Form W	-8ECI				rson's Claim Tha of a Trade or Bu					
(Rev. Octob	Rev. October 2021) ► Section references are to the Internal Revenue Code.							_	OMB No. 1545-1621	
	 Partment of the Treasury erral Revenue Service Give this form to the withholding agent or payer. Do not send to the IRS. 									
Note: Perso	ns submitting th	is form must file an a	annual U.S. inco	me tax return	to report income claimed t	o be effectively	connected with	a U.S. trade o	r business. See instructions.	
Do not us	e this form fo	or:							Instead, use Form:	
		lely claiming fore	-	-					W-8BEN or W-8BEN-E	
			-	-	ntral bank of issue, oplicability of section(s)	-			eign private W-8EXP	
Note: Th	-	should use Form		• •					exemption for chapter 3	
A foreig	In partnership			-	nption from U.S. withh	olding on inc	come effectiv	ely connecte	d with the W-8BEN-E or W-8IMY	
A perso	n acting as an	intermediary .							W-8IMY	
Note: Se	ee instructions	s for additional ex	ceptions.							
Part I	Identific	cation of Ben	eficial Ow	ner (see in	structions)					
1 Name of individual or organization that is the beneficial owner 2 Coun								try of incorporation or organization		
Commerzbank AG, New York Branch						Federal Republic of Germany				
3 Na	ame of disrega	arded entity recei	ving the paym	ients (if app	licable)					
4 Tv	pe of entity (c	heck the approp	riate box):							
	Partnership		,	Simpl	e trust		ex trust	🗌 Ta	ax-exempt organization	
] Foreign Gov	vernment - Contro	olled Entity	Grant	or trust	Centra	l bank of issu	e		
	Foreign Gov	vernment - Integra	al Part	Intern	ational organization	Corpor	ration			
	Private foun	dation		🗌 Individ	dual	Estate				
5 Pe	ermanent resic	lence address (st	reet, apt. or s	uite no., or r	rural route). Do not us e	e a P.O. box	or in-care-o	f address.		
Kaiserpla	tz							i		
City or town, state or province. Include postal code where appropriate.										
· · · · ·							public of Germany			
			States (street, a	apt. or suite	no., or rural route). Do	o not use a P	.O. box or in	-care-of ad	dress.	
	ty Street, 32n									
		ate, and ZIP code)							
-	<u>, NY 10281-10</u> S. taxpaver id	entification numb	per (required_	eee instruc	tions)	🖌 EIN		13-268	2441	
		tifying number (F						13-208	2001	
ou re		047 220 06016	,		8b Check if FTIN	not legally re	quired .		[]	
9 Re	eference numb	per(s) (see instruc			10 Date of birth (I	MM-DD-YYY	Y)			
11 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conc business in the United States (attach statement if necessary). <u>Interest, fees, and other income from US sources that con</u> determinable annual or periodic income (FDAP), as defined under the Internal Revenue Code Section 1441 and regul										
								n 1441 and r	regulations thereunder	
<u>th</u>	at is attributa	ble to Commerz	bank AG's No	ew York Br	anch for US federal ir	ncome tax pu	irposes.			
	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 trade (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									
					ade or business within th					
Part II	Certific									
	Under pe	nalties of perjury, I			d the information on this f	orm and to the	best of my kr	owledge 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 arr	• 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								
Sigr	• The be	• The beneficial owner is not a U.S. person.								
Here	Furtherm	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.								
	V I cer	tify that I have the	e <mark>cap</mark> abity\$igsightfor the person identified on line 1 of this form.							
			Metin 1			Metin	Ismailov		01-09-2024	
	Signatu	re of beneficial own	er (or individual		sign for the beneficial ow		Print nam	e	Date (MM-DD-YYYY)	

For Paperwork Reduction Act Notice, see separate instructions.

Form W-8ECI (Rev. 10-2021)