



“Entidad Regulada y Supervisada por la Superintendencia del Mercado de Valores Licencia para operar como Casa de Valores Resolución No. CNV 77-10

COMO LLENAR EL FORMULARIO W-8 BEN

Parte 1 del formulario W-8BEN:

Colocar información personal: nombres y apellidos, dirección de residencia, país de residencia, estado, ciudad, dirección y código postal, fecha de nacimiento. Completar esta parte tal cual se muestra en la siguiente imagen.

Part I Identification of Beneficial Owner (see instructions)	
1 Name of individual who is the beneficial owner	2 Country of citizenship
NOMBRE COMPLETO	PAIS DE RESIDENCIA
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
DIRECCION DE RESIDENCIA, TAL COMO APARECE EN SU EVIDENCIA DE DIRECCION	
City or town, state or province. Include postal code where appropriate.	Country
CIUDAD, ESTADO Y CODIGO POSTAL	PAIS DE RESIDENCIA
4 Mailing address (if different from above)	
NO COMPLETAR	
City or town, state or province. Include postal code where appropriate.	
NO COMPLETAR	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	6 Foreign tax identifying number (see instructions)
NO LLENAR	NO COMPLETAR
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)
NO COMPLETAR	FECHA NAC.

Al llenar desde tu computadora debes imprimir el formulario.

Parte 3 del formulario W-8BEN: Debes colocar tus nombres y apellidos en computadora, tu firma y fecha en que estas llenando el formulario, **escrito a mano, esto muy importante.**

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 to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named 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 applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

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

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)	Date (MM-DD-YYYY)
NOMBRE COMPLETO	
Print name of signer	Capacity in which acting (if form is not signed by beneficial owner)