

VENDOR PACKET



Professional Retail Services
Inc

VENDOR PACKET – CANADA

Prepared for :
Professional Retail Services

Date of Issue :
02 / 01 / 2020

Date of Validity :
01 / 01 / 2021

V 1.0

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FACSIMILE TRANSMITTAL

Co: _____ Fax: _____
Att: _____ Date: _____
Re: _____ Pages: _____
CC: _____

Dear Valued Vendor,

Thank you for taking the time to service our clients' needs with the knowledge and expertise you can provide within your specific trade. Our main goal at Professional Retail Services is to provide our clients with the best contractors in the area that can complete the requested services at the most cost efficient pricing. In order to attain our goal, we need to have reliable local companies such as yours.

Professional Retail Services has been providing the retail industry with excellent customer service since 2000. Our service department is available 24 hours a day 7 days a week unlike many of our competitors and our service coverage area includes the entire United States, Canada and Puerto Rico. The demand for retail maintenance and services as well as our clients' needs has increased dramatically over the past few years, which means the demands for new vendors that strive to provide the best service has increased as well. The performance of our local vendors is vital to the level of customer service we strive to provide to our clients. Providing excellent service within our retail locations can ensure more future business for our company as well as yours. Attached you will find all the paperwork requirements for new vendors.

We will need to have all the requested paperwork within 48 hours in order for your company to remain as an active vendor and continue to get work in the future. Please provide a certificate of insurance with Professional Retail Services listed as an additionally insured certificate holder, fill out the W-9 form and the standard form of agreement and fax back to us. Once this paperwork has been received, you will only need to provide an updated certificate of insurance annually to ensure the one we have on file is always current.

We look forward to working with your company and would like to thank you in advance for helping us reach our goal.

Please feel free to contact us anytime if you have any questions.

Thank you,
Professional Retail Services, Inc.



Please be advised we need the following paperwork in order to process your invoice and remain an active vendor. If we do not receive the below paperwork, this will delay the processing of your invoice.

CERTIFICATE OF INSURANCE

Your certificate must come from your insurance company. We do not accept declaration pages as proof of insurance or certificates that do not have us listed as certificate holder and additionally insured.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Your certificate of insurance must have the same company name that appears on your invoice. <input type="checkbox"/> Two (2) Million general aggregate (General Liability) <input type="checkbox"/> One (1) Million each occurrence (General Liability) | <ul style="list-style-type: none"> <input type="checkbox"/> Listed as the certificate holder on your certificate with our name and address: (must come from your insurance company) <input type="checkbox"/> Listed as additionally insured on your certificate with our name and address: (must come from your insurance company) |
|--|--|

WORKERS' COMPENSATION

Workers' compensation must come from your insurance company. Due to insurance company requirements, we must have a copy of your workers' compensation file. If you are exempt from workers' compensation by your local state laws, please contact us for a workers' compensation waiver form at vendorrelations@profretail.com

W-8 FORM

Complete the enclosed W-8. If you are providing your social insurance number, please advise the name that applies to that social insurance number. Please sign and return to us.

INDEMNIFICATION FORM

Review the indemnification form of agreement. We cannot accept the agreement with any changes. Please sign and return.

PAYMENT TERMS & INVOICING

Subcontractor agrees to invoice General Contractor within 7 days from completion of work. General Contractor will not pay any invoices received over 30 days from completion of work. Payment terms are Net 45 days from the receipt of invoice.

Invoices and Sign-Offs must be sent to 'documents@profretail.com'.

Early payment discounts are negotiable with our Accounting Department.

Please contact our accounting department for more information at (888) 834-2411.



The Subcontractor shall purchase and maintain insurance of the following types of coverage and limits of liability:

1) COMMERCIAL GENERAL LIABILITY (CGL)

coverage with limits of Insurance of not less than \$1,000,000 each occurrence and \$2,000,000 Annual Aggregate.

- A) If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project.
 - B) CGL coverage shall be written on ISO Occurrence form CG 00 01 10/01 or a substitute form providing equivalent coverage and shall cover liability arising from premises, operations, independent contractors, products-completed operations, residential projects (if applicable) and personal and advertising injury.
 - C) Contractor, Owner and all other parties who Contractor is required to name as additional insureds by any contract, shall be included as insureds on the CGL, using ISO Additional Insured Endorsement CG 20 10 (0413) & CG 20 37 (0413), or an endorsement providing equivalent or broader coverage to the additional insureds.
 - D) Subcontractor shall maintain CGL coverage for itself and all additional insureds for the duration of the project and maintain Completed Operations coverage for itself and each additional insured for at least 3 years after completion of the Work.
 - E) CGL coverage shall not have exclusions for residential projects, territorial limitations, bodily injury to employees, work at heights or any other exclusion deemed unacceptable to the Contractor.
- The coverage provided to the additional insureds under the policy issued to the Subcontractor shall be at least as broad as the coverage provided to the Subcontractor under the policy. Coverage for the additional insureds shall apply as primary and non-contributing insurance before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insureds.

2) WORKERS COMPENSATION AND EMPLOYERS LIABILITY

- A) Employers Liability Insurance limits of at least \$1,000,000 each accident for bodily injury by accident and \$1,000,000 each employee for injury by disease. Or Statutory state limits.

3) WAIVER OF SUBROGATION

Subcontractor waives all rights against Contractor, Owner and Architect and their agents, officer directors and employees for recovery of damages to the extent these damages are covered by commercial general liability, commercial umbrella liability, business auto liability or workers compensation and employers liability insurance maintained per requirements stated above.

4) NOTICE OF CANCELLATION

The required insurance policies shall contain a provision that coverage afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to the Contractor.

- 5) The Subcontractor shall not sublet any part of its work without written approval from the Owner or Contractor. The Subcontractor shall not sublet any part of its work without assuming full responsibility for requiring similar insurance from its subcontractors and shall submit satisfactory evidence to that effect to the Contractor. Each such insurance policy of the sub subcontractor, except the Workers Compensation Policy, shall include the Owner, the Contractor and all other parties who Contractor is required to name as additional insureds by any contract as an additional insured.

Prior to commencing the work, the Subcontractor shall submit to the Contractor a certificate of insurance, a copy of the Additional Insured Endorsement and a copy of the applicable Other Insurance clause that is part of the Subcontractor's Commercial General Liability Policy. The certificate of insurance must include the following wording in the Description of Operations Section:

“Professional Retail Services, Inc. is named as additional insured as per written contract on a primary and noncontributory basis. Waiver of subrogation in favor of PRS, Inc”.

A copy of the entire Commercial General Liability policy with all endorsements shall be submitted to the Contractor when requested.

INDEMNIFICATION



To the fullest extent permitted by law, the Subcontractor agrees to indemnify, defend and hold harmless the Contractor as well as all parties listed below as additional insureds, their offices, directors, agents, employees and partners (hereafter collectively “Indemnitees”) from any and all claims, suits, damages, liabilities, professional fees, including attorney’s fees, costs, court costs, expenses and disbursements related to death, personal injuries or property damage (including loss of use thereof) brought against any of the Indemnitees by any person or entity, arising out of or in connection with or as a result or consequence of the performance of the Work of the Subcontractor, as well as any additional work, extra work or add on work whether or not cause in whole or in part by the subcontractor and any subcontractor they hire shall risk of the subcontractor exclusively. Subcontractor hereby indemnifies and holds Contractors, its parent and affiliates and their

respective officers, directors, employees and agents from and against any and all claims, actions, losses, judgements, or expenses, including reasonable attorney’s fees arising from or in any connected with the work performed, materials furnished, or services provided to Contractor during the term of this Agreement. Attorney’s fees, court costs, expenses and disbursements shall be defined without limit to include those fees, costs, etc. incurred in defending the underlying claim and those fees, costs, etc. incurred in connection with the enforcement of this Subcontract Agreement. Indemnification under this agreement. The Subcontractor shall cause all subcontract agreements it enters into to include this indemnification clause so as to ensure that Contractor and all Indemnitees hereunder shall have the same protection from sub-subcontractors as is afforded by the Subcontractor.

DATE:

SIGNATURE:

TITLE:

SUBCONTRACTOR (YOUR COMPANY NAME):

ADDRESS:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---------------------------------|---|
| PRODUCER INSURED | CONTACT NAME: PHONE (A/C No, Ext): _____ FAX (A/C No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE _____ NAIC # _____ INSURER A : Insurance Co Name INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____ |
|---------------------------------|---|

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____ | X | X | Policy # | Dates | Dates | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Fa occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ _____ | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS, NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Fa accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____ | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____ | | | | | | EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | X | Policy # | Dates | Dates | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Retail Services, Inc is named as additional insured as per written contract.
Insurance is primary and non-contributory and includes a waiver of subrogation in favor of PRS, Inc.

| | |
|--|--|
| CERTIFICATE HOLDER Professional Retail Services Inc 3249 Route 112, Bldg 4, Suite 2 Medford, NY 11763 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____ |
|--|--|

VENDOR FORM

Please complete this form regarding your company and the services you offer. The better informed we are the better we will be able to assist you and your company. This form may be updated at any time by request. The information provided is for our use only and will not be released to any third party.

Vendor Information

| | |
|-------------------------------|-------------------------------|
| Company Name | Are you a National Company? |
| D.B.A. | Are you a Franchise? |
| Office Phone | Contact Name |
| Office Fax | Cell Phone |
| Emergency Phone | Contact Name |
| Mailing Address | Physical Address |
| City Zip | City Zip |
| State | State |
| *Email Address (Required) | |

Hourly Rate / Trip Charge

Organization Type

- | | | |
|--|--|---|
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> C Corporation | <input type="checkbox"/> Individual/Sole Proprietor |
| <input type="checkbox"/> L.L.C. | <input type="checkbox"/> Trust/Estate | <input type="checkbox"/> Partnership |

Service Categories

- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Awnings | <input type="checkbox"/> Doors | <input type="checkbox"/> Locksmith |
| <input type="checkbox"/> Board Ups | <input type="checkbox"/> Electric | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Flood Clean Up | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Carpet/Tile | <input type="checkbox"/> Glass | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Grille/Gate | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Landscaping | |
| <input type="checkbox"/> Other: _____ | | |

Service Areas (State, City)



CREDIT REFERENCES

Matt's Handyman LLC

2459 Ward Drive

Lakewood, CO 80215

Contact: Matthew Tafoya

Phone: (719) 233-0603

CT West

1640 South Certinela Ave

Los Angeles, CA 90025

Contact: Chris

Phone: (310) 392-2813

Masterline Plumbing Inc.

8732 Helms Ave

Rancho Cucamonga, CA

Contact: Angel

Phone: (909) 463-6697

Highgate Security & Locksmith

560 Barry Street

Bronx, NY 10474

Contact: Amir

Phone: (212) 860-5411

JAK

10305 Lake Terrace

Hurst, TX 76022

Contact: Jeff, April

Phone: (817) 454-0999

TAX ID# 11-3568901

Bank Reference

BNB Bank

41 E Main Street

Patchogue, NY 11772

Phone: (631) 923-1495



**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:

- 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

Instead use Form:

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): <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Complex trust</td> </tr> <tr> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Central Bank of Issue</td> </tr> <tr> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> International organization</td> </tr> </table> <p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <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"/> Complex trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Government | <input type="checkbox"/> Central Bank of Issue | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Private foundation | <input type="checkbox"/> International organization |
| <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"/> Complex trust | | | | | | | | | | | |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Government | <input type="checkbox"/> Central Bank of Issue | | | | | | | | | | | |
| <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Private foundation | <input type="checkbox"/> International organization | | | | | | | | | | | |
| 5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <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. </td> <td style="width:50%; vertical-align:top;"> <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. 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| 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 | | | | | | | | | | | |
| 10 Reference number(s) (see instructions) | | | | | | | | | | | | | |

Note: Please complete remainder of the form including signing the form in Part XXX.

For Paperwork Reduction Act Notice, see separate instructions.