Form W-8BEN

(Rev. October 2021)

Department of the Treasury Internal Revenue Service

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

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

- ► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do No	OT use this f	orm if:			Instead, use Form:			
• You	are NOT an i	ndividual			W-8BEN-E			
• You	are a U.S. cit	izen or other U.S. person, including a resident alier	n individual		W-9			
		ial owner claiming that income is effectively conne nal services)		f trade or business	within the United States W-8ECI			
• You	are a benefic	ial owner who is receiving compensation for perso	nal services performed	in the United States	s 8233 or W-4			
• You	are a person	acting as an intermediary			W-8IMY			
		sident in a FATCA partner jurisdiction (that is, a Mirisdiction of residence.	lodel 1 IGA jurisdiction	with reciprocity), c	ertain tax account information may be			
Par	t I der	ntification of Beneficial Owner (see inst	ructions)					
1	Name of in	dividual who is the beneficial owner	·	2 Country of c	sitizenship			
3	Permanent	residence address (street, apt. or suite no., or rura	l route). Do not use a P	O. box or in-care	of address.			
	City or tow	n, state or province. Include postal code where app		Country				
4	Mailing add	lress (if different from above)						
	City or tow	n, state or province. Include postal code where app	propriate.		Country			
5	U.S. taxpa	ver identification number (SSN or ITIN), if required (see instructions)					
6a	Foreign tax	identifying number (see instructions)	6b Check if FTIN no	t legally required .				
7	Reference	number(s) (see instructions)	8 Date of birth (M	M-DD-YYYY) (see ii	nstructions)			
Par	t II Clai	m of Tax Treaty Benefits (for chapter 3	purposes only) (se	e instructions)				
9	I certify tha	t the beneficial owner is a resident of			within the meaning of the income tax			
	treaty between the United States and that country.							
10	Special ra	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 9 above to claim a % rate of withholding on (specify type of income):							
	Explain the	additional conditions in the Article and paragraph	the beneficial owner me	eets to be eligible fo	or the rate of withholding:			
Par	III Cer	tification						
		I declare that I have examined the information on this form and to the	best of my knowledge and belie	ef it is true, correct, and co	mplete. I further certify under penalties of perjury that:			
		hat is the beneficial owner (or am authorized to sign for th	, ,					
relat	es or am using	this form to document myself for chapter 4 purposes;						
	form relates to	on line 1 of this form is not a U.S. person;						
		tively connected with the conduct of a trade or business i	n the United States:					
. ,		ly connected with the conduct of a trade or business in th		subject to tax under ar	applicable income tax treaty:			
. ,		are of a partnership's effectively connected taxable income		and and an arranger ar	approade moome tax treaty,			
. ,	•	ount realized from the transfer of a partnership interest su		section 1446(f);				
• The	person named on	line 1 of this form is a resident of the treaty country listed on line 9 or	f the form (if any) within the mea	ning of the income tax tre	aty between the United States and that country; and			
• For	broker transact	ions or barter exchanges, the beneficial owner is an exemp	ot foreign person as define	d in the instructions.				
		this form to be provided to any withholding agent that has contro ents of the income of which I am the beneficial owner. I agree tha						
Sign	Here	☐ I certify that I have the capacity to sign for the person	n identified on line 1 of this	s form.				
	•	Signature of beneficial owner (or individual auth	norized to sign for beneficia	al owner)	Date (MM-DD-YYYY)			
		Print name of signer						
		<u> </u>						

只供参考之用

填写 W-8BEN表格的注意事项:

- 需用英文大楷填写
- 不可涂改
- 联名账户須独立填写两份 W-8BEN 表格

i Oiiii	W-8BEN october 2021)	States Tax Withholdir For use by individuals.	tus of Beneficial Owner for Uniteding and Reporting (Individuals) Entities must use Form W-8BEN-E.	OMB No. 1545-1621		
Departr Internal	nent of the Treasury Revenue Service		N for instructions and the latest information. ing agent or payer. Do not send to the IRS.			
	OT use this form if:	22 2 101111 10 110 111111010	and advanced behave an unit opina to allo little.	Instead, use Form:		
• You	are NOT an individu	al		W-8BEN-E		
• You	are a U.S. citizen or	other U.S. person, including a resident alier	n individual	W-9		
	are a beneficial owr er than personal ser		cted with the conduct of trade or business within	the United States		
• You	are a beneficial owr	er who is receiving compensation for person	nal services performed in the United States	8233 or W-4		
• You	are a person acting	as an intermediary		W-8IMY		
	If you are resident ed to your jurisdict		odel 1 IGA jurisdiction with reciprocity), certain to	ax account information may be		
Par			ructions)			
1		who is the beneficial owner 1	2 Country of citizens	2		
3			route). Do not use box or in-care-of add			
		or province. Include postal code where app	propriate. Cou	ntry		
4	Mailing address (if	different from above)		5		
	City or town, state	or province. Include postal code where app	propriate. 4 Cou	ntry		
5	U.S. taxpayer ide	tification number (SSN or ITIN), if required (see instructions)			
6a	Foreign tax identif	ying number (see instructions)	6b Check if FTIN not legally required			
7	Reference numbe	(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instruct	ions) 6		
Pari	II ▼ Claim of	Tax Treaty Benefits (for chapter 3	purposes only) (see instructions)			
9		eneficial owner is a resident of		the meaning of the income tax		
10	treaty between the United States and that Special rates and conditions (if applicable of the treaty, to a do no line 9 above to claim a wrate of withholding on (specify type of income):					
				·		
	Explain the addition	nal conditions in the Article and paragraph	the beneficial owner meets to be eligible for the ra	ate of withholding:		
Part	III Certifica	ion /				
		'	best of my knowledge and belief it is true, correct, and complete. I	further certify under penalties of perjury that:		
relate	es or am using this for	n to document myself for chapter 4 purposes;	e individual that is the beneficial owner) of all the income	or proceeds to which this form		
	person named on line form relates to:	of this form is not a U.S. person;				
		nnected with the conduct of a trade or business in	n the United States:			
		/	e United States but is not subject to tax under an applica	able income tax treaty;		
(c) th	e partner's share of a	partnership's effectively connected taxable income	e; or			
		lized from the transfer of a partnership interest sul				
The p	erson named on line 1 of t	is form is a resident of the treaty country listed on line 9 of	the form (if any) within the meaning of the income tax treaty between	een the United States and that country; and		
Fort	roker transactions or l	arter exchanges, the beneficial owner is an exemp	ot foreign person as defined in the instructions.			
urtherr	nore, I authorize this form or make payments of the	to be provided to any withholding agent that has control income of which I am the beneficial owner. I agree that	I, receipt, or custody of the income of which I am the beneficial t I will submit a new form within 30 days if any certification	owner or any withholding agent that can made on this form comes incorrect.		
	Here	ertify that I have the capacity to sign for the per-	tified on line 1 of this form.	9		
Sign			8			
Sign						
Sign		Signature of beneficial owner (or individual auto	ed to sign for beneficial owner)	Date (MM-DD-YYYY)		
Sign	10	Signature of beneficial owner (or individual auto	ed to sign for beneficial owner)	Date (MM-DD-YYYY)		

请填写以下部分:

客户英文姓名 (必须与开户文件的英文 姓名相同)

填写国籍 2 (及其他国籍 (如有))

3 使用英文填写住宅地址

使用英文填写通讯地址 (若通讯地址与住宅地址 相同,则不用填写)

5 填写国家(不要缩写)

按 '月月-日日-年年年 年'格式填写出生日期 (例: 08-15-1987)

7 留空: 6a, 6b, 7, 9, 10

签署 (样式须与其他开户文件 保持一致)

按 '月月-日日-年年年 年'格式填写完成表格 的日期(例: 08-15-2017)

客户英文姓名

填写阁下的11 位数字之中银国际证券账户号码(如有)

For your reference only

Reminders of filling in the W-8BEN form:

- To be completed in BLOCK LETTERS
- No corrections are allowed
- For Joint Account: Two separate W-8BEN forms are required

Form VV-OI		States Tax Withholdin	ng and Reporting (I	Individuals)	OMP No. 1545-1501		
(Rev. October 2021) Department of the Treasury Internal Revenue Service For use by individuals. Entities must use Form W-8BEN-E. Go to www.irs.gov/FormW8BEN for instructions and the latest information. ► Give this form to the withholding agent or payer. Do not send to the IRS.				latest information.	OMB No. 1545-1621		
Oo NOT use th					Instead, use Form:		
You are NOT	an individu	ual			W-8BEN-E		
You are a U.S	S. citizen o	other U.S. person, including a resident alier	n individual		W-		
(other than p	ersonal ser	ner claiming that income is effectively conne vices)			W-8EC		
		ner who is receiving compensation for perso	nal services performed in th	e United States	8233 or W-		
You are a per	rson acting	as an intermediary			W-8IM		
		in a FATCA partner jurisdiction (that is, a M ion of residence.	lodel 1 IGA jurisdiction with	reciprocity), certain tax acc	ount information may be		
			ructions)				
1 Name	of individua	Il who is the beneficial owner 1) 2	2 Country of citizenship	2		
3 Permar	nent reside	nce address (street, apt. or suite no., dra		oox or in-care-of address.			
City or	town, state	e or province. Include postal code where app	propriate.	Country			
4 Mailing	address (i	f different from above)			5		
City or	town, state	or province. Include postal code where app	propriate. 4	Country			
5 U.S. ta	xpayer ide	ntification number (SSN or ITIN), if required ((see instructions)				
6a Foreigr	n tax identi	fying number (see instructions)	6b Check if FTIN not leg	gally required			
7 Referen	nce numbe	r(s) (see instructions)	8 Date of birth (MM-DI	D-YYYY) (see instructions)	6		
Part II 🔫	Claim of	Tax Treaty Benefits (for chapter 3	purposes only) (see in	structions)			
9 I certify	y that the b	eneficial owner is a resident		within the m	eaning of the income tax		
	treaty between the United States and that						
10 Specia	Special rates and conditions (if applications): The beneficial owner is claiming the provisions of Article and paragraph of the treaty of an line 9 above to claim a % rate of withholding on (specify type of income):						
Explain	n the additi	onal conditions in the Article and paragraph	the beneficial owner meets	to be eligible for the rate of w	rithholding:		
art III (Certifica	tion					
der penalties of p	erjury, I declare	that I have examined the information on this form and to the	e best of my knowledge and belief it is	true, correct, and complete. I further ce	rtify under penalties of perjury tha		
relates or am u	using this for	ne beneficial owner (or am authorized to sign for th m to document myself for chapter 4 purposes; 1 of this form is not a U.S. person;	e individual that is the beneficial	owner) of all the income or proc	eeds to which this form		
This form relate		or and issumbly local close parasin,					
		onnected with the conduct of a trade or business i	n the United States;				
(b) income effe	ctively conn	ected with the conduct of a trade or business in th	e United States but is not subject	ct to tax under an applicable inco	me tax treaty;		
		partnership's effectively connected taxable income					
		alized from the transfer of a partnership interest su his form is a resident of the treaty country listed on line 9 o			nited Ctates and that acceptance		
		parter exchanges, the beneficial owner is an exem			nited States and that country; an		
irthermore, I auth	norize this form	to be provided to any withholding agent that has control e income of which I am the beneficial owner. I agree that	ol, receipt, or custody of the income	of which I am the beneficial owner or	any withholding agent that car this form comes incorrect		
Sign Here		certify that I have the capacity to sign for the per	tified on line 1 of this form	1.	9		
	7		8				
10	<u></u>	Signature of beneficial owner (or individual aut	ed to sign for beneficial own	ner) Date	(MM-DD-YYYY)		
	Print r	ame of signer					
r Paperwor	k Reduction	on Act Notice, see separate instructions.	Cat. No. 250		BEN (Rev. 10-20)		

Please fill in the following sections: Customer Name in English (Same as application form) Fill in Nationality (other Nationality (if any), do not abbreviate) Fill in residential address in English Fill in mailing address in English (Only fill in if it is different from the residential address) Fill in Country (Do not abbreviate) Must follow the format "Month-Day-Year" (example 08-15-1987) Leave it blank: 6a, 6b, 7, 9, 10 Signature (Same as application form) Date of filling in the form, in format "Month-Day-Year" (example 08-15-2017) Customer Name in English Fill in your 11 digits **BOCI Securities Account** Number (if any)