(Rev. December 2000)

Certificate of Foreign Intermediary,
Foreign Flow-Through Entity, or Certain U.S.
Branches for United States Tax Withholding

Section references are to the Internal Revenue Code.
Give this form to the withholding agent or payer. Do not send to the IRS.

Department of the Treasury Internal Revenue Service

OMB No. 1545-1621

☐ Qualified intermediary. Complete Part II. ☐ Nonwithholdi ☐ Nonqualified intermediary. Complete Part III. ☐ Nonwithholdi ☐ U.S. branch. Complete Part IV. ☐ Nonwithholdi ☐ Withholding foreign partnership. Complete Part V.			
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use P.O. box .			
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)		
5 Mailing address (if different from above)	,		
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)		
6 U.S. taxpayer identification number (if required, see instructions) ► SSN or ITIN □ EIN □ QI-EIN 8 Reference number(s) (see instructions)	7 Foreign tax identifying number, if any (optional)		
Part II Qualified Intermediary 9a (All qualified intermediaries check here) I certify that the entity identified in Part I:			
 Is a qualified intermediary and is not acting for its own account on line 8 or in a withholding statement associated with this form Has provided or will provide a withholding statement, as required to the account (applicable). I certify that the entity identified in Part I has assume under Chapter 3 of the Code with respect to the account (b) identified in the account (c) identified in the account (c) identified in the account (c) identified in the account (d) identified in the account (e) identified in the accoun	at with respect to the account(s) identified and red. med primary withholding responsibility tified on this line 9b or in a withholding		
c (If applicable) I certify that the entity identified in Part I has assume backup withholding responsibility as authorized in its withholding the account(s) identified on this line 9c or in a withholding statem.	gagreement with the IRS with respect to nent associated with this form		
Part III Nonqualified Intermediary			
10a (All nonqualified intermediaries check here) I certify that the entity intermediary and is not acting for its own account.	y identified in Part I is not a qualified		
ь (If applicable) I certify that the entity identified in Part I is using the and/or other documentary evidence and has provided or will provided.			

Form W-8IMY (Rev. 12-2000)

Part IV Certain United	States Branches	
	rt if the entity identified in Part I is a U.S. branch o	of a foreign bank or insurance company
	gulatory requirements (see instructions).	
	itity identified in Part I is a U.S. branch and that the conduct of a trade or business in the United States.	
Check box 12 or box 13,		
12 I certify that the er	ntity identified in Part I is using this form as eviden to be treated as a U.S. person with respect to any	
 Is using this form whom the branch 	ntity identified in Part I: In to transmit withholding certificates or other docureceives a payment and In will provide a withholding statement, as required.	imentary evidence for the persons for
Part V Withholding Fo	reign Partnership or Withholding Foreign Trust	
Is a withholding	ntity identified in Part I: foreign partnership or a withhholding foreign trust will provide the withholding statement, as required	
Part VI Nonwithholdir	ng Foreign Partnership, Simple Trust, or Gra	antor Trust
 Is a nonwithhold grantor trust and to treated as effective 	ntity identified in Part I: ing foreign partnership, a nonwithholding foreign so that the payments to which this certificate relates a ely connected, with the conduct of a trade or busing will provide a withholding statement, as required.	ire not effectively connected, or are not
Part VII Certification		
Furthermore, I authorize this form to b	nat I have examined the information on this form and to the best of my lee provided to any withholding agent that has control, receipt, or custod see or make payments of the income for which I am providing this form.	knowledge and belief it is true, correct, and complete. y of the income for which I am providing this form or
Sign Here		

