

STATE BANK OF INDIA 460 Park Avenue, 2nd Floor

New York, NY 10022

Tel: 212-521-3200,3219,3390,3318,3283 Email: deposit.nyb@statebank.com

mgrretail.nyb@statebank.com mgrmkt.nyb@statebank.com

OPEN A CONSUMER ACCOUNT IN JUST 2 SIMPLE STEPS

FORM-DEP-1

	Step 1 - COMPLETE THE IDENTIFICATION REQUIREMENT											
1	☐ Complete the Customer Identification Form (DEP-1).											
	U.S. citizens and U.S. residents: Submit form W-9 (all applicants should complete a separate form).											
2	☐ Non-U.S. residents: Submit form W-8 BEN (all applicants should complete a separate form).											
3	Identification Documents:											
1	Primary Photo ID (Must not have expired) Secondary ID											
	State Driver License □ Passport □ State ID Card □ Utility Bill □ Income Tax Return □ W2 Income Statement □ U.S. Visa Page □ Pay Stub □ Birth Certificate □ Social Security Card □ Insurance Card □ Student ID Card □ Property Tax Bill											
Primary Photo ID. If you are applying by mail, submit a copy of any two of the above identification documents, at least one of which must be a Photo ID. Important for applications by mail: Copy of primary photo ID must be attested and isignature on form twerified by an SBI official OR notary public OR an official of Indian embassy / Indian consulate. If you are outside the United States and desire to open an account, you should send photocopies of passport attested by the Embassy/High Commission of India or by a branch of SBI. The initial deposit for an account shall be your personal check from an account with a US Based Bank.												
	Step 2 – COMPLETE THE ACCOUNT OPENING FORM											
	For This Type of Account Use The Following Account Opening Form Certificate of Deposit DEP-CD											
B. W. J. J. W. W. W.	MMD / Checking Account DEP-MC											
Ple	use use debit card application, if you intend to apply for a debit card (for Checking or MMD account only)											
	se use Form Designation of Beneficiary(ies), if you intend to designate beneficiary(ies) on the account											
То	IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT											



STATE BANK OF INDIA 460 Park Avenue, 2nd Floor

New York, NY 10022

Tel: 212-521-3200,3219,3390,3318,3283
Email: deposit.nyb@statebank.com
 mgrretail.nyb@statebank.com
 mgrmkt.nyb@statebank.com

FORM-DEP-1 **CUSTOMER IDENTIFICATION FORM FOR DEPOSIT ACCOUNTS** 1st Applicant 2nd Applicant **FIRST NAME MIDDLE NAME LAST NAME SOCIAL SECURITY NO.** (For non-U.S. residents - Pass ort No.) **DATE OF BIRTH** (MM / DD / YYYY) PLACE OF BIRTH (City & Country) **NATURE OF PHOTO ID** (U.S. driver license/ U.S. state-issued nondriver photo ID, Passport) **PHOTO ID NUMBER ISSUE DATE** (MM / DD / YYYY) **EXPIRATION DATE** (MM / DD / YYYY) PLACE OF ISSUE **COUNTRY OF RESIDENCE** US Citizen US Citizen IF US RESIDENT, Permanent Resident Permanent Resident **STATUS** Resident Alien Resident Alien Non Resident Alien Non Resident Alien **RESIDENT SINCE (MM / YYYY) OCCUPATION / DESIGNATION** NAME OF THE EMPLOYER **WORK ADDRESS WORK PHONE NO** (Country Code - Phone no.)



HOME ADDRESS

STATE BANK OF INDIA

460 Park Avenue, 2nd Floor New York, NY 10022

Tel: 212-521-3200,3219,3390,3318,3283 Email: <u>deposit.nyb@statebank.com</u>

mgrretail.nyb@statebank.com mgrmkt.nyb@statebank.com

(No post office box address is accepted & attach address proof)	
, , , , , , , , , , , , , , , , , , ,	
HOME PHONE NUMBER	
Country Code - Phone no.)	
MOBILE PHONE NUMBER	
(Country Code - Cell no.)	
EMAIL ADDRESS:	
ANNUAL FAMILY INCOME (U.S. \$)	□<\$25,000
MODE OF OPERATION	☐ Self ☐ Joint with right of survivorship.
NUMBER OF PASSPORTS HELD WITH COUNTRY NAME	
	LETTER AGREEMENT FOR FUNDS TRANSFER
for the transmission of instructions to the Bank. I the Bank to act upon each written payment order payment order match, in the Bank's judgment, we case may be, accounts which I/we may hold a communication regarding the payment order seapplies to all accounts opened with the same curprior to the executing of the instruction, the Bank payment order by telephone call to a person and the Bank shall have no further duty to verify the instruction with the same of the Bank shall have no further duty to verify the instruction and the Bank shall have no further duty to verify the instruction and the Bank may not act upon after 2 p.m. New York time. I/We agree to be bound by a payment order or instruction omitted to be taken, whether such claim order or instruction was not authorized by me use Bank that the order was accepted, or my/our act. The procedure established by this agreement may practices, if any, in respect to instructions and in	ink may, at its discretion and only if it considers it necessary, reasonable and practicable, verify the discretion and only if it considers it necessary, reasonable and practicable, verify the discretion in this application or recorded later by me/us with the Bank, following which dentity or authority of the person giving or confirming the contents of any payment order or instruction, shall have the right in its sole discretion to refuse to execute any payment order or instruction, and a payment order or instruction on the same business day if the order or instruction is received by it instruction, whether or not authorized, issued in its name and accepted by the Bank in compliance with fix and hold the Bank harmless for any loss, liability, claim, damage, or expenses (including legal fees), itable to executing and accepting the payment order or instructions in accordance with these procedures are brought by me/us or our representative or by a third party. I/We shall notify the Bank if a payment so, within a reasonable time not exceeding 90 days after the date I/we received the notification from the



460 Park Avenue, 2nd Floor New York, NY 10022 Tel: 212-521-3200,3219,3390,3318,3283

Email: deposit.nyb@statebank.com mgrretail.nyb@statebank.com mgrmkt.nyb@statebank.com

(For office use) Account No.	

ACKNOWLEDGMENTS

- 1. I / We undertake to abide by the usual terms and conditions governing accounts in the U.S. as well as the terms, rules and regulations in the State Bank of India Customer Manual, receipt of which is hereby acknowledged. I declare that funds offered by me/us to the Bank represent/shall represent my/our own funds, earned through legitimate means and complying with all U.S. laws.
- 2. I/ We understand that on no occasion my/ our account will be permitted by the Bank to go into overdraft.
- 3. I/We understand that the Bank may not act upon my/our funds transfer instructions conveyed through a letter unless I/we execute a Letter Agreement for Funds Transfer or attach a check to the instruction letter.
- 4. The information supplied in this application is true and correct to the best of my/our knowledge and belief. I/We authorize the Bank to obtain information about my/our identity, credit history and other banking history from consumer reporting agency (ies) or other sources. I/We further understand that if information in the credit history results in a decision to either disallow my/our signing authority on the account or disallow opening the account, the Bank will communicate this fact to the owners and/or authorized signers of the (proposed) account. I/We further authorize the Bank to obtain this information at any time from one or more consumer reporting agencies or other sources that it may choose as long as I/we am/are (an) authorized signer(s) on the account.

VERIFICATION OF SIGNATURE AND IDENTITY

(If you send your application by mail, please get your signature verified below by an SBI official **OR** Notary Public **OR** an Indian Embassy **OR** Consulate)

Identity should be verified from the ORIGINAL of the photo ID mentioned on page 1 above PLEASE NOTE THAT IN ADDITION THE VERIFIER MUST ATTEST THE COPY OF THE PRIMARY PHOTO-ID

1st APPLICANT	2 nd APPLICANT	3rd APPLICANT
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date (MM/DD/YYYY):	Date (MM/DD/YYYY):	Date (MM/DD/YYYY):
Signature and Seal of Verifier:	Signature and Seal of Verifier:	Signature and Seal of Verifier:
Date of Verification (MM/DD/YYYY): Place of Verification:	Date of Verification: (MM/DD/YYYY): Place of Verification:	Date of Verification: (MM/DD/YYYY): Place of Verification:
Telephone no. of Verifier: (Country code-cell no.)	Telephone no. of Verifier; (Country code-cell no.)	Telephone no. of Verifier: (Country code-cell no.)



460 Park Avenue, 2nd Floor New York, NY 10022

Tel: 212-521-3200,3219,3390,3318,3283 Email: deposit.nyb@statebank.com

mgrretail.nyb@statebank.com mgrmkt.nyb@statebank.com

(For office use)	
Account No	8

FORM-DEP-MC

		FURM-DEP-MC							
APPLICATION FOR MMD/ CHECKING ACCOUNT (New customers should fill this form along with Form DEP-1)									
Application for	☐ Money Market Deposit Account ☐ Checking Account								
CUSTOMER ID NUMBER (New customers may leave this blank)									
	unt(s) as mentioned above with your branch. I /We have read and underst nowledge the receipt of the interest rate chart applicable for Money Market								
Purpose of the Account (Check all that are applicable)	☐ Savings ☐ Sending remittances to India ☐ Receiving Social Security benefits ☐ Receiving salary ☐ Others (<i>specify</i>):								
Usual Activity in the Account (Check all that are applicable)	☐ Collection of checks ☐ Issue of checks ☐ Cash receipts ☐ Receipt of wire transfers ☐ Issue of wire transfers ☐ Others (<i>specify</i>):	/ payments							
Please note: We may ask for additional documents on a case-to-case basis	Single Largest International Wire Transaction Amount: Total amount of International Wire Transfers per Month: No. of International Wire Transfers per Month Total Volume of Cash Transactions per annum No. of Cash Transactions Annually								
Expected Annual Volume of All Transactions	□0-\$10,000 □>\$10,000 −25,000 □>\$25,000 −50,000 □>\$50,000 □>\$100,000 □>\$100,000 □>\$150,000 □>\$150000-\$250,000 □>\$150000-\$15000-\$1500	0 🗆>\$250,000							
Source of Funds (Check All That Are Applicable)	☐ Current Income/wages ☐ Past savings ☐ Pension/S. ☐ Liquidation of investments ☐ Sale of property ☐ Others (specify):	S. Benefits Rent							
Mode of First Deposit	☐ Debit my/our existing Checking / MMD account with you, <i>OR</i> ☐ Check No attached ☐ Amount ☐ Bank Name								
Mode of Operation	Self Joint with right of survivorship.								
Do you want check book on this (Check books are charged. No tem	_ · · · · · · · · · · · · · · · · · · ·								
1 st Applicant		Brd Applicant							
Signature:	Signature: Signature:								
Name:	Name: Name:								
Date (MM/DD/YYYY):	Place:								



460 Park Avenue, 2nd Floor New York, NY 10022

Tel: 212-521-3200,3219,3390,3318,3283 Email: deposit.nyb@statebank.com

mgrretail.nyb@statebank.com mgrmkt.nyb@statebank.com

(For office use) Account No.	

FORM-DEP-CD APPLICATION FOR CERTIFICATE(S) OF DEPOSIT (New customers should fill this form along with Form DEP-1) **CUSTOMER ID NUMBER** New customers may leave this blank I / We request you to open the following CDs with your branch. I/We have read and understood the terms and conditions on which CDs are offered. I/We acknowledge the receipt of the interest rate chart applicable for Certificates of Deposit. INTEREST OPTION **MONTHS** AMOUNT (\$) NON-CUMULATIVE IN CASE OF NON-CUMULATIVE INTEREST **CUMULATIVE** Frequency of Interest payment: ☐ Credit my/our ☐ Checking ☐ MMD account with your Branch. П Credit my/our a/c No. Bank: ABA Routing #: _ Mail interest check to the home address of the first account holder. Pension/S.S. Benefits ☐Current Income/wages ☐Past savings **SOURCE OF FUNDS** Rent ☐ Liquidation of investments ☐ Sale of property Check All That Are Applicable) Others (specify): Self Joint with right of survivorship **MODE OF OPERATION** Debit my/our Checking / MMD account with you, OR **MODE OF DEPOSIT** Check No. __ __ attached Amount __ Bank Name (Funding) 2nd APPLICANT 1st APPLICANT 3rd APPLICANT Signature: Signature: Signature: Name: Name:

Date (MM/DD/YYYY):

Place:



460 Park Avenue, 2nd Floor New York, NY 10022

Tel: 212-521-3200,3219,3390,3318,3283 Email: deposit.nyb@statebank.com mgrretail.nyb@statebank.com mgrmkt.nyb@statebank.com (For office use)
Account No. _____

APPLICATION FOR ISSUE OF DEBIT CARD

	of India, Ne									٠.			.,									
	vail the debi	card	serv	ices	offer	ed b	by St	ate B	lank	of In	dia,	Nev	v Yo	rk.	Ple	ease	arı	anį	ge ti	o iss	sue	me
lebit card	-																					
NAME OF	CUSTOMER		-	-	-	-	-				T	T		-	T	-	- (27 (ha	ract	ers	
			Щ	Щ		_		Щ		_	\perp	_		1	_		_	Ш	\downarrow		Ш	
NAME AS	I WOULD LI	KE TO	APP	EAR	ON	THE	CAR	D:		-	-			-	21	Cha	rac	ter	s)	-	_	
1000		D(C)			_	_	-	-		-		1015	1.10	_	_			/	C1 *			
	UNT NUMBE		DED						-		SII	NGLE	:/ JC	חוכ	1 4	ACC	OUI	41(S)*		_	
	G ACCOUNT					LAD	- D	7	7	6								-	_			_
	MARKET DEF	USII /	4000	NUC	INU	INIRI	EK	7	7	6	_									_		_
HOME AD			_		_	_																
STREET A	NDDKE22		_		_							-					_			_	_	_
ADT #	1	_				_		1	CITY	,		_								_		
APT #									CITY		UN	TDV		-							_	
SIAIL										CC	UN	IKY										
MOBILE PH	ONE NUMBER																					
	ONE NUMBER																					
(Country cod	le-cell no.)										_											
(Country cod	de-cell no.)		:11				dans.	: C 1	· · · · · · · · · · · · · · · · · · ·				11 a.L			•						-
(Country cod E-MAIL II Validation	de-cell no.) Data (This				-			-			-		ll th	ne (us	ton	er :	ier	vice	cen	tre	for
(Country cod E-MAIL II Validation enquiry re	de-cell no.) Data (This egarding you	r card			-			-			-		ll th	ie (us	tom	er :	serv	/ice	cen	tre	for
(Country code E-MAIL II Validation enquiry re Mother's	de-cell no.) Data (This garding you s maiden nai	<i>r card</i> ne	or v	vher	you			-			-		II th	1e (us	tom	er :	ser\	vice	cen	tre	for
(Country code E-MAIL II Validation enquiry re Mother's Account	de-cell no.) Data (This egarding you so maiden nath	r <i>card</i> ne Social	or v	<i>vher</i> rity	no.	rep	ort	a los	t or s	itole	-		II th	ie (us	tom	er :	serv	vice	cen	tre	foi
(Country code E-MAIL II Validation enquiry re Mother's Account Account	de-cell no.) Data (This regarding you maiden nau holders full holders Data	r card ne Social of Bi	Secu	<i>vher</i> rity nm-	no. dd-y	, гер Ууу)	& P	a los	t or s	rth	n co		II th	1e (cus	tom	er :	serv	vice	cen	tre	foi
Country code E-MAIL III Validation enquiry re Mother's Account Account Driver Li	de-cell no.) Data (This egarding you maiden name holders full tholders Data cense no. 8	r card ne Social of Bi	Secu rth (i	rity mm- nt N	no. dd-y	, гер Ууу)	& P	a los	t or s	rth	n co		ll th	ne (cus	ton	er:	serı	vice	cen	tre	foi
Country code E-MAIL II Validation enquiry re Mother's Account Account Driver Li (available)	de-cell no.) Data (This regarding you holders full holders Data cense no. & e on the bace	r card ne Social of Bi Docu	Securth (in the contract of th	rity mm- nt N	no. dd-y umb	yyy) yyy)	& P	lace	of Bi	rth Stat	n co	ırd):										
E-MAIL II Validation enquiry re Mother's Account Account Driver Li (available) have rece	de-cell no.) Data (This regarding you be maiden nau holders full holders Data cense no. & e on the bacived, read and	r card ne Social of Bi Docu kside (I unde	Securth (in the contract of th	rity mm- nt N)	no. dd-y umb	yyy) er f	& P	lace lew '	of Bi York	rth Stat	e e	mer	Debi	it C	ard	Agı	een	nen:	t" of	Sta	te B	ank
E-MAIL II Validation enquiry re Mother's Account Account Driver Li (available I have rece of India, Ne	de-cell no.) Description Data (This regarding you be maiden nau holders full holders Data cense no. 8 de on the backived, read and we york and I	ne Social of Bi Docu kside of Lunde	Securth (I	rity mm- nt N) ed the	no. dd-y umb e terr	yyy) er f	& Por Nond cond the	lace lew '	of Bir York	rth Stat	e onsu	mer	Debi	it C	ard issu	Agr	een to n	nen	t" of	Sta	te E	ank
E-MAIL II Validation enquiry re Mother's Account Account Driver Li (available I have rece of India, Ne be used on	de-cell no.) Data (This regarding you be maiden nau holders full holders Data cense no. & e on the bacived, read and	ne Social of Bi Docu kside (I unde acceptadia. I a	Securth (I	rity mm- nt N) ed the	no. dd-y umb e terr ander	yyy) er f ms ai	& Por Nond cond the	lace lew '	of Billyork	rth State of "Co	e onsu	mer I Deb my c	Debi it ca lebit	it C ard t ca	ard issu	Agı ued will	een to n	nen ne k	t" of	Sta Bl Ne	te E ew '	Bank York
E-MAIL II Validation enquiry re Mother's Account Account Driver Li (available I have rece of India, Ne be used on *Each cust	de-cell no.) Description Data (This regarding your senden natholders full sholders Date cense no. & e on the backived, read and ly in US and li	ne Social e of Bill Control of	Securth (in a security of DL restood these security of the sec	rity mm- nt N) d the se. I u	no. dd-y umb e terr ander the	yyy) er f ms ai rstar trans	& Por Nond cond the	lace lew 'onditi at the	of Bir York ons on Intervention	rth State of "Co	e onsu	mer I Deb my c	Debi it ca lebit	it C ard t ca	ard issu	Agı ued will	een to n	nen ne k	t" of	Sta Bl Ne	te E ew '	Bank York
E-MAIL II Validation enquiry re Mother's Account Account Driver Li (available I have rece of India, Ne be used on *Each cust	de-cell no.) The Data (This regarding your senden not holders full the holders Date cense no. & the backived, read and levely in US and I to mer of a Joi	ne Social e of Bill Control of	Securth (in a security of DL restood these security of the sec	rity mm- nt N) d the se. I u	no. dd-y umb e terr ander the	yyy) er f ms ai rstar trans	& Por Nond cond the	lace lew 'onditi at the	of Bir York ons on Intervention	rth State of "Co	e onsu	mer I Deb my c	Debi it ca lebit	it C ard t ca	ard issu	Agı ued will	een to n	nen ne k	t" of	Sta Bl Ne	te E ew '	Bank York
E-MAIL II Validation enquiry re Mother's Account Account Oriver Li (available I have rece of India, Ne be used on *Each cust debit card I	de-cell no.) The Data (This regarding your services maiden name holders full tholders Data cense no. & e on the backived, read and ew York and I ly in US and I lomer of a Joi by submitting	r card ne Social of Bi Docu kside of unde accept adia. I a ht acce JRE:	Securth (in the second of DL second of the s	rity mm- nt N) d the se. I u that (only	no. dd-y umb e terr under the with	yyyy) er fi ms ai rstan i mo	& P or N nd co nd the saction	lace lew 'onditi at the ons e	of Billyork ons of Interpretation	rth Stat of "Cornati ted u	n cc ee onsu ona ona sing joint	mer I Deb my c : with	Debi it ca lebit	it C ard t ca ht	ard issu rd v	Agr ued will urvi	reen to n be b	nen ne k ind	t" of by SE ing (f Sta BI Ne on m	te E ew \ ne. oply	Jank York Y for
E-MAIL II Validation enquiry re Mother's Account Account Driver Li (available I have rece of India, Ne be used on *Each cust debit card I	de-cell no.) Description of the color of the cell no.) Description of the cell of the ce	r card ne Social c of Bi Docusside of under accept adia. I a his/he URE: only	Securth (I umer of DL rstoo t thesagree ount	rity mm- nt N) d the sector (only plica	no. dd-y umb e terr under the with	yyyy) er fi ms ai rstan i mo	& P or N nd co nd the saction	lace lew 'onditi at the ons e	of Billyork ons of Interpretation	rth Stat of "Cornati ted u	n cc ee onsu ona ona sing joint	mer I Deb my c : with	Debi it ca lebit	it C ard t ca ht	ard issu rd v	Agr ued will urvi	reen to n be b	nen ne k ind	t" of by SE ing (f Sta BI Ne on m	te E ew \ ne. oply	Jank York Y for
E-MAIL II Validation enquiry re Mother's Account Account Driver Li (available I have rece of India, Ne be used on *Each cust debit card I	de-cell no.) The Data (This regarding your services maiden name holders full tholders Data cense no. & e on the backived, read and ew York and I ly in US and I lomer of a Joi by submitting	r card ne Social c of Bi Docusside of under accept adia. I a his/he URE: only	Securth (I umer of DL rstoo t thesagree ount	rity mm- nt N) d the sector (only plica	no. dd-y umb e terr under the with	yyyy) er fi ms ai rstan i mo	& P or N nd co nd the saction	lace lew 'onditi at the ons e	of Billyork ons of Interpretation	rth Stat of "Cornati ted u	n cc ee onsu ona ona sing joint	mer I Deb my c : with	Debi it ca lebit	it C ard t ca ht	ard issu rd v	Agr ued will urvi	reen to n be b	nen ne k ind	t" of by SE ing (f Sta BI Ne on m	te E ew \ ne. oply	Jank York Y for

(Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	e you	begin. For guidance related to the purpose of Form W-9, see Purpose	of Form, below.													
		ame of entity/individual. An entry is required. (For a sole proprietor or disregarded ntity's name on line 2.)	entity, enter the owner's r	ame or	n line	1, and	d enter ti	ne bu:	siness/	disre	garded					
	2 B	usiness name/disregarded entity name, if different from above.														
Print or type. See Specific Instructions on page 3.	3b If a	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.)						
v	6 C	ity, state, and ZIP code					,									
		st account number(s) here (optional)														
Pai	† []	Taxpayer Identification Number (TIN)														
		IN in the appropriate box. The TIN provided must match the name give		Socia	al se	curity	number	<u>-</u>		_						
reside	nt alie	sholding. For individuals, this is generally your social security number (S in, sole proprietor, or disregarded entity, see the instructions for Part I, I your employer identification number (EIN). If you do not have a number	ater. For other	or		_				\perp						
TIN, k	ater.			,	loye	r iden	r identification number									
Note:	If the	account is in more than one name, see the instructions for line 1. See a	lso What Name and		i	T	TT	T	T	Т						
Numb	er To	Give the Requester for guidelines on whose number to enter.			31	-										
Par	t II	Certification		-					-							
Unde	r pena	Ities of perjury, I certify that:														
1. The	numb	per shown on this form is my correct taxpayer identification number (or	l am waiting for a numb	er to b	oe is	sued	to me);	and								
Ser	vice (I	subject to backup withholding because (a) I am exempt from backup wi RS) that I am subject to backup withholding as a result of a failure to re subject to backup withholding; and														
3. I ar	n a U.S	S. citizen or other U.S. person (defined below); and														
4. The	FATO	CA code(s) entered on this form (if any) indicating that I am exempt from	FATCA reporting is co	rrect.												
becau acqui:	ise you sition o	n instructions. You must cross out item 2 above if you have been notified a have failed to report all interest and dividends on your tax return. For real or abandonment of secured property, cancellation of debt, contributions to terest and dividends, you are not required to sign the certification, but you	estate transactions, iter an individual retirement	n 2 do: arrang	es n jem	ot app ent (IP	oly. For IA), and	morto , gene	jage in erally, j	teres	nents					
Sign Here		Signature of J.S. person	Date													
Ga	nor	al Instructions	ew line 3b has been ad	ded to	this	form	. A flow	-thro	uah er	ntity	is					

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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	tizen or other U.S. person, including a resident alien	individual ,		· W-9	
		ial owner claiming that income is effectively connectional services)	ted with the conduct of	trade or business	within the United States	
• You	are a benefic	ial owner who is receiving compensation for persor	nal services performed i	n the United States	3 8233 or W-4	
• You	are a person	acting as an intermediary			W-8IMY	
		sident in a FATCA partner jurisdiction (that is, a Mo risdiction of residence.	odel 1 IGA jurisdiction	vith reciprocity), c	ertain tax account information may be	
Par	Ider	ntification of Beneficial Owner (see instr	ructions)	m:		
1	Name of inc	ame of individual who is the beneficial owner 2 Country			itizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.					of address.	
	City or town, state or province. Include postal code where appropriate.				Country	
4	4 Mailing address (if different from above)					
	City or town	City or town, state or province. Include postal code where appropriate.			Country	
5	U.S. taxpay	yer identification number (SSN or ITIN), if required (see instructions)				
6a	Foreign tax	identifying number (see instructions)	6b Check if FTIN no	legally required .	· # # # # # # # # # # # # # # # # # # #	
7	Reference number(s) (see instructions) 8 Date of birth (MM-DD-YYYY) (see				nstructions)	
Par	Clai	m of Tax Treaty Benefits (for chapter 3	purposes only) (see	instructions)		
9	9 I certify that the beneficial owner is a resident of within the meaning of the income					
	treaty betw	een the United States and that country.				
10	Special rat	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					lding 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 Cer	tification				
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						
• Lam	the individual t	hat is the beneficial owner (or am authorized to sign for the				
	_	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 b	oroker transact	ions or barter exchanges, the beneficial owner is an exemp	ot foreign person as defined	I in the instructions,		
Furtherr disburse	more, I authorize e or make payme	this form to be provided to any withholding agent that has control ants of the income of which I am the beneficial owner, I agree that	l, receipt, or custody of the inc t I will submit a new form wit	ome of which I am the b hin 30 days if any certi	peneficial owner or any withholding agent that can fication made on this form becomes incorrect.	
Sign	Here	I certify that I have the capacity to sign for the person	n identified on line 1 of this	form.		
		Signature of beneficial owner (or individual auth	orized to sign for beneficia	l owner)	Date (MM-DD-YYYY)	
		Print name of signer				