

**New York Branch**  
**277 Park Avenue**  
**New York, NY 10172-0083**  
**Tel: 212-753-6100**  
**Fax: 212-588-8958**  
**E-mail : [boi.ny@bankofindia.co.in](mailto:boi.ny@bankofindia.co.in)**  
**Website: [www.boiusa.com](http://www.boiusa.com)**  
**Swift : BKIDUS33**

**बैंक ऑफ़ इंडिया**  
**Bank of India** **BOI**



**GUIDELINE FOR OPENING CERTIFICATE OF DEPOSIT ACCOUNT**

- 1) Minimum Amount for Opening CD Account USD 2,000.00
- 2) Photocopy of Unexpired Driving License or Passport or Green Card or any Photo IDS issued by Government
- 3) Copy of Proof of Current Address if it is different from the Address on Photo ID i.e. Electricity Bill, Telephone Bill etc
- 4) (i) Personal Check, Cashier Check or Official Check Payable to Bank of India  
(ii) If you wish to wire transfer money for opening a CD account, Please give following instruction to your Bank

Please Pay ABA No 026005458 for Bank of India, New York for credit to CD Account G/00000CDSUS and give your Name \_\_\_\_\_

- 5) Proof of Source of Fund
- 6) If you are not coming in person to open CD Account, Please notarized
  - (i) Your Signature on CD Application
  - (ii) Copies of Photo –IDS

**Head Office : Star House, C-5, "G" Block, Bandra-Kurla Complex, Bandra (East)**  
**Mumbai 400 051 INDIA Tel: 91-22-66684444 Website: [www.bankofindia.co.in](http://www.bankofindia.co.in)**

## BANK OF INDIA NEW YORK BRANCH

### Customer Information for CD Accounts of Individuals

Customer A/C Number		Customer ID No	
---------------------	--	----------------	--

Type of Account	Checking	Cert of Deposit	Overdraft	Loans	Others
Date of Account					
Purpose of the Account					

Particulars			
	1st applicant	2nd applicant	3rd applicant
Name			
Address			
Proof of address document	Driving License/Passport/State ID/Utility bill/Others		
Tel/Cell NO			
E-mail ID			
Occupation			
Date of Birth (mm-dd-yyyy)			
SSN No for US residents			
Photo ID			
DL/Passport/State ID/Others			
Photo ID number			
Issued by/ Place			
Date of Issue			
Date of Expiry			
If Resident a/c date of W9			
If Nonresident date of W8			
Source of Fund	<input type="checkbox"/> Salary/Wage <input type="checkbox"/> Past savings <input type="checkbox"/> Others		
Annual Income	<input type="checkbox"/> <25,000 <input type="checkbox"/> 25,000-50,000 <input type="checkbox"/> 50,000-100,000 <input type="checkbox"/> 100,000-150,000 <input type="checkbox"/> 150,000-250,000 <input type="checkbox"/> >250,000		

**Customer Due Diligence by Bank officials- Please check**

Particulars	Please check
1. A/c opening form/specimen signature card are on record	Yes/No
2. OFAC Check conducted for customer and associated individuals (sheet attached)	Yes/No
3. Valid Picture ID for all depositors obtained/on record	Yes/No
4. Acuity conducted for all depositors for identification as "PEP" (sheet attached)	Yes/No
5. Customer risk rated High/Medium/Low	Yes/No
6. Whether name of depositor appears in PEP list	Yes/No
7. Whether name of depositor appears on OFAC list	Yes/No

**Customer's Signature**

**Date**

**Place**



**BANK OF INDIA**

**CD ACCOUNT APPLICATION**

The Manager  
Bank of India  
277 Park Avenue  
New York, N.Y. 10172

Date: \_\_\_\_\_

Dear Sir,

I/We request you to open a time deposit account for the amount of  
\$ \_\_\_\_\_ (Dollars \_\_\_\_\_ )

for a period of \_\_\_\_\_ days/months.

I/We enclose check for the amount indicated. The time deposit account should be opened as soon as the funds are collected by you and at the rate of interest prevailing on the day of receipt of funds.

NAME(S) IN WHICH DEPOSIT CONFIRMATION IS TO BE ISSUED:

\_\_\_\_\_  
\_\_\_\_\_

OCCUPATION - \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

(In case of joint accounts the above will be the Social Security number of the first named depositor).

PHONE NO. \_\_\_\_\_ E-Mail: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We note that the time deposit will be issued in accordance with the Bank's rules and conditions stated in the time deposit confirmation.

Introduction by

or

Photo ID enclosed

Signature(s) \_\_\_\_\_  
\_\_\_\_\_

- NOTE:
1. In the case of Corporations a Board Resolution is required for opening the account.
  2. If the deposit is in the name of minor, please give the date of birth of the minor.
  3. If you do not have an account with us already, please notarize your signature.

A/C opened by  
Signature \_\_\_\_\_

VERIFIED BY

Code No. \_\_\_\_\_

Code No. \_\_\_\_\_

## INFORMATION REGARDING CERTIFICATE OF DEPOSIT ACCOUNT

I)	ACCOUNT NAME	:		
II)	ADDRESS	:		
III)	ANNUAL INCOME OF COMPANY INDIVIDUAL	:	<input type="checkbox"/> <25,000 <input type="checkbox"/> 50,000-100,000 <input type="checkbox"/> 150,000-250,000	<input type="checkbox"/> 25,000-50,000 <input type="checkbox"/> 100,000-150,000 <input type="checkbox"/> >250,000
IV)	MODE OF OPERATION	:	<input type="checkbox"/> Self <input type="checkbox"/> Anyone of Survivor <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Either of Survivor <input type="checkbox"/> Joint or Survivor
V)	PURPOSE OF ACCOUNT	:	<input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)	
VI)	EXPECTED VOLUME OF DEPOSIT IN A YEAR	:	<input type="checkbox"/> <10,000 <input type="checkbox"/> 25,000-50,000 <input type="checkbox"/> 100,000-150,000	<input type="checkbox"/> 10,000-25,000 <input type="checkbox"/> 50,000-100,000 <input type="checkbox"/> >150,000
VII)	SOURCE OF FUNDS	:	<input type="checkbox"/> Current <input type="checkbox"/> income/wages <input type="checkbox"/> Pension/SS <input type="checkbox"/> Liquidation of Investments <input type="checkbox"/> Sale of Property <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Past Savings <input type="checkbox"/> Rent
VIII)	MODE OF DEPOSIT	:		
IX)	EXPECTED NUMBER OF DEPOSITS IN A YEAR	:	<input type="checkbox"/> upto 5 <input type="checkbox"/> upto 10 <input type="checkbox"/> upto 20 <input type="checkbox"/> above 20	
X)	EXPECTED AMOUNT OF EACH DEPOSIT	:	<input type="checkbox"/> upto \$10,000 <input type="checkbox"/> upto \$ 50,000	<input type="checkbox"/> upto \$25,000 <input type="checkbox"/> above \$50,000

Customers Signature

Date:

**NOMINATION FORM**

I/We \_\_\_\_\_  
Name(s) & Address(s)

Nominate the following person to who in the event of my/our death the amount of deposit in the account, particulars whereof are given below, may be repaid by BANK OF INDIA, New York Branch.

Nature of Deposit	Distinguishing Number A/C No.	Additional details, if any

Names & Address (only one nominee)	Relationship with Depositor

Name, Signature of witness & Address \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_  
Signature(s) of Depositor(s)

---

FOR BRANCH USE

Application received on \_\_\_\_\_ CD Account opened on \_\_\_\_\_

Deposit A/C No./s \_\_\_\_\_

Branch: \_\_\_\_\_

Date: \_\_\_\_\_

Signature and Code Number  
of Officer



**New York Branch**

277 Park Avenue, New York - 10172

Tel: 212-753-6100 Fax: 212-588-8958

Email: [boi.ny@bankofindia.co.in](mailto:boi.ny@bankofindia.co.in) Website: [www.boiusa.com](http://www.boiusa.com)

Dear Customer

The opening of Certificate of Deposit Accounts is subject to the norms and regulations of Bank Secrecy Act and Customer Identification Program, Federal and State laws as well as our internal policies. We need to obtain and verify your information like address, date of birth, Social Security Number, Tax ID, Certificate of Incorporation, employer identification number, telephone number etc.

As a regulatory requirement we wish to inform you that we are requesting various details / information from you in order to establish and verify your identity. What we do with your personal information is detailed out in our Privacy Policy, attached with this combined disclosure for Certificate of Deposit Accounts.

Kindly sign and return a copy of this letter, in token of having received Privacy Policy Notice and noted all the provisions of Certificate of Deposit Accounts and agreeing to allow Bank of India to verify the information from different sources and use it as per the provisions contained in Privacy Policy Notice.

Regards

**Assistant Vice President / Supervisor**

**Date :**

I have noted the contents of these combined disclosures enclosed below from (Page No.2 to 6).

-----  
Name :

Address:

Date :

## USA PATRIOT Act

To help the United States government fight the funding of terrorism and money laundering activities, the federal law of the United States requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you:

- If you are an individual, when you open an account we will ask for your (i) name, (ii) residential address, (iii) date of birth, (iv) social security or other U.S. taxpayer identification number, or, if you are not a citizen or resident of the United States, a passport number and country of issuance or the number and country of issuance of any other government issued document evidencing nationality or residence and bearing a photograph or similar safeguard, and (v) such other information or documents that we consider necessary to identify you.
- If you are a corporation, partnership, trust or other entity, when you open an account we will ask for your (i) name, (ii) address (either your principal place of business, a local office or other physical location), (iii) a U.S. taxpayer identification number, or if you are not organized or resident in the United States or filing U.S. income tax returns, the number and country of issuance of any other government-issued document certifying the existence of your organization, and (iv) such other information or documents that we consider necessary to identify you, such as articles of incorporation, a government-issued business license, a partnership agreement or a trust instrument.

### **Unlawful Internet Gambling Enforcement Act (UIGEA) and Regulation GG (Prohibition on Funding of Unlawful Internet gambling)**

Please be additionally advised that UIGEA and Regulation GG prohibit you from processing restricted transactions through your account or relationship. Restricted transactions include but are not limited to those in which credit, electronic funds transfers, checks or drafts are knowingly accepted by gambling businesses in connection with the participation by other

## DISCLOSURES FOR CERTIFICATE OF DEPOSIT ACCOUNT(S) (Truth-in-Savings)

---

The following document explains, in non-technical language, the terms and conditions of Certificate of Deposit Accounts of the Bank Of India , New York Branch, as well as explains the Bank's regulations governing the account. The word 'disclosure' is used by the Government to describe this written explanation to you. The Bank's officers would be happy to assist you, if you need more information.

### WHAT IS A CERTIFICATE OF DEPOSIT ACCOUNT (CD Account)

A Certificate of Deposit, also called a CD Account, is a secured investment option, denominated in US Dollars, earning a fixed rate of interest for the entire period of deposit and is used by individuals and business entities.

### MINIMUM DEPOSIT REQUIREMENTS

A Certificate of Deposit for any period between 30 days to 365 days (say 1 year) will be opened by a minimum amount of USD 2,000.00. Deposits can be received by means of check/demand drafts or in cash. The check/official check/cashier's should be made out in favour of Bank of India, however in case where the check/official check/cashier's check is in favour of the prospective depositor, the same be accepted after approval of VP (Operations). **We will wait /hold the collected fund for next three days to take the precaution for the return cheques ,but the deposit will be open with a value date of fund collected (means the interest on deposit begins from value date)**. Deposits from existing account holders will be accepted through wire transfers with a request for issuance of additional certificate deposits in his / her name provided the account holder is the remitter of fund and furnishes relevant information on source of fund (sending the documentary proof on source of fund), tenor of deposit, his/her name and existing account number with us. The account holder must give following instructions to his/her banker while making wire transfer–

'Please pay ABA No-026005458" Bank of India, New York for credit to CD Account G/00000CDSUS  
".

Generally funds you deposit will be available within one business day except when you deposit checks exceeding \$5,525 in a business day. The amount exceeding \$5,525 will be available not later than ninth business day after the day of your deposit. Please note, we are not required to let you withdraw principal from a CD before it matures.

### TENURE OF CD ACCOUNT / RENEWAL / MATURITY

A CD Account is opened for a minimum period of 30 days to a maximum period of to 365days (say1 year) in a specified bucket only as indicated below in Rate of interest table. The deposit and the interest is payable to you on the maturity date as indicated on the Certificate. The maturity date will be indicated on the deposit confirmation letter provided.



Branch will mail you due date notice 30 days in advance from the maturity date of your deposit above 30 days and will seek your further instructions to either renew the deposit or to pay the proceeds. However, if the instructions are not received before maturity date of the deposit, the deposit shall be renewed for the same tenure at the prevailing rate of interest on the date of renewal. Renewal instructions may be given by telephone, email, and fax or written requests, which will be duly verified by the branch officials.

Payment request which are telephonic or electronic, will not be entertained. For termination of CD accounts, customers have to make written requests, duly signed, and submit the original deposit confirmation letter provided by us. Customers may submit the same in person or by regular mail viz FedEx USPS, UPS etc . Our staff will verify the authenticity of such payment instructions and act accordingly.

Payment of such deposits will be made to the credit of depositors' account only.

**PRE-MATURE WITHDRAWAL**

After the account is opened you may not make deposits into or withdrawals from the account until the maturity date. However, request for pre mature closure of Certificate of Deposit and payment of amount due may be accepted subject to management discretion. Management may refuse to accede to the request of the depositor for premature withdrawal of the deposit. If the request is considered by the management, Interest will be paid at the rate applicable for the period for which the deposit remained with the bank or the contracted rate, whichever is lower, as prevailing on the date of deposit, less 0.25%. However, no interest shall be paid on the deposit which is kept with us for less than 30 days.

If withdrawal is made within the first six days after deposit, a penalty of seven days simple interest will be assessed on the amount withdrawn which may effectively bring down the final pay out of proceeds lesser than the principal amount.

There is no other service charge on early withdrawal.

**RATE OF INTEREST**

The account will be opened as soon as the funds are cleared in the account of Bank of India ,New York Branch and at the rate of interest prevailing on the day of receipt of funds as per following schedule; Applicable with effect from September 10, 2024

Period	CD Rate of Interest in % per annum on 365 days basis	Annual Percent Yield( not considering rollover of deposit)
30 days	3.75	3.75
90 days	3.75	3.75
180 days	3.75	3.75
270 days	3.75	3.75
365 days (1 year)	5.00	5.00

In general, the annual percentage yield for account disclosure is the annualized rate that reflects the relationship between the amount of interest that would be earned by the customer for term of the account and the amount of principal used to calculate that interest. The annual percentage yield assumes interest will remain on the account until maturity. Special rules will not apply to CD accounts as BOINY branch does not offer CD for more than 1 year

The above Rate of interest are subject to change without any prior notice. The prevailing Rate of Interest on any given day may be obtained at [www.boiusa.com](http://www.boiusa.com) and / or from 646-720-0411 / 646-720-0414.

### **COMPUTATION OF INTEREST**

The interest is calculated, on **365 days** basis, and paid on the date of maturity as indicated on the Certificate. The rate of interest is calculated on simple basis on daily balance on the full amount of principal ; therefore annual percentage yield will be the same as contracted rate. Annual percentage Yield will be calculated based on the Actual number of days in the term of the account.

The minimum balance requirement as discussed above will be required to obtain the annual percentage yield listed.

No interest shall be paid on the deposit which runs for less than 30 days.

### **JOINT ACCOUNTS**

If the deposit is made in the names of more than one person, it shall be yours as joint tenants, with the right of survivorship, and not as tenants in common. In such a case, the deposit, together with interest, is available to either / any of you during your joint lives and upon the death of either / any of you, all of the right, title and interest in and to the deposit shall vest absolutely with the survivor/s, subject to all applicable tax statutes and regulations. Each of you shall be the agent of the other which means that either / any of you can take any action in respect of the deposit or give or receive any notice.

### **NOMINATION**

Nomination facility is available for CD accounts. In the event of death of all the account holders, the amount will be paid to the nominee. More than one nominee can be made by the depositor(s) at the time of opening of account or during the currency of the deposit with clear specification of share in terms of percentage in respect of each nominee. However, rights of nominee(s) arise only in the event of death of all the depositors or injunction of honorable court restraining Bank to make the payment to surviving depositor.

### **LOSS OF CERTIFICATE / RECEIPT**

In case the original deposit certificate or confirmation receipt is lost or not traceable, the payment will be made only on receiving adequate indemnity letter from the depositor(s).

### **CHANGE OF ADDRESS**

You must notify the Bank promptly and in writing, of any change in your address. All notices will be sent to you by ordinary mail at the last address the Bank has recorded for your CD account.

### **REPORTING TO IRS**

Interest paid during the year is reported to the Internal Revenue Services (IRS). Depositors will be notified of the interest paid on their CD accounts in a financial year, before 31<sup>st</sup> January each year, in form 1099-INT. Besides, interest paid to foreign payees in a financial year along with any tax withheld is also reported to IRS through Form 1042 on or before March 15 every year.

### **Line of Credit ( Overdraft)**

Branch may offer Line of Credit (overdraft) against the security of your CD. The salient features of the facility would be the following;

- i) **Overdraft Limit:** It will vary from case to case however it will not exceed the amount of deposit.
- ii) **Purpose :** For all genuine business purposes
- iii) **Rate of Interest:** 1% above the interest rate payable on deposit.
- iv) **Fees & Charges:** There are no processing fees associated with the facility.

#### **ABANDONED ACCOUNTS**

New York State Law requires the Bank to send to the State, as abandoned property, the funds or deposit in any account where there has been no operation for 3 years, which means there has been no deposit or withdrawal, nor any written communication from the depositor. You can prevent this from happening by making a deposit or withdrawal or by notifying us in writing that you know your account still exists at the Bank.

After receiving such funds, the New York State holds the funds in trust, for the benefit of rightful claimants, and any claims must be made directly to the State. Your account may be charged for certain expenses incurred in remitting funds to the state.

#### **LAWS, RULES AND REGULATIONS**

This deposit is constructed in accordance with all present and future applicable laws of the State of New York and the relevant rules and regulations of the Banking Department of the State of New York, the Board of Governor of the Federal Reserve System, and Bank of India.

The deposit is not subject to transfer or assignment without our prior consent.

Nothing contained herein shall be deemed to affect any other account or deposit in your name(s) now or hereafter maintained with us.

*Any discrepancy noticed by the depositors should be brought to the notice of the Bank immediately.*

<b>FACTS</b>	<b>WHAT DOES BANK OF INDIA – NEW YORK BRANCH DO WITH YOUR PERSONAL INFORMATION?</b>
<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information may include:</p> <ul style="list-style-type: none"> <li>• Identification documents, employment information, Social Security Number, Tax ID and Tax Returns</li> <li>• Account Balance, Payment Records and Parties to Transactions</li> <li>• Credit History and Credit Scores</li> </ul> <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
<b>How?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons why financial companies share their customers' personal information; the reasons Bank of India chooses to share and whether you can limit this sharing.

Reasons we can share your personal information	Does Bank of India share?	Can you limit this sharing?
<b>For our everyday business purposes</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	No	We don't share
<b>For non-affiliates to market to you</b>	No	We don't share

<b>Questions?</b>	<p>Call 212-753-6100 / 646-720-0398</p> <p>Mail to: <a href="mailto:boi.ny@bankofindia.co.in">boi.ny@bankofindia.co.in</a></p> <p>or go to <a href="http://www.boiusa.com">www.boiusa.com</a></p>
-------------------	---

## Who we are

**Who is providing this notice?**

BANK OF INDIA – NEW YORK BRANCH  
277 Park Avenue, New York - 10172

## What we do

**How does Bank of India protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

All our employees are under 'Declaration of Fidelity and Secrecy' which requires not to communicate to any persons, not legally entitled thereto, any information relating to the affairs of any person having any dealing with us.

**How does Bank of India collect my personal information?**

We collect your personal information, for example, when you

1. Open an account or deposit money
2. Pay your bills or apply for a loan
3. Give us your contact information, employment information or income information.

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

**Why can't I limit all sharing?**

Federal Law gives you the right to limit sharing only in the following cases:

1. Sharing for affiliates' everyday business purposes—information about your creditworthiness.
2. Affiliates from using your information to market to you.
3. Sharing for non-affiliates to market to you.

## Definitions

**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

*Our affiliates include those companies that are controlled by or are under common control with Bank of India – with Head Office at Mumbai, India.*

*Affiliates of Bank of India include the bank's branches and subsidiaries.*

**Non-affiliates**

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

*Bank of India does not share your information with non-affiliates to market to you.*

**Joint Marketing**

A formal agreement between non-affiliated financial companies that together market financial products or services to you.

*Bank of India does not share your information with non-affiliates to market to you.*

## Other important information

We may disclose nonpublic personal information about customers to non-affiliated third parties, without their consent or direction, AS PERMITTED BY LAW, such as

- to comply with federal, state or local laws, rules and other applicable legal requirements;
- to comply with a properly authorized civil, criminal or regulatory investigation, or subpoena or summons by federal, state or local authorities;
- to respond to judicial process or government regulatory authorities having jurisdiction over us for examination, compliance or other purposes as authorized by law;
- to consumer reporting agencies;
- to protect against or prevent actual or potential fraud, unauthorized transactions, claims or other liability;
- to provide information to insurers, guarantee funds or agencies, agencies that are rating us, persons that are assessing our compliance with industry standards - our attorneys, accountants and auditors.

*This privacy notice applies to consumers and not to business entities or business transactions.*





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

(Rev. October 2021)

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

OMB No. 1545-1621

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

**Do NOT use this form if:**

**Instead, use Form:**

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

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

**Part I Identification of Beneficial Owner (see instructions)**

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

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

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

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

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

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

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

**Sign Here** ▶

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Print name of signer