specify) 其他(請敘明) _____	
Entity Type 法人型態		
<input type="checkbox"/> Taiwan Government 台灣政府機關 <input type="checkbox"/> Domestic Corporation 美國企業 <input type="checkbox"/> Foreign Corporation 外國企業 <input type="checkbox"/> Domestic Correspondent Bank 美國銀行	<input type="checkbox"/> Foreign Correspondent Bank 外國銀行 <input type="checkbox"/> Domestic Trust/Investment Corporation 美國信託/投資公司 <input type="checkbox"/> Foreign Trust/Investment Corporation 外國信託/投資公司 <input type="checkbox"/> Others(Please specify) 其他(請敘明) _____	
Registration Number 註冊號碼		
<input type="checkbox"/> Certificate of Incorporation 公司註冊證件/經濟部公司設立核准函 <input type="checkbox"/> Business Registration Certificate 營利事業登記證 <input type="checkbox"/> Legal Registration Number 法人登記案號 <input type="checkbox"/> Other 其他 _____	NO. 號碼 _____ NO. 號碼 _____ NO. 號碼 _____ NO. 號碼 _____	
Country of Registration 註冊國	Date of Incorporation 成立日期 _____/_____/_____ 月 Month / 日 Day / 年 Year	Amount of capital, if available 註冊資本額,如有 _____ Currency 幣別 Amount(in thousand) 金額(仟元)
Registered Address 註冊地址		
Operating Address/Office Address 營運/辦公室地址		
Mailing Address: Paper statement and other notices will be sent to mailing Address. 通訊地址:寄發紙本對帳單及其他通知使用。		
<input type="checkbox"/> Same as registered address 同註冊地址 <input type="checkbox"/> Same as operating/office address 同營運/辦公室地址 <input type="checkbox"/> Others 其他:		

CUSTOMER INFORMATION PROFILE (Non-Individual Account) 客戶資料表(法人、團體帳戶適用)

A/C No. 帳戶號碼:

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格，若有任何更正請於旁邊簡簽!

Number of Employees 僱員人數	Office Telephone No. 辦公室電話號碼 _____-_____-_____ 國碼 - 區碼 - 電話	Office Fax No. 辦公室傳真號碼 _____-_____-_____ 國碼 - 區碼 - 電話
E-mail Address 電子信箱		
Primary 主要聯絡信箱 _____		
Alternative, if any 備用聯絡信箱,若有 _____		
Official Website, if any 官方網站, 若有:		
Liaison Information 主要聯絡人及聯絡方式		
Name 姓名: _____ Tel 電話: _____ EXT. _____		
EMAIL: _____		
Nature of Business/Industry 產業類型	Category of Product(s) or Service(s) 主要商品或服務類別	
Country of Major Suppliers 主要供應商所在國	Sales Target Market 主要銷售國家	
Annual Business Revenue 年度營業額		
USD Amount(in thousand) 金額: _____美金(仟元)		
Authorized Signers and Please Attach The Passport or Photo ID 有權簽字人，並檢附護照或有照片之身分證件		
1. Given Name 名 _____ Middle Name 中間名 _____ Surname 姓 _____ Date of Birth 生日 _____ MM月/_____ DD日/_____ YYYY年 Position/Title 職稱 _____ Passport No./Taiwan ID No. 護照號碼/台灣身分證字號 _____		
2. Given Name 名 _____ Middle Name 中間名 _____ Surname 姓 _____ Date of Birth 生日 _____ MM月/_____ DD日/_____ YYYY年 Position/Title 職稱 _____ Passport No./Taiwan ID No. 護照號碼/台灣身分證字號 _____		
3. Given Name 名 _____ Middle Name 中間名 _____ Surname 姓 _____ Date of Birth 生日 _____ MM月/_____ DD日/_____ YYYY年 Position/Title 職稱 _____ Passport No./Taiwan ID No. 護照號碼/台灣身分證字號 _____		
4. Given Name 名 _____ Middle Name 中間名 _____ Surname 姓 _____ Date of Birth 生日 _____ MM月/_____ DD日/_____ YYYY年 Position/Title 職稱 _____ Passport No./Taiwan ID No. 護照號碼/台灣身分證字號 _____		
5. Given Name 名 _____ Middle Name 中間名 _____ Surname 姓 _____ Date of Birth 生日 _____ MM月/_____ DD日/_____ YYYY年 Position/Title 職稱 _____ Passport No./Taiwan ID No. 護照號碼/台灣身分證字號 _____		

CUSTOMER INFORMATION PROFILE (Non-Individual Account) 客戶資料表(法人、團體帳戶適用)

A/C No. 帳戶號碼:

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以 英文 填寫此表格, 若有任何更正請於旁邊簡簽!

Ownership Information (Where applicable) 股東結構(如適用)		
Are you and/or your parent company a publicly traded company in U.S.A or foreign countries? 您或您的母公司是否為美國/外國之公開上市/櫃公司?		
<input type="checkbox"/> Yes 是,		
Country 上市/櫃國家 _____, Stock Exchange 交易所代號: _____, Stock Symbol 股票代號: _____		
Country 上市/櫃國家 _____, Stock Exchange 交易所代號: _____, Stock Symbol 股票代號: _____		
<input type="checkbox"/> No 否		
Name and Country of Parent Company/shareholding ratio (if any) 母公司名稱與所在國/母公司持股比例(如有)		
Parent Company's Name in English and/or Chinese 母公司英文/中文名稱:		
Country of Parent Company 母公司所在國:	Owned ratio by parent company 母公司持股比例:	
	<input type="checkbox"/> 100% wholly owned 完全持有	
	<input type="checkbox"/> Others, Please specify 其他, 請敘明: _____ %	
Approximate number of owners 股東人數		
<input type="checkbox"/> Not applicable (ex: publicly traded company in USA or foreign countries) 不適用(如美國或外國之上市公司)		
<input type="checkbox"/> 1-4 owners (名) <input type="checkbox"/> 5-10 owners (名) <input type="checkbox"/> 11-50 owners (名)		
<input type="checkbox"/> 51-100 owners (名) <input type="checkbox"/> >100 owners (名)		
Funds and Transactions Information 帳戶交易資料		
Purpose of this Account (Please check all kinds of anticipated activities) 開戶用途(請勾選此帳戶所有可能用途)		
<input type="checkbox"/> Savings 儲蓄 <input type="checkbox"/> For Transaction of good(s) / service(s) 商品/服務交易 <input type="checkbox"/> Payroll 薪酬支出		
<input type="checkbox"/> Foreign Affairs Usage 外交用途 <input type="checkbox"/> Office expenses 辦公室開支 <input type="checkbox"/> Line of credit 貸款需求		
<input type="checkbox"/> Loan Repayment 貸款還款 <input type="checkbox"/> Retirement Investments 員工退休福利		
<input type="checkbox"/> Investment 投資 (please specify 請敘明): _____		
<input type="checkbox"/> Transactions 交易需求(please specify 請敘明) _____		
<input type="checkbox"/> Others 其他 (please specify 請敘明) _____		
Estimated Average <u>Monthly</u> Volumes of Each Type of Transactions 預期交易類型及每月平均交易量		
1. Domestic incoming wire transfers 由美國境內其他銀行匯入	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
<input type="checkbox"/> None 無此交易		
2. International incoming wire transfers 國際電匯匯入款	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
<input type="checkbox"/> None 無此交易		
Anticipated Country of Origin of Remittance Fund (Please list all if more than one) 預期主要匯入款資金來源國家 (可填多國)		

CUSTOMER INFORMATION PROFILE (Non-Individual Account) 客戶資料表(法人、團體帳戶適用)

A/C No. 帳戶號碼:

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格，若有任何更正請於旁邊備簽!

3. Domestic outgoing wire transfers 匯出至美國境內其他銀行 <input type="checkbox"/> None 無此交易	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
4. International outgoing wire transfers 國際電匯匯出款 <input type="checkbox"/> None 無此交易	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
Anticipated country of Beneficiary of Remittance Fund (Please list all if more than one) 預期主要匯出款資金收款國家(可填多國)		
5. Cash deposits 現金存入 <input type="checkbox"/> None 無此交易	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
6. Cash withdrawals 現金提領 <input type="checkbox"/> None 無此交易	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
7. Checks deposits 一般支票/銀行本票/匯票等 票據存入 <input type="checkbox"/> None 無此交易	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
8. Checks issuance 票據簽發 <input type="checkbox"/> None 無此交易	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
9. Domestic ACH Transactions 美國境內授權代收/代付交易 <input type="checkbox"/> None 無此交易	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
10. International ACH Transactions 跨國授權代收/代付交易 <input type="checkbox"/> None 無此交易	No. of counts 筆數: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> >300	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-50,000 <input type="checkbox"/> 50,001-250,000 <input type="checkbox"/> 250,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> 5,000,001-25,000,000 <input type="checkbox"/> >25,000,000
11. Other Transactions 其他交易 Please specify the transaction type, volume and counterparty's information 請列明交易類型，交易筆數和金額，以及交易對方的國別等訊息。		

CUSTOMER INFORMATION PROFILE (Non-Individual Account) 客戶資料表(法人、團體帳戶適用)

A/C No. 帳戶號碼:

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格，若有任何更正請於旁邊簡簽!

Means of Collecting Account Statement. Choose Either One 收取對帳單方式,請擇一選取

PAPERLESS (REQUEST TO STOP SENDING ACCOUNT STATEMENT BY MAIL),

Statement to be transmitted to Email Address. 不需要再接獲紙本對帳單，並請將對帳單寄至電子郵件信箱。

Authorization to Send Monthly Statement via E-Mail

By this notice, I hereby authorize Mega International Commercial Bank, New York Branch to send my monthly account statement via e-mail to me.

I am aware that all banking institutions are normally using mail delivery to send monthly account statement to their customers. As I need to expedite the receipt of account statement for my convenience, your Branch is requested to send my monthly account statement via e-mail to me after the closing date of each month or quarterly, if no transactions occurred or whenever individual request arise. For this purpose, I am responsible to provide a correct e-mail address for my own account (one e-mail address for multiple account statements is not permitted). I understand that I will receive the said statement on a monthly basis or will assign an in charge person to receive the statement on my behalf. Your Branch will be noticed in writing if I wish to stop the delivery of statements via email or if I suspect that the security for the e-mail communication has been compromised.

I understand that there is potential risk that my account activity information might be exposed or intercepted via the e-mail communication. I therefore indemnify your Branch from any liabilities arising from this e-mail service.

PAPER Statement only. 紙本對帳單

BOTH Email statement and paper statement. 電子對帳單及紙本對帳單

Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief and I also agree the document(s) submitted is(are) valid from the approval date.

In case of any changes mentioned above, I confirm that I will notify the bank within one month of such a change.

本人茲聲明上述提供資料皆正確，且同意經本行核准後生效。上述資料如有任何異動，將於一個月內主動通知貴銀行。

Customer Signature (as per the bank record)
客戶簽字 (須與銀行原留簽樣相同)

_____/_____/_____
Date 日期: MM 月 / DD 日 / YYYY 年

CUSTOMER INFORMATION PROFILE (Non-Individual Account) 客戶資料表(法人、團體帳戶適用)

A/C No. 帳戶號碼:

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以 英文 填寫此表格，若有任何更正請於旁邊簡簽!

For Bank Use Only 銀行專用			
<input type="checkbox"/> W-8BEN-E DATE:			
<input type="checkbox"/> W-8ECI DATE:			
<input type="checkbox"/> W-8EXP DATE:			
<input type="checkbox"/> W-9 DATE:			
<input type="checkbox"/> Date Of Account Started with the Bank:			
RECEIVED DATE 收件日	VERIFIED AND HANDLED BY 經辦	REVIEWED BY 乙級主管	APPROVED BY 甲級主管
	DATE 日期	DATE 日期	DATE 日期

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

▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code.
▶ Go to www.irs.gov/FormW8BENE for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form for:

Instead use Form:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization
---	--

3 Name of disregarded entity receiving the payment (if applicable, see instructions)
--

4 Chapter 3 Status (entity type) (Must check one box only):

<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership
<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Estate
<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Government
<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization	

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. Yes No

5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)

<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. <input type="checkbox"/> Account that is not a financial account.
---	---

6 Permanent residence address (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
---	---------

7 Mailing address (if different from above)	
---	--

City or town, state or province. Include postal code where appropriate.	Country
---	---------

8 U.S. taxpayer identification number (TIN), if required	9a GIIN	b Foreign TIN
--	---------	---------------

10 Reference number(s) (see instructions)

Note: Please complete remainder of the form including signing the form in Part XXX.

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 Bank18 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 Accounts19 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 Entity22 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 Accounts23 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 FFI26 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 Issue27 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.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following persons must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting

(For use by foreign governments, international organizations, foreign central banks of issue, foreign tax-exempt organizations, foreign private foundations, and governments of U.S. possessions.)

OMB No. 1545-1621

Department of the Treasury
Internal Revenue Service

- ▶ Go to www.irs.gov/FormW8EXP for instructions and the latest information.
- ▶ Section references are to the Internal Revenue Code.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

Instead, use Form:

- A foreign government or other foreign organization that is not claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) W-8BEN-E or W-8ECI
- A beneficial owner solely claiming foreign status or treaty benefits W-8BEN or W-8BEN-E
- A foreign partnership or a foreign trust W-8BEN-E or W-8IMY
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A person acting as an intermediary W-8IMY

Part I Identification of Beneficial Owner

1 Name of organization	2 Country of incorporation or organization
------------------------	--

3 Type of entity	<input type="checkbox"/> Foreign government <input type="checkbox"/> International organization <input type="checkbox"/> Foreign central bank of issue (not wholly owned by the foreign sovereign)	<input type="checkbox"/> Foreign tax-exempt organization <input type="checkbox"/> Foreign private foundation <input type="checkbox"/> Government of a U.S. possession
------------------	--	---

4 Chapter 4 Status (FATCA status):

<input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a Reporting Model 1 FFI). <input type="checkbox"/> Nonreporting IGA FFI. Complete Part III. <input type="checkbox"/> Territory financial institution. Complete Part III. <input type="checkbox"/> International organization.	<input type="checkbox"/> Foreign government (including a political subdivision), government of a U.S. possession, or foreign central bank of issue. Complete Part III. <input type="checkbox"/> Exempt retirement plan of foreign government. Complete Part III. <input type="checkbox"/> 501(c) organization. Complete Part III. <input type="checkbox"/> Passive NFFE. Complete Part III. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part III.
--	---

5 Permanent address (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
---	---------

6 Mailing address (if different from above).

City or town, state or province. Include postal or ZIP code where appropriate.	Country
--	---------

7 U.S. TIN, if required (see instructions)	8a GIIN	b Foreign TIN (see instructions)
--	---------	----------------------------------

9 Reference number(s) (see instructions)

Part II Qualification Statement for Chapter 3 Status

10 For a foreign government:

a I certify that the entity identified in Part I is a foreign government within the meaning of section 892 and the payments are within the scope of the exemption granted by section 892.
Check box 10b or box 10c, whichever applies.

b The entity identified in Part I is an integral part of the government of _____.

c The entity identified in Part I is a controlled entity of the government of _____.

11 For an international organization:

I certify that:

- The entity identified in Part I is an international organization within the meaning of section 7701(a)(18), and
- The payments are within the scope of the exemption granted by section 892.

12 For a foreign central bank of issue (not wholly owned by the foreign sovereign):

I certify that:

- The entity identified in Part I is a foreign central bank of issue,
- The entity identified in Part I does not hold obligations or bank deposits to which this form relates for use in connection with the conduct of a commercial banking function or other commercial activity, and
- The payments are within the scope of the exemption granted by section 895.

Part II Qualification Statement for Chapter 3 Status *(continued)***13 For a foreign tax-exempt organization, including foreign private foundations:**

If any of the income to which this certification relates constitutes income includible under section 512 in computing the entity's unrelated business taxable income, attach a statement identifying the amounts.

Check either box 13a or box 13b.

- a** I certify that the entity identified in Part I has been issued a determination letter by the IRS dated _____ that is currently in effect and that concludes that it is an exempt organization described in section 501(c).
- b** I have attached to this form an opinion from U.S. counsel concluding that the entity identified in Part I is described in section 501(c).

For section 501(c)(3) organizations only, check either box 13c or box 13d.

- c** If the determination letter or opinion of counsel concludes that the entity identified in Part I is described in section 501(c)(3), I certify that the organization is not a private foundation described in section 509. I have attached an affidavit of the organization setting forth sufficient facts for the IRS to determine that the organization is not a private foundation because it meets one of the exceptions described in section 509(a)(1), (2), (3), or (4).
- d** If the determination letter or opinion of counsel concludes that the entity identified in Part I is described in section 501(c)(3), I certify that the organization is a private foundation described in section 509.

14 For a government of a U.S. possession:

I certify that the entity identified in Part I is a government of a possession of the United States, or is a political subdivision thereof, and is claiming the exemption granted by section 115(2).

Part III Qualification Statement for Chapter 4 Status (if required)**15 For a nonreporting IGA FFI:**

- 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 _____;
 - Is treated as a _____ under the provisions of the applicable IGA (see instructions); **and**
 - If you are an FFI treated as a registered deemed-compliant FFI under an applicable Model 2 IGA, provide your GIIN: _____.

16 For a territory financial institution:

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.

17 For a foreign government (including a political subdivision), government of a U.S. possession, or foreign central bank of issue:

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)).

18 For an exempt retirement plan of a foreign government:

- 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 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 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.

19 For a 501(c) organization:

I certify that the entity identified in Part I is an entity described in section 501(c) but is not an insurance company described in section 501(c)(15).

20 For a passive NFFE:

- a** 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).

Check box 20b or 20c, whichever applies.

- b** I further certify that the entity identified in Part I has no substantial U.S. owners, **or**
- c** I further certify that the entity identified in Part I has provided a statement including the name, address, and TIN of each substantial U.S. owner of the NFFE (see instructions).

21 Name of sponsoring entity: _____

I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified in line 21.

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:

- The organization for which I am signing is the beneficial owner of the income and other payments to which this form relates,
- The beneficial owner is not a U.S. person,
- For a beneficial owner that is a controlled entity of a foreign sovereign (other than a central bank of issue wholly owned by a foreign sovereign), the beneficial owner is not engaged in commercial activities within or outside the United States, **and**
- For a beneficial owner that is a central bank of issue wholly owned by a foreign sovereign, the beneficial owner is not engaged in commercial activities within the United States.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner.

I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

**Sign
Here** ▶

Signature of authorized official

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.



兆豐國際商業銀行 紐約分行

Mega International Commercial Bank

New York Branch

A/C NO. _____

Tel: +1 (212) 608-4222

65 Liberty Street, New York, NY10005, U.S.A.

Certification of Ultimate Beneficial Owner(s) and Controlling Party 最終受益人與控制權人資料表

Account Name: _____

Tax ID No.: _____

1. Please provide 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.

請提供直接或間接持有公司/法人股份或資本 25%或以上者自然人之相關資料，如英文姓名、生日、地址、社會安全號碼(美國籍)、有效護照號碼及國別(非美國籍)、持股百分比。

English Name 英文姓名	Date of Birth 生日 MM/DD/YYYY 月/日/年	Residential Address 居住地址	For U.S. Persons: Social Security Number 美國籍:社會安全碼	For Foreign Persons: Valid Passport Number/ Country of Issuance 非美國籍:有效護照號碼及簽發國	Percentage of Interests (%) 持股比例(%)

We have no beneficial owners with an equity interests of 25% or more. 若無持有公司/法人股份或資本 25%或以上者之自然人，請在此欄位註明 [X]。

2. Please provide the following information for individual(s) with significant responsibility for managing the legal entity listed above, such as: (1) 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 (2) Any other individual who regularly performs similar functions (e.g., For government agencies: Ambassador, Representative, Director, Consul General, Project Manager and etc.) as above-mentioned.:

請提供擔任(1)高階經理人(如執行長、財務長、營運長、董事、董事長、總經理等)，或(2)相當或類似上述職權之自然人(政府單位如:大使、處長、代表、總領事、技術團計畫經理等之最高管理者)之相關資料，如英文姓名、生日、地址、社會安全號碼(美國籍)、有效護照號碼及國別(非美國籍)、持股百分比：

English Name 英文姓名	Date of Birth 生日 MM/DD/YYYY 月/日/年	Residential Address 居住地址	For U.S. Persons: Social Security Number 美國籍:社會安全碼	For Foreign Persons: Valid Passport Number/ Country of Issuance 非美國籍:有效護照號碼及簽發國	Percentage of Interests (%), if any 持股比例(%),若有

3. Does/Did any of the above-listed beneficial owner hold a highest ranking position in public office or otherwise serve in a politically-involved role (see attachment) in Taiwan or foreign government?

問題 1 或 2 所列之自然人是否現任或曾任於台灣/外國政府部門之高階官員(如附表)或從事政治工作(如政黨人士、政府顧問等)?

No, 否

Yes, please provide the name below and specify the beneficial owner's official political title (include separate sheet if more space is needed):

是，請提供該等自然人以下之資訊(表格若不敷使用，請自行增列):

English Name 英文姓名	Name of government department/agency and official political title 服務機關與工作職稱	Dates of service (MM/YY – MM/YY) 任職期間

4. Does/Did any immediate family member of a listed beneficial owner hold a highest ranking position in public office or serve in a politically-involved role (see attachment) in Taiwan or foreign government? Immediate family member includes: Spouse (or legal equivalent), Children, Children's spouses (son/daughter-in-law), Parents, Siblings, or Spouse's Parents and Siblings. If yes, please specify details in the table provided below:

問題 1 或 2 所列自然人之近親(如配偶、小孩及女婿或媳婦、父母、兄弟姊妹、配偶父母或配偶之兄弟姊妹)是否現任或曾任於台灣/外國政府部門之高階官員(如附表)或從事政治工作(如政黨人士、政府顧問等)?

No, 否

Yes, please provide the name below and specify the immediate family member of a listed beneficial owner's official political title (include separate sheet if more space is needed): 是，請提供該等自然人以下之資訊(表格若不敷使用，請自行增列):

English Name of Beneficial Owner 最終受益人英文姓名	English and/or Chinese Name of Immediate Family Member and relationship 近親英文姓名及關係	Date of Birth 生日 MM/DD/YYYY 月/日/年	Nationality and Current Residential country 國籍及現居國家	Name of government department/agency and official political title 服務機關與工作職稱	Dates of service (MM/YY – MM/YY) 任職期間

I, _____ (*printed name(s) of authorized signer(s)*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct, and I agree to provide the register of shareholders to Mega International Commercial Bank, New York Branch (“Mega ICBC”). I declare that I will inform Mega ICBC in writing of any changes in the beneficial owners or the percentage interests held within one month. I will also inform Mega ICBC of the issue of any new shares where this has consequences for the above details.

我, 擔任有權簽字人, 特此聲明上述內容均屬實且同意應兆豐國際商業銀行之請求提供必要相關文件(如股東名冊)等以佐證, 嗣後如有情況變更時, 將於一個月內主動通知貴銀行。

Customer Signature (as per bank record): _____ Date: _____/_____/_____ MM/DD/YYYY

*****Please provide the photocopy of identification of above mentioned person(s), ex: valid passport、U.S. driver license and etc.** In lieu of a valid passport number, foreign persons may also provide an alien identification card, or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard, ex: Taiwan ID. **請提供以上人士的身分證件影本, 如有效護照、美國駕照等**, 若非美國籍人士亦無持有有效護照時, 則請提供由外國政府發行附照片的有效身分證件影本, 如台灣身分證等。

ATTACHMENT 附表

Individuals of Prominent public function in Domestic or Overseas, including but not limited to following positions:
國內、外重要政治性職務之人，其範圍包括但不限於下列所示：

1. President、Vice President、Prime Minister and Deputy Prime Minister 總統、副總統、首相、副首相。
2. Secretary-general and Deputy Secretary-general to the President 總統府秘書長、副秘書長。
3. Secretary-general and Deputy Secretary-general to the National Security Conference 國家安全會議秘書長、副秘書長。
4. President and Vice President of Academia SINICA. 中央研究院院長、副院長。
5. Director General and Deputy Director General of National Security Bureau (NSB) 國家安全局局長、副局長。
6. President/Vice President/Secretary-general and Deputy Secretary-general of Executive, Legislative, Judicial, Examination, Control Branches of the government 五院院長、副院長、秘書長、副秘書長。
7. Elected/appointed members of Legislative, Examination, Control Yuan and a national parliament/congress/assembly or equivalent 立法委員、考試委員、監察委員及國會/議會或同級機構的委員。
8. Director-general and Deputy Director-general of second-level agencies of central organizations except Judicial Yuan; members of second-level independent agencies and Ministers without portfolio of Executive Yuan 司法院以外之中央二級機關首長、政務副首長、相當中央二級獨立機關委員及行政院政務委員。
9. Justice of the Constitutional Court 司法院大法官。
10. President and members of Supreme Court/Constitutional court/Supreme Administrative Court, Chief Commissioner of Committee on the Discipline of Public Functionaries, and Prosecutor-General of Supreme Prosecutor Office 最高法院、最高行政法院、憲法法院之院長及法官、公務員懲戒委員會委員長及最高法院檢察署檢察總長。
11. Mayor, Deputy Mayor, Magistrate, Deputy Magistrate, Head/Deputy of state and Head/Deputy of government 直轄市、縣(市)、州及省政府之首長、副首長。
12. Speaker and Deputy Speaker of the Municipality/County/City Council 直轄市及縣(市)議會正、副議長。
13. Ambassadors and permanent Representative (including Consul General、Direct General、Head of foreign governmental agencies) 駐外大使及常任代表(含處長、總領事、政府外交機關之首長)。
14. Lieutenant General or above 編階中將以上人員。
15. Chairman, CEO, and other equivalent executive members of the administrative, management or supervisory boards of government-owned company 國營事業之董事會或高階管理層成員(如董事長、總經理及其他相當職務者)。
16. Head or Senior officials of political party 中央、直轄市及縣(市)民意機關組成黨團之政黨負責人或高級官員。
17. Members of courts of auditors or of the boards of central banks. 中央銀行董事會成員或審計法庭委員
18. Senior executives serve as similar function, such as heads or its deputy, directors of the board or equivalent functions of following international organizations. 在下列依條約、協定或相類之國際書面協定所成立之國際組織擔任正、副主管及董事或其他相類似職務之高階管理人員。
 1. UN and affiliated organizations; 聯合國及其附隨國際組織。
 2. regional international organizations; 區域性國際組織。
 3. military international organization; 軍事國際組織。
 4. international economic organization; 國際經濟組織。
 5. other important international organizations in culture, science, sports, etc. 其他文化、科學、體育等領域具重要性之國際組織。
19. Person with substantial authority to promote, implement, and approve policy/operations related to significant public property, national resources. 擔任前18項以外職務，對於與重大公共事務之推動、執行，或鉅額公有財產、國家資源之業務有核定權限之人員。



Supplement A (Non-Individual Account) 附件 A (法人、團體帳戶適用)

A/C No. 帳戶號碼:

***Please fill up the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格，若有任何更正請於旁邊簡簽!

Funds and Wealth Background 資金及資產來源	
Sources of Funds (Please check all sources of funds associated with the account) 帳戶資金來源，請複選所有與此帳戶有關資金之來源	
<input type="checkbox"/> Business Income (please specify major counterparties and major goods traded) 營業收入(請敘明主要交易對象及交易商品) _____ <input type="checkbox"/> Investments Return/dividends 投資收入/紅利 <input type="checkbox"/> Rent 租金收入 <input type="checkbox"/> Inheritance/Gift 遺產/贈與所得 <input type="checkbox"/> Cash deposits of USD Currency 美金現金存款 <input type="checkbox"/> Cash deposits of other Currencies 其他幣別現金存款 (please specify 請敘明) _____ <input type="checkbox"/> Subsidiary/Benefits 津貼/福利金 <input type="checkbox"/> Pension(Incl.401K) 退休金(包括 401K 帳戶收入)	<input type="checkbox"/> Bonus/Commission 獎金/佣金 <input type="checkbox"/> Consultant fee 顧問收入 <input type="checkbox"/> Trust income 信託收入 <input type="checkbox"/> Insurance payout 保險金所得 <input type="checkbox"/> Lottery winnings 彩券所得 <input type="checkbox"/> Transfer in from other accounts: <input type="checkbox"/> Internet payments 網路轉帳 <input type="checkbox"/> Domestic wire transfer 境內匯款 <input type="checkbox"/> Foreign wire transfer 國際匯款 <input type="checkbox"/> Monetary instrument 金融票據 <input type="checkbox"/> Others 其他 _____ <input type="checkbox"/> Others 其他(please specify 請敘明)

Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief and I also agree the document(s) submitted is(are) valid from the approval date.

In case of any information changes, I confirm that I will notify the bank within one month.

本人茲聲明上述提供資料皆正確，且同意經本行核准後生效。上述資料如有任何異動，將於一個月內主動通知貴銀行。

 Customer Signature (as per the bank record)

_____/_____/_____
 Date 日期: MM 月 / DD 日 / YYYY 年

客戶簽名(須與銀行原留簽樣相同)

For Bank Use Only 銀行專用			
RECEIVED DATE 收件日	VERIFIED AND HANDLED BY 經辦	REVIEWED BY 乙級主管	APPROVED BY 甲級主管
	DATE 日期	DATE 日期	DATE 日期



兆豐國際商業銀行 紐約分行

Mega International Commercial Bank

New York Branch

A/C NO. _____

Tel: +1 (212) 608-4222

65 Liberty Street, New York, NY10005, U.S.A.

Certification of Ultimate Beneficial Owner(s) and Controlling Party 最終受益人與控制權人資料表

Account Name: _____

Tax ID No.: _____

1. Please provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10 percent or more of the equity interests of the legal entity listed above.

請提供直接或間接持有公司/法人股份或資本 10%或以上者自然人之相關資料，如英文姓名、生日、地址、社會安全號碼(美國籍)、有效護照號碼及國別(非美國籍)、持股百分比。

English Name 英文姓名	Date of Birth 生日 MM/DD/YYYY 月/日/年	Residential Address 居住地址	For U.S. Persons: Social Security Number 美國籍:社會安全碼	For Foreign Persons: Valid Passport Number/ Country of Issuance 非美國籍:有效護照號碼及簽發國	Percentage of Interests (%) 持股比例(%)

We have no beneficial owners with an equity interests of 10% or more. 若無持有公司/法人股份或資本 10%或以上者之自然人，請在此欄位註明 [X]。

2. Please provide the following information for individual(s) with significant responsibility for managing the legal entity listed above, such as: (1) 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 (2) Any other individual who regularly performs similar functions (e.g., For government agencies: Ambassador, Representative, Director, Consul General, Project Manager and etc.) as above-mentioned.:

請提供擔任(1)高階經理人(如執行長、財務長、營運長、董事、董事長、總經理等)，或(2)相當或類似上述職權之自然人(政府單位如：大使、處長、代表、總領事、技術團計畫經理等之最高管理者)之相關資料，如英文姓名、生日、地址、社會安全號碼(美國籍)、有效護照號碼及國別(非美國籍)、持股百分比：

English Name 英文姓名	Date of Birth 生日 MM/DD/YYYY 月/日/年	Residential Address 居住地址	For U.S. Persons: Social Security Number 美國籍:社會安全碼	For Foreign Persons: Valid Passport Number/ Country of Issuance 非美國籍:有效護照號碼及簽發國	Percentage of Interests (%), if any 持股比例(%),若有

3. Does/Did any of the above-listed beneficial owner hold a highest ranking position in public office or otherwise serve in a politically-involved role (see attachment) in Taiwan or foreign government?

問題 1 或 2 所列之自然人是否現任或曾任於台灣/外國政府部門之高階官員(如附表)或從事政治工作(如政黨人士、政府顧問等)?

No, 否

Yes, please provide the name below and specify the beneficial owner's official political title (include separate sheet if more space is needed):

是, 請提供該等自然人以下之資訊(表格若不敷使用, 請自行增列):

English Name 英文姓名	Name of government department/agency and official political title 服務機關與工作職稱	Dates of service (MM/YY – MM/YY) 任職期間

4. Does/Did any immediate family member of a listed beneficial owner hold a highest ranking position in public office or serve in a politically-involved role (see attachment) in Taiwan or foreign government? Immediate family member includes: Spouse (or legal equivalent), Children, Children's spouses (son/daughter-in-law), Parents, Siblings, or Spouse's Parents and Siblings. If yes, please specify details in the table provided below:

問題 1 或 2 所列自然人之近親(如配偶、小孩及女婿或媳婦、父母、兄弟姊妹、配偶父母或配偶之兄弟姊妹)是否現任或曾任於台灣/外國政府部門之高階官員(如附表)或從事政治工作(如政黨人士、政府顧問等)?

No, 否

Yes, please provide the name below and specify the immediate family member of a listed beneficial owner's official political title (include separate sheet if more space is needed): 是, 請提供該等自然人以下之資訊(表格若不敷使用, 請自行增列):

English Name of Beneficial Owner 最終受益人英文姓名	English and/or Chinese Name of Immediate Family Member and relationship 近親英文姓名及關係	Date of Birth 生日 MM/DD/YYYY 月/日/年	Nationality and Current Residential country 國籍及現居國家	Name of government department/agency and official political title 服務機關與工作職稱	Dates of service (MM/YY – MM/YY) 任職期間

I, _____ (*printed name(s) of authorized signer(s)*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct, and I agree to provide the register of shareholders to Mega International Commercial Bank, New York Branch (“Mega ICBC”). I declare that I will inform Mega ICBC in writing of any changes in the beneficial owners or the percentage interests held within one month. I will also inform Mega ICBC of the issue of any new shares where this has consequences for the above details.

我, 擔任有權簽字人, 特此聲明上述內容均屬實且同意應兆豐國際商業銀行之請求提供必要相關文件(如股東名冊)等以佐證, 嗣後如有情況變更時, 將於一個月內主動通知貴銀行。

Customer Signature (as per bank record): _____ Date: _____/_____/_____ MM/DD/YYYY

*****Please provide the photocopy of identification of above mentioned person(s), ex: valid passport、U.S. driver license and etc.** In lieu of a valid passport number, foreign persons may also provide an alien identification card, or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard, ex: Taiwan ID. **請提供以上人士的身分證件影本, 如有效護照、美國駕照等**, 若非美國籍人士亦無持有有效護照時, 則請提供由外國政府發行附照片的有效身分證件影本, 如台灣身分證等。