

Requisitos para apertura de Cuenta Persona Jurídica

1. Solicitud de apertura de cuenta. *
2. Copia del documento constitutivo, artículos de incorporación de la empresa y/o documento en el cual se compruebe la propiedad accionarial de los dueños de la empresa.
3. Dos (2) documentos de identidad vigentes, con foto del solicitante:
 - Documento de identidad primaria de los firmantes y beneficiarios finales con 10% o más de participación (pasaporte).
 - Documento de identidad secundaria, solo firmantes (cédula, DNI, licencia de conducir).
4. Estados financieros, debidamente firmados por uno de los representantes de la empresa.
5. W-8BEN-E. **
6. Copia del documento de identificación fiscal vigente o número de la empresa.
7. Copia de un (1) recibo de servicio a nombre de la empresa (agua, luz, telefonía fija, televisión por cable), con fecha de emisión no mayor a noventa (90) días.
8. Copia de un (1) estado bancario, con fecha de emisión no mayor a noventa (90) días.
9. Una (1) referencia comercial, con fecha de emisión no mayor a noventa (90) días.

* Contiene anexo los siguientes documentos:

- **Certificación de Beneficiario Final:** Debe ser llenada una por cuenta. El firmante, dueño o solicitante de la cuenta, es quien firma certificando a los beneficiarios finales con 10% o más de participación.
- **Certificado de Resolución:** Debe ser firmado y sellado por la empresa; o presente la resolución de la junta directiva autorizando la apertura de la cuenta.

** Formulario a ser completado al momento de abrir la cuenta.

Importante:

- Las copias de los documentos deberán ser consignadas nítidas y legibles.
- De ser necesario, BSJI solicitará cualquier información adicional para la apertura de la cuenta.

Solicitud de Apertura de Cuenta Persona Jurídica

Fecha / /

Favor completar Certificado de Resolución adjunto y Certificación de Beneficiario Final

SECCIÓN I: Datos de la Empresa

Razón social/Nombre de la empresa

N° identificación fiscal Fecha de vencimiento Actividad comercial

Datos del registro/Constitución (tomo, número, folio, lugar de constitución) Fecha de constitución

Dirección fiscal Ciudad

Estado/Provincia Código postal País

Dirección postal (si es diferente a la fiscal) Ciudad

Estado/Provincia Código postal País N° teléfono

N° teléfono alternativo N° de fax Correo electrónico del administrador de la cuenta Página web

Participaciones accionarias relevantes

Junta Directiva

Nombre completo del accionista	% Socio	Nombres y apellidos	Cargo

SECCIÓN II: Instrucciones

Firmantes: complete partes I y II en su totalidad.

Accionistas (con 10% o más de participación): complete la parte I en su totalidad.

Persona de control: complete la parte I en su totalidad. Se requiere la información de una (1) sola persona de control para la apertura de cuenta.

Certificación del BSJI para identificar Beneficiarios Reales

La información solicitada en esta Certificación es en conformidad con la Sección 1020.230 del Código de Regulaciones Federales de los EE. UU. (31 CFR 1020.230)

Definiciones

1. Beneficiario(s) Real(es): También conocido como “Propietario” se refiere a cada individuo (si alguno) que directa o indirectamente sea propietario de intereses de capital o que tenga una participación mayor a un 25% en la empresa. Dependiendo del caso, hasta cuatro (4) individuos podrían ser identificados. En el caso del BSJI, consideramos aquellos individuos con 10% o más de participación.

2. Control: Un individuo “con suficiente autoridad y responsabilidad para controlar, manejar o dirigir una entidad legal” (esto incluye individuos con cargos ejecutivos o miembros de la alta gerencia tales como Presidente, Vicepresidente, Tesorero, Administrador, Director Ejecutivo, Director Financiero, Director de Operaciones o con funciones similares).

Datos Firmante/Accionista/Persona de Control 1

PARTE I – Indique si es Firmante, Accionista y/o Persona de control de la entidad jurídica titular de esta cuenta y complete la información (marque todas las que aplique).

Firmante <input type="checkbox"/>	Accionista <input type="checkbox"/>	% de participación _____	Persona de control <input type="checkbox"/>
Cargo _____	Profesión/Ocupación _____	Datos del poder que acredita representación _____	
Nombres _____		Apellidos _____	
Fecha de nacimiento _____	Dirección de residencia _____		
Ciudad _____	Estado/Provincia _____	Código postal _____	País _____
N° de identificación primaria _____	Tipo de identificación _____	Si es otro, explique _____	
Fecha de vencimiento _____	País emisor _____		

¿Es usted una figura política de alto nivel en el extranjero? Según definición en Sección V del contrato anexo.

Si No

PARTE II – Para ser completada únicamente por los firmantes de la cuenta.

Sexo _____	Estado civil _____	Nacionalidad _____	Otra nacionalidad _____
N° identificación secundaria _____	Tipo de identificación _____	Si es otro, explique _____	
Fecha de vencimiento _____	País emisor _____	Dirección postal (si es diferente a la residencial) _____	
Ciudad, estado, código postal, país _____	N° teléfono residencial _____	N° teléfono alternativo _____	Correo electrónico _____

Datos Firmante/Accionista/Persona de Control 2

PARTE I – Indique si es Firmante, Accionista y/o Persona de control de la entidad jurídica titular de esta cuenta y complete la información (marque todas las que aplique).

Firmante <input type="checkbox"/>	Accionista <input type="checkbox"/>	% de participación _____	Persona de control <input type="checkbox"/>
Cargo _____	Profesión/Ocupación _____	Datos del poder que acredita representación _____	
Nombres _____		Apellidos _____	
Fecha de nacimiento _____	Dirección de residencia _____		
Ciudad _____	Estado/Provincia _____	Código postal _____	País _____

Nº de identificación primaria	Tipo de identificación	Si es otro, explique
Fecha de vencimiento		País emisor

¿Es usted una figura política de alto nivel en el extranjero? Según definición en Sección V del contrato anexo.

Si No

PARTE II – Para ser completada únicamente por los firmantes de la cuenta.

Sexo	Estado civil	Nacionalidad	Otra nacionalidad
Nº identificación secundaria	Tipo de identificación	Si es otro, explique	
Fecha de vencimiento	País emisor	Dirección postal (si es diferente a la residencial)	
Ciudad, estado, código postal, país	Nº teléfono residencial	Nº teléfono alternativo	Correo electrónico

Datos Firmante/Accionista/Persona de Control 3

PARTE I – Indique si es Firmante, Accionista y/o Persona de control de la entidad jurídica titular de esta cuenta y complete la información (marque todas las que aplique).

Firmante <input type="checkbox"/>	Accionista <input type="checkbox"/>	% de participación _____	Persona de control <input type="checkbox"/>
Cargo	Profesión/Ocupación	Datos del poder que acredita representación	
Nombres		Apellidos	
Fecha de nacimiento	Dirección de residencia		
Ciudad	Estado/Provincia	Código postal	País
Nº de identificación primaria	Tipo de identificación	Si es otro, explique	
Fecha de vencimiento		País emisor	

¿Es usted una figura política de alto nivel en el extranjero? Según definición en Sección V del contrato anexo.

Si No

PARTE II – Para ser completada únicamente por los firmantes de la cuenta.

Sexo	Estado civil	Nacionalidad	Otra nacionalidad
Nº identificación secundaria	Tipo de identificación	Si es otro, explique	
Fecha de vencimiento	País emisor	Dirección postal (si es diferente a la residencial)	
Ciudad, estado, código postal, país	Nº teléfono residencial	Nº teléfono alternativo	Correo electrónico

SECCIÓN III: Información de Actividad Económica

Ingreso promedio anual (información financiera en dólares USD)

Menor a \$50,000 Entre \$50,001 y \$250,000 Entre \$250,001 y \$500,000
 Entre \$500,001 y \$1,000.000 Mayor a \$1,000.000

Patrimonio

Menor a \$100,000 Entre \$100,001 y \$250,000 Entre \$250,001 y \$500,000
 Entre \$500,001 y \$1,000.000 Mayor a \$1,000.000

Activos \$ _____ Pasivos \$ _____

Explique procedencia de patrimonio

SECCIÓN IV: Depósito Inicial

Nombre/Entidad que envía el dinero	Monto depósito inicial	Institución financiera	País
_____	_____	_____	_____

Explique fuente o concepto del depósito inicial

SECCIÓN V: Perfil de la Cuenta

Propósito de la cuenta

Pago a proveedores Recibo de pago de clientes Importación Exportación
 Inversión/Títulos valores Transaccional Liquidación de préstamos Otros _____

Explique fuente o concepto de los fondos que ingresarán a la cuenta

Información de actividad prevista para la cuenta

Complete todas las transacciones previstas a realizar. En caso de no realizar alguna transacción, favor marque la opción "Ninguna".

	N° de transacciones	Monto total (\$)	Frecuencia		
Depósitos cheques	_____	_____	Mensual <input type="checkbox"/>	Anual <input type="checkbox"/>	Ninguna <input type="checkbox"/>
Pagos cheques	_____	_____	Mensual <input type="checkbox"/>	Anual <input type="checkbox"/>	Ninguna <input type="checkbox"/>
Créditos ACH	_____	_____	Mensual <input type="checkbox"/>	Anual <input type="checkbox"/>	Ninguna <input type="checkbox"/>
Débitos ACH	_____	_____	Mensual <input type="checkbox"/>	Anual <input type="checkbox"/>	Ninguna <input type="checkbox"/>
Transferencias entrantes	_____	_____	Mensual <input type="checkbox"/>	Anual <input type="checkbox"/>	Ninguna <input type="checkbox"/>
Transferencias salientes	_____	_____	Mensual <input type="checkbox"/>	Anual <input type="checkbox"/>	Ninguna <input type="checkbox"/>
Depósitos de cheques de bancos fuera de P.R./EE.UU	<input type="checkbox"/>				

Transferencias

Especifique las transferencias recurrentes **Entrantes**.

Especifique las transferencias recurrentes **Salientes**.

Nombre	País	Relación	Nombre	País	Relación
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Principales clientes _____

Principales proveedores _____

Detalles de transferencias

Pago intercompañías

Pago a detallistas (terceros)

Servicio de remesas

Pagos de clientes

Pagos de mercancías

Acuerdos de compra

Pago a proveedores/Distribuidores

Títulos valores

Pago de nómina

Transferencias a personas (explique) _____

Otro (explique) _____

¿Existe variaciones de volumen por temporada? Si No

Si es afirmativo, explique _____

¿Existe alguna transacción significativa que espera recibir o realizar en un futuro cercano? (Ejemplos: compra/venta de inmueble o vehículo, inversión, seguro, etc.) _____

¿Realiza su negocio cualquiera de las siguientes actividades? (Marque todo lo que corresponda).

Cambiar cheques Vende giros o cheques de viajero Transfiere dinero Vende tarjetas pre-pagadas

SECCIÓN VI: Productos Requeridos

Tipo(s) de producto(s) requerido(s): Tarjeta de Crédito Chequera

Límite de crédito global solicitado \$ _____ ¿Requiere Tarjetas de Crédito adicionales? Si No

N° de tarjetas adicionales _____ Tipo de límite de crédito global: Individual Compartido

Si es individual, indique el monto asignado a cada tarjetahabiente:

Tarjetahabiente	Monto límite (\$)	Tarjetahabiente	Monto límite (\$)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Autorizo al Banco a realizar cargo automático a mi cuenta de depósito, para cubrir pago mínimo mensual y según lo estipulado en el estado de cuenta de la tarjeta

SECCIÓN VII: Declaraciones

• **Transferencias cablegráficas.** Por medio de la presente designo a los siguientes individuos como representantes para propósitos de autorizar las solicitudes de transferencias cablegráficas en mi nombre. Estos representantes se mantendrán autorizados hasta que notifique por escrito al Banco la revocación de la autorización de cualquiera de dichos representantes según sección II del contrato anexo.

• **Certificación de legitimidad.** Por medio de la presente certifico bajo pena de perjurio, que toda la información suministrada por mí, recogida y registrada por el Banco San Juan Internacional Inc. es correcta y precisa, y que comprendo que cualquier falsificación u omisión de información podrá producir que mi cuenta sea congelada de toda actividad e inmediatamente cerrada sin previa notificación según la sección III del contrato.

• **Tarjeta de Crédito.** Autorizo a realizar cargo automático a mi cuenta de depósito, para cubrir el pago mínimo mensual según lo estipulado en el estado de cuenta de la tarjeta. Autorizo al Banco San Juan Internacional Inc. para revisar mis referencias crediticias y bancarias y cualquier otra información que sea necesaria para procesar esta solicitud. Acepto que los fondos pignorados servirán de garantía por cualquier deuda u obligación contraída bajo este acuerdo. Una vez emitida la tarjeta, la cantidad de los fondos pignorados será igual o menor al 125% del límite de crédito asignado, de acuerdo a la evaluación de su capacidad de crédito e historial de pago. Acuerdo y autorizo al Banco a mantener bloqueada la cantidad de los fondos pignorados.

• Declaro bajo fe de juramento que los fondos colocados en el Banco San Juan Internacional, Inc. son de procedencia lícita y de mi propio peculio. He leído la información que antecede la cual convalido como auténtica y fidedigna. De igual forma declaro tener pleno conocimiento sobre las consecuencias de orden civil o penal en mi contra que podrían derivarse como consecuencia del suministro de información falsa o engañosa. Autorizo al Banco San Juan Internacional, Inc. a solicitar, consultar, recopilar y transmitir información sobre mi historia y referencia crediticia las veces que sean requeridas por los entes reguladores bancarios y demás autoridades competentes.

*** La(s) siguiente(s) firma(s) corresponde(n) al(los) producto(s) seleccionado(s). Su(s) firma(s) constituye(n) la autorización al Banco que el(los) abajo firmante(s) es(son) la(s) persona(s) y firma(s) autorizada(s). La(s) firma(s) aquí presentada(s) será(n) custodiada(s) por el Banco San Juan Internacional Inc. en San Juan de Puerto Rico.**

MEDIANTE LA SUSCRIPCIÓN DE ESTE DOCUMENTO, ACEPTO Y RECONOZCO COMO VÁLIDA TODA LA INFORMACIÓN CONTENIDA Y SUMINISTRADA EN EL MISMO Y MEDIANTE MI FIRMA EVIDENCIO ESTAR DE ACUERDO CON LAS DECLARACIONES Y LOS TÉRMINOS Y CONDICIONES DETALLADOS EN EL ANEXO “CONTRATO CUENTA DE DEPÓSITO BANCO SAN JUAN INTERNACIONAL”.

SECCIÓN VIII: Registro de Firmas

Conjuntas Indistintas Otra Explique _____

Las firmas a registrarse en esta sección pueden incluir titular(es) y/o tarjetahabiente(s). Favor seleccione la que aplique.

				Titular	Tarjetahabiente	
A. Nombres y apellidos	Firma	N° documento de identidad	Cargo	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<small>(Si solicitó Tarjeta de Crédito con cuenta de cheques favor completar como tarjetahabiente principal)</small>						
B. Nombres y apellidos	Firma	N° documento de identidad	Cargo	<input type="checkbox"/>	<input type="checkbox"/>	/ /
C. Nombres y apellidos	Firma	N° documento de identidad	Cargo	<input type="checkbox"/>	<input type="checkbox"/>	/ /
D. Nombres y apellidos	Firma	N° documento de identidad	Cargo	<input type="checkbox"/>	<input type="checkbox"/>	/ /

SECCIÓN IX: Solo para uso del Ejecutivo/Gestor/Testigo

/ /

Nombres y apellidos del Ejecutivo/Gestor/Testigo	Firma	Fecha(dd/mm/aaaa)
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SECCIÓN X: Para uso interno

Número de cliente	Número de cuenta	Fecha de apertura
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Revisado por:

/ /

Nombres y apellidos del funcionario backoffice	Firma	Fecha(dd/mm/aaaa)
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Aprobado por:

/ /

Nombres y apellidos del oficial de cumplimiento	Firma	Fecha(dd/mm/aaaa)
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Certificado de Resolución

Yo, _____, Secretario de _____

(La Entidad), CERTIFICO:

Que en la reunión de la Junta de Directores, celebrada el día _____ de _____ de _____, se aprobó la Resolución que lee como sigue:

1. El Banco San Juan Internacional (BSJI) será el depositario de los fondos de La Entidad mediante cuenta de depósitos _____ (razón social y número de identificación de la empresa).
2. Se autoriza a BSJI a pagar todos los cheques, giros, pagarés, letras de cambio, órdenes de pago de dinero, cartas de crédito y cualquier otro instrumento negociable expedido, emitido, firmado, librado, aceptado o endosado por La Entidad, aun cuando el pago de dichos instrumentos ocasione sobregiros.
3. Se autoriza a:

Nombre	Título/Cargo	Firma
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Para que en nombre y en representación de La Entidad puedan:

- a. Girar, librar, expedir, aceptar, emitir, endosar y firmar cheques, giros, pagarés, letras de cambio, cartas de crédito, órdenes para el pago de dinero y cualquier otro documento negociable. _____ firma(s) requerida(s).
- b. Realizar depósitos incluyendo depósitos a términos e inversiones y retiros de fondo de la cuenta de depósito que la Entidad tiene con el BSJI. _____ firma(s) requerida(s).
- c. Aportar, modificar, enmendar, corregir, balancear, aceptar y certificar las cuentas de préstamos giros, cambios y depósitos de cualquier naturaleza, así como recibir y retirar del BSJI todos los cheques cancelados y estados de cuenta, estados de débitos y créditos, y firmar de conformidad todos los saldos que resulten relevando al BSJI de toda responsabilidad. _____ firma(s) requerida(s).

d. Solicitar al BSJI en calidad de préstamo las cantidades que fueren necesarias, conviniendo los términos y condiciones del préstamo, así como la presentación y entrega de garantías que fueren exigidas por el BSJI, y para que de tiempo en tiempo puedan variar, modificar, enmendar, ampliar o prorrogar los términos y condiciones convenidos. _____ firma(s) requerida(s).

e. Firmar, otorgar, ceder, pignorar, endosar y entregar o transmitir al BSJI, en garantía de cualquier suma tomada en préstamo o de cualquier valor cedido, descontado o endosado, los contratos, pagarés, giros, letras de cambio o documentos de garantía, valores, documentos negociables, títulos mobiliarios o inmobiliarios, hipotecas y prendas que fuesen convenidos o requeridos por el BSJI, así como cualquier garantía adicional que de tiempo en tiempo fueren convenidas o requeridas, de manera que se mantenga un margen adecuado de garantías para todos los préstamos y descuentos. _____ firma(s) requerida(s).

f. Solicitar transferencias de fondos a cuentas en el BSJI o cualquier otro banco, sujeto a los términos y condiciones para este servicio. _____ firma(s) requerida(s).

4. Las facultades concedidas a las personas aquí autorizadas quedarán en toda su fuerza y vigor hasta tanto se revoque cualquiera de éstas y se notifique al BSJI por escrito. Así mismo, mediante esta Resolución se revocan las facultades concedidas anteriormente (de existir) a otras personas para realizar todo o cualesquiera de los actos y gestiones que se incluyen en esta Resolución.

5. En caso de fallecimiento de un firmante autorizado, La Entidad someterá al BSJI inmediatamente una Resolución nueva sustituyendo o eliminando dicho firmante.

6. CERTIFICO, además, que la reunión de la Junta de Directores de La Entidad en la cual se aprobó esta Resolución concurrió el quórum reglamentario, que dicha Resolución se encuentra en toda su fuerza y vigor, y no contraviene disposición alguna contenida en las Cláusulas de Incorporación de La Entidad.

Para que conste, expido la presente con mi firma y con el sello de La Entidad, en _____ ,

hoy, _____ de _____ de _____ .

Presidente (Principal)

Secretario (Persona autorizada)

Solicitud de Apertura de Cuenta Persona Jurídica

Anexo I

Fecha / /

Datos Firmante/Accionista/Persona de Control 4

PARTE I – Indique si es Firmante, Accionista y/o Persona de control de la entidad jurídica titular de esta cuenta y complete la información (marque todas las que aplique).

Firmante <input type="checkbox"/>	Accionista <input type="checkbox"/>	% de participación _____	Persona de control <input type="checkbox"/>
Cargo _____	Profesión/Ocupación _____	Datos del poder que acredita representación _____	
Nombres _____		Apellidos _____	
Fecha de nacimiento _____	Dirección de residencia _____		
Ciudad _____	Estado/Provincia _____	Código postal _____	País _____
N° de identificación primaria _____	Tipo de identificación _____	Si es otro, explique _____	
Fecha de vencimiento _____	País emisor _____		

¿Es usted una figura política de alto nivel en el extranjero? Según definición en Sección V del contrato anexo.

Si No

PARTE II – Para ser completada únicamente por los firmantes de la cuenta.

Sexo _____	Estado civil _____	Nacionalidad _____	Otra nacionalidad _____
N° identificación secundaria _____	Tipo de identificación _____	Si es otro, explique _____	
Fecha de vencimiento _____	País emisor _____	Dirección postal (si es diferente a la residencial) _____	
Ciudad, estado, código postal, país N° teléfono residencial N° teléfono alternativo Correo electrónico			

Datos Firmante/Accionista/Persona de Control 5

PARTE I – Indique si es Firmante, Accionista y/o Persona de control de la entidad jurídica titular de esta cuenta y complete la información (marque todas las que aplique).

Firmante <input type="checkbox"/>	Accionista <input type="checkbox"/>	% de participación _____	Persona de control <input type="checkbox"/>
Cargo _____	Profesión/Ocupación _____	Datos del poder que acredita representación _____	
Nombres _____		Apellidos _____	
Fecha de nacimiento _____	Dirección de residencia _____		
Ciudad _____	Estado/Provincia _____	Código postal _____	País _____

N° de identificación primaria	Tipo de identificación	Si es otro, explique
Fecha de vencimiento		País emisor

¿Es usted una figura política de alto nivel en el extranjero? Según definición en Sección V del contrato anexo.

Si No

PARTE II – Para ser completada únicamente por los firmantes de la cuenta.

Sexo	Estado civil	Nacionalidad	Otra nacionalidad
N° identificación secundaria	Tipo de identificación	Si es otro, explique	
Fecha de vencimiento	País emisor	Dirección postal (si es diferente a la residencial)	
Ciudad, estado, código postal, país	N° teléfono residencial	N° teléfono alternativo	Correo electrónico

Datos Firmante/Accionista/Persona de Control 6

PARTE I – Indique si es Firmante, Accionista y/o Persona de control de la entidad jurídica titular de esta cuenta y complete la información (marque todas las que aplique).

Firmante <input type="checkbox"/>	Accionista <input type="checkbox"/>	% de participación _____	Persona de control <input type="checkbox"/>
Cargo	Profesión/Ocupación	Datos del poder que acredita representación	
Nombres		Apellidos	
Fecha de nacimiento	Dirección de residencia		
Ciudad	Estado/Provincia	Código postal	País
N° de identificación primaria	Tipo de identificación	Si es otro, explique	
Fecha de vencimiento		País emisor	

¿Es usted una figura política de alto nivel en el extranjero? Según definición en Sección V del contrato anexo.

Si No

PARTE II – Para ser completada únicamente por los firmantes de la cuenta.

Sexo	Estado civil	Nacionalidad	Otra nacionalidad
N° identificación secundaria	Tipo de identificación	Si es otro, explique	
Fecha de vencimiento	País emisor	Dirección postal (si es diferente a la residencial)	
Ciudad, estado, código postal, país	N° teléfono residencial	N° teléfono alternativo	Correo electrónico

Solicitud de Apertura de Cuenta Persona Jurídica

Anexo II – Certificación de Beneficiario Final

Fecha / /

La información solicitada en esta Certificación es en conformidad con la Sección 1020.230 del de Regulaciones Federales de los EE. UU. (31 CFR 1020.230).

Toda persona que abra una cuenta en nombre de una entidad legal, debe completar la siguiente información:

Primer y segundo apellido de la Persona Natural que abre la cuenta Primer y segundo nombre

Título	Nombre y tipo de entidad legal por la cual se está abriendo la cuenta			
Dirección	Ciudad	Estado	Código postal	

SECCIÓN I (para agregar personas adicionales, ir a la segunda página)

Favor proveer la información de la(s) persona(s) que está(n) directa o indirectamente relacionada(s), por un acuerdo o relación, o que posee(n) 10% o más de participación en la entidad.

Marque aquí, si ningún individuo cumple con esta definición y complete la Sección II.

Primer y segundo apellido	Primer y segundo nombre	Fecha de nacimiento		
Dirección	Ciudad	Estado	Código postal	
País	Número de Seguro Social (SSN) si es residente o ciudadano de los Estados Unidos	Para no residentes o ciudadanos de los Estados Unidos número de Seguro Social, pasaporte u otro número de identificación		

País emisor

Nota: En lugar del número de pasaporte, las personas que no son ciudadanos de los Estados Unidos, también pueden proporcionar un número de Seguro Social, un documento de identificación del extranjero donde proporcione la nacionalidad, residencia (dirección) y fotografía o salvaguardia similar.

SECCIÓN II

Se requiere la siguiente información de un individuo con suficiente autoridad y responsabilidad para controlar, manejar o dirigir una entidad legal (esto incluye individuos con cargos ejecutivos o miembros de la alta gerencia tales como Presidente, Vicepresidente, Tesorero, Administrador, Director Ejecutivo, Director Financiero, Director de Operaciones o con funciones similares).

Primer y segundo apellido	Primer y segundo nombre	Fecha de nacimiento		
Dirección	Ciudad	Estado	Código postal	
País	Número de Seguro Social (SSN) si es residente o ciudadano de los Estados Unidos	Para no residentes o ciudadanos de los Estados Unidos número de Seguro Social, pasaporte u otro número de identificación		

País emisor

Nota: En lugar del número de pasaporte, las personas que no son ciudadanos de los Estados Unidos, también pueden proporcionar un número de Seguro Social, un documento de identificación del extranjero donde proporcione la nacionalidad, residencia (dirección) y fotografía o salvaguardia similar.

Yo, _____ (nombre de la persona que abre la cuenta), certifico que la información proporcionada está completa y correcta.

_____	_____ / /
Firma	Fecha (dd/mm/aaaa)

Identificador de la entidad legal (opcional)

SECCIÓN ADICIONAL I - Segundo Beneficiario Final (si se requiere)

Favor proveer la información de la(s) persona(s) que está(n) directa o indirectamente relacionadaa(s), por un acuerdo o relación, o que posee(n) 10% o más de participación en la entidad.

Primer y segundo apellido		Primer y segundo nombre		Fecha de nacimiento
Dirección		Ciudad	Estado	Código postal
País	Número de Seguro Social (SSN) si es residente o ciudadano de los Estados Unidos	Para no residentes o ciudadanos de los Estados Unidos número de Seguro Social, pasaporte u otro número de identificación		
País emisor				

Nota: En lugar del número de pasaporte, las personas que no son ciudadanos de los Estados Unidos, también pueden proporcionar un número de Seguro Social, un documento de identificación del extranjero donde proporcione la nacionalidad, residencia (dirección) y fotografía o salvaguardia similar.

SECCIÓN ADICIONAL I - Tercer Beneficiario Final (si se requiere)

Favor proveer la información de la(s) persona(s) que está(n) directa o indirectamente relacionadaa(s), por un acuerdo o relación, o que posee(n) 10% o más de participación en la entidad.

Primer y segundo apellido		Primer y segundo nombre		Fecha de nacimiento
Dirección		Ciudad	Estado	Código postal
País	Número de Seguro Social (SSN) si es residente o ciudadano de los Estados Unidos	Para no residentes o ciudadanos de los Estados Unidos número de Seguro Social, pasaporte u otro número de identificación		
País emisor				

Nota: En lugar del número de pasaporte, las personas que no son ciudadanos de los Estados Unidos, también pueden proporcionar un número de Seguro Social, un documento de identificación del extranjero donde proporcione la nacionalidad, residencia (dirección) y fotografía o salvaguardia similar.

SECCIÓN ADICIONAL I - Cuarto Beneficiario Final (si se requiere)

Favor proveer la información de la(s) persona(s) que está(n) directa o indirectamente relacionadaa(s), por un acuerdo o relación, o que posee(n) 10% o más de participación en la entidad.

Primer y segundo apellido		Primer y segundo nombre		Fecha de nacimiento
Dirección		Ciudad	Estado	Código postal
País	Número de Seguro Social (SSN) si es residente o ciudadano de los Estados Unidos	Para no residentes o ciudadanos de los Estados Unidos número de Seguro Social, pasaporte u otro número de identificación		
País emisor				

Nota: En lugar del número de pasaporte, las personas que no son ciudadanos de los Estados Unidos, también pueden proporcionar un número de Seguro Social, un documento de identificación del extranjero donde proporcione la nacionalidad, residencia (dirección) y fotografía o salvaguardia similar.

**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
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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 FFI

- 26** 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 Issue

- 27** 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.

Part XXVII Excepted Inter-Affiliate FFI

- 41** I certify that the entity identified in Part I:
- Is a member of an expanded affiliated group;
 - Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
 - Does not make withholdable payments to any person other than to members of its expanded affiliated group;
 - Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
 - Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

- 42** Name of sponsoring entity: _____
- 43** I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

Part XXIX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

Part XXX 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 entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W;
- The entity identified on line 1 of this form is not a U.S. person;
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income; **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 the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

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

Sign Here _____

Signature of individual authorized to sign for beneficial owner
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.