## Form W-8ECI

(Rev. October 2021)

Department of the Treasury Internal Revenue Service

## Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

► Section references are to the Internal Revenue Code.

▶ Go to www.irs.gov/FormW8ECI 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

Note: P	ersons s	ubmitting this form must file an annual U.S. incon	ne tax return	to report income claimed to	be effectively o	onnected with	a U.S. trade or business. See instructions.
Do no	t use th	nis form for:					Instead, use Form
		owner solely claiming foreign status or tr	•				W-8BEN or W-8BEN-E
		government, international organization, , or government of a U.S. possession clair					
		e entities should use Form W-8ECI if they es on Form W-8EXP.	received e	effectively connected inc	ome and are	not eligible	to claim an exemption for chapter 3
		artnership or a foreign trust (unless claimi a trade or business in the United States)	-	mption from U.S. withho	-		
•		cting as an intermediary					W-8IMY
Part		Identification of Beneficial Own	er (see in	structions)			
1		of individual or organization that is the be		ner 2 Count			y of incorporation or organization
National Bank of Kuwait, S.A.K.P						Kuwait	
3	Name	of disregarded entity receiving the payme	ents (if appl	licable)			
4	Туре	be of entity (check the appropriate box):					
	□ P	artnership	rship Simple trust			x trust	☐ Tax-exempt organization
	☐ F	oreign Government - Controlled Entity	☐ Grant	or trust	☐ Central	bank of issue	э
	□ Fe	oreign Government - Integral Part	☐ Intern	ational organization	✓ Corpora	ation	
	□ P	rivate foundation	ual Estate				
5 Al-Sh		anent residence address (street, apt. or su Street, Sharq	ite no., or r	rural route). <b>Do not use</b> a	a P.O. box o	r in-care-of	address.
City or town, state or province. Include postal code where				appropriate.			Country
Buildi	ng 6, B	lock 7, 13160 Kuwait					Kuwait
6		ess address in the United States (street, a	pt. or suite	no., or rural route). <b>Do</b> I	not use a P.	O. box or in-	care-of address.
299 Pa		enue, 17th Floor					
Many V	•	r town, state, and ZIP code					
7		Y. 10171	ann inntrue	tions) SSN or IT <b>I</b> N	✓ EIN		52-1344118
8a		axpayer identification number (required—: gn tax identifying number (FTIN)	see mstruc	T ,			32-1344110
	500007			8b Check if FTIN not legally required			
9	9 Reference number(s) (see instructions)			10 Date of birth (MM-DD-YYYY)			
11 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the co							
	busin	ness in the United States (attach statement if necessary). Interest & fees, including, but not limited to, fees related to credit facilities or					
		ters of credit, checking accounts, fund receipts or payments, cash investment services, credit card & other banking services.					
		certificate is to cover payments made to both the New York branch & the Grand Cayman branch of National Bank of Kuwait, S.A.K.P.					
12 Check here to certify that: you are a dealer in securities (as defined in section 475(c)(1)); you are a transferor of an interest in a publicly traded pa (PTP) claiming an exception from withholding under Regulations section 1.1446(f)-4(b)(6); and any gain from the transfer of the PTP interest asso with this form is effectively connected with the conduct of a trade or business within the United States without regard to section 864(c)(8).							
Part		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 beneficial owner (or I am authorized to sign for the beneficial owner) of all the payments to which this form relates,					
		The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States,					
		The income for which this form was provided is includible in my gross income (or the beneficial owner's gross income) for the taxable year, and					
Si	gn	The beneficial owner is not a U.S. person.					
	ere	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.					
		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.					
		$Q \sim C Q + c$					
		wa Coletta		Ava Co	letta	08/22/2023	
		Signature of beneficial owner (or individual a	uthorized to	sign for the beneficial owner	er)	Print name	e Date (MM-DD-YYYY)