Account Number		

## Form W-8EXP

(Rev. October 2023)

Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting

(For use by foreign governments, international organizations, foreign central banks of issue, foreign tax-exempt organizations, foreign private foundations, and governments of U.S. territories.)

Go to www.irs.gov/FormW8EXP for instructions and the latest information. Section references are to the Internal Revenue Code.

OMB No. 1545-1621

	Separtment of the Treasury nternal Revenue Service Ser				RS.		
Do not us	e this form	for:					Instead, use Form
_				ning the applicability of section(s			W-8BEN-E or W-8EC
895, or 1443(b)							W-8BEN or W-8BEN-E
				ler section 1445) or a foreign true			W-8BEN-E or W-8IMY
_			•	nduct of a trade or business in the			W-8EC
	_						
Part I		cation of Beneficial	Owner				
1 Name	of organization				2 (	Country of incorpo	oration or organization
3 Type	of  For	eign government		☐ Foreign tax-exempt org	anization		
entity		ernational organization		☐ Foreign private foundat	•		
_		eign central bank of iss	ue (not	Government of a U.S. to			
		olly owned by the foreig		☐ Withholding qualified ho	older und	er section 144	.5
4 Chap	ter 4 Status	(FATCA status):					
	Participatii	ng FFI.		☐ Foreign government (in	cluding a	political subd	ivision),
		Model 1 FFI.		government of a U.S. te	_	•	•
	Reporting	Model 2 FFI.		Complete Part III.			
		deemed-compliant FF		Exempt retirement plan	of foreig	n government	. Complete Part III.
	(other than	a Reporting Model 1 F	FI).	☐ 501(c) organization. Co	mplete Pa	art III.	
	Nonreport	ing IGA FFI. Complete F	Part III.	Passive NFFE. Complet	te Part III.		
	Territory fire	nancial institution. Com	plete Part III.	☐ Direct reporting NFFE.			
	Internation	al organization.		☐ Sponsored direct repore	ting NFFE	E. Complete P	art III.
		province. Include postal code ferent from above).	where appropriate.			Country	
	,	province. Include postal or ZIF	2 code where appropr	riate		Country	
Oity Oi	town, state of	province. Include postar or 211	code where appropr	idio.		Country	
7 U.S. T	IN, if required (s	see instructions)	8a GIIN		<b>b</b> Foreign	TIN (see instructi	ons)
9 Refere	ence number(s)	(see instructions)					
Part II	Qualific	ation Statement for	Chanter 3 Sta	tus			
		government:	Onaptor o ota				
	_	_	Part Lis a foreign	n government within the mea	aning of s	ection 892 and	the payments are
u _		scope of the exemption			armig or o	ootion ooz an	z the payments are
Cł		b or box 10c, whichev	= -				
		•		ne government of			
	If box 10c is checked, check box 10d or box 10e, whichever applies.						
	I certify that for a beneficial owner that is a controlled entity of a foreign sovereign (other than a foreign central bank of issue wholly owned by a foreign sovereign), the beneficial owner is not engaged in commercial activities within or outside the United States.						
e 🗌	☐ I certify that for a beneficial owner that is a foreign central bank of issue and a controlled entity of a foreign sovereign, the beneficial owner is not engaged in commercial activities within the United States.						
11 Fc		ational organization:					
	☐ I certify that:						
	• The entity identified in Part I is an international organization within the meaning of section 7701(a)(18), and						), and
	The payments are within the scope of the exemption granted by section 892.						

Form W-8EXP (Rev. 10-2023) Page 2 Qualification Statement for Chapter 3 Status (continued) Part II For a foreign central bank of issue (not wholly owned by the foreign sovereign): I certify that: • The entity identified in Part I is a foreign central bank of issue. • The entity identified in Part I does not hold obligations or bank deposits to which this form relates for use in connection with the conduct of a commercial banking function or other commercial activity, and • The payments are within the scope of the exemption granted by section 895. 13 For a foreign tax-exempt organization, including foreign private foundations: If any of the income to which this certification relates constitutes income includible under section 512 in computing the entity's unrelated business taxable income, attach a statement identifying the amounts. Check either box 13a or box 13b. I certify that the entity identified in Part I has been issued a determination letter by the IRS dated that is currently in effect and that concludes that it is an exempt organization described in section 501(c). ☐ I have attached to this form an opinion from U.S. counsel concluding that the entity identified in Part I is described in section 501(c). For section 501(c)(3) organizations only, check either box 13c or box 13d. If the determination letter or opinion of counsel concludes that the entity identified in Part I is described in section 501(c)(3), I certify that the organization is not a private foundation described in section 509. I have attached an affidavit of the organization setting forth sufficient facts for the IRS to determine that the organization is not a private foundation because it meets one of the exceptions described in section 509(a)(1), (2), (3), or (4). If the determination letter or opinion of counsel concludes that the entity identified in Part I is described in section 501(c)(3), I certify that the organization is a private foundation described in section 509. For a government of a U.S. territory: 14 ☐ I certify that the entity identified in Part I is a government of a territory of the United States, or is a political subdivision thereof, and is claiming the exemption granted by section 115(2). 15 For a withholding qualified holder: Check either box 15a or 15b. I certify that the entity identified in Part I is treated as a non-foreign person for purposes of sections 897 and 1445 because it is a qualified holder under Regulations section 1.897(I)-1(d). ☐ I certify that the entity identified in Part I is treated as a non-foreign person for purposes of sections 897 and 1445 because it is a foreign partnership, all of the interests of which are held by qualified holders (under Regulations section 1.897(I)-1(d)), including through one or more partnerships. **Qualification Statement for Chapter 4 Status (if required)** For a nonreporting IGA FFI: ☐ 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 under the provisions of the applicable IGA (see instructions); and • Is treated as a • If you are an FFI treated as a registered deemed-compliant FFI under an applicable Model 2 IGA, provide your GIIN: For a territory financial institution: 17 ☐ 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 territory of the United States. For a foreign government (including a political subdivision), government of a U.S. territory, or foreign central bank of issue: 18 ☐ 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)). For an exempt retirement plan of a foreign government: 19 Check box 19a or box 19b, whichever applies. 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. territory (each as defined in Regulations section 1.1471-6 or 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 **b** 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. territory (each as defined in Regulations section 1.1471-6 or 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.

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Part	Qualification Statement for Chapter 4 Status (if required) (continued)							
20	For a 501(c) organization:  I certify that the entity identified in Part I is an entity described in section 501(c) but is not an insurance company described in section 501(c)(15).							
21	For a passive NFFE:							
а	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 territory of the United States).							
	Check box 21b or 21c, whichever applies.							
b	I further certify that the entity identified in Part I has no substantial U.S. owners, <b>or</b>							
С	I further certify that the entity identified in Part I has provided a statement including the name, address, and TIN of each substantial U.S. owner of the NFFE (see instructions).							
22	Name of sponsoring entity:							
	I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified in line 22.							
Part	Certification							
	Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge at belief it is true, correct, and complete. I further certify under penalties of perjury that:							
	<ul> <li>The organization for which I am signing is the beneficial owner of the income and other payments to which this form relative beneficial owner is not a U.S. person; and/or</li> </ul>							
	• The organization for which I am signing is a withholding qualified holder because it is a qualified holder under Regulations section 1.897(I)-1(d) or it is a partnership and all of its interests are held, directly or indirectly, by qualified holders under Regulations section 1.1445-1(g)(11).							
	Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner.							
	agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.							
	certify that I have the capacity to sign for the entity identified on line 1 of this form.							
Sign Here								
	Signature of authorized official Print name Date (MM-DD-YYYY)							
	W OF VP							

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