

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

(Rev. October 2021)

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

OMB No. 1545-1621

Department of the Treasury
Internal Revenue Service

► 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.

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.		
City or town, state or province. Include postal code where appropriate.		Country
4 Mailing address (if different from above)		
City or town, state or province. Include postal code where appropriate.		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required <input type="checkbox"/>	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article 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 meets to be eligible for the rate of withholding: _____

Part III 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:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income 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 I certify that I have the capacity to sign for the person identified on line 1 of this form.

_____ Signature of beneficial owner (or individual authorized to sign for beneficial owner)	_____ Date (MM-DD-YYYY)
_____ Print name of signer	

只供参考之用 For your reference only

填写 W-8BEN表格的注意事项:

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

请填写以下部分:

A 客户英文姓名
(必须与开户文件的英文姓名相同)

B 填写国籍
(及其他国籍 (如有))

C 使用英文填写住宅地址

D 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)

E 填写地址所在国家(不要缩写)

F 留空: 6a, 6b, 9, 10 及 Part III 空格

G 填写阁下的头7位数字中银国际证券账户号码
(如有, 例: 8123456)

H 按‘月月-日日-年年年’格式填写出生日期
(例: 08-15-1987)

I 签署
(样式须与其他开户文件保持一致)

J 按‘月月-日日-年年年’格式填写完成表格的日期(例: 08-15-2017)

K 客户姓名

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- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner **A** 2 Country of citizenship **B**

3 Permanent residence address (street, apt. or suite no., or rural route). Do not use P.O. box or in-care-of address. **C**

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

4 Mailing address (if different from above) **D**

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

5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)

6a Foreign tax identifying number (see instructions) **F** 6b Check if FTIN not legally required

7 Reference number (see instructions) **G** Date of birth (MM-DD-YYYY) (see instructions) **H**

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article 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 meets to be eligible for the rate of withholding: _____

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

Sign Here **I** Signature of beneficial owner (or individual authorized to sign for owner) **J** Date (MM-DD-YYYY)

Print name of signer **K**

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 25047Z Form **W-8BEN** (Rev. 10-2021)

只供参考之用 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

Please fill in the following sections:

- A** Customer Name (Same as the one in the account application form)
- B** Fill in your Nationality (other Nationality (if any), do not abbreviate)
- C** Fill in residential address in English
- D** Fill in mailing address in English (Only if it is different from the residential address)
- E** Fill in the Country of your residence address (Do not abbreviate)
- F** Leave it blank: 6a,6b, 9, 10 and the checkbox in Part III
- G** Fill in the first 7 digits of your BOCI Securities Account Number (if any, e.g. 8123456)
- H** Follow the format "Month-Day-Year" (e.g. 08-15-1987)
- I** Signature (Same as the one in the account application form)
- J** Date of filling in the form. Follow the format "Month-Day-Year" (e.g. 08-15-2017)
- K** Customer Name

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City or town, state or province. Include postal code where appropriate. **C** Country **E**

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City or town, state or province. Include postal code where appropriate. **D** Country **E**

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Print name of signer **K**