INSTRUCTIONS FOR SUBMISSION OF THE APPLICATION FOR WITHHOLDING PARTNERSHIP OR TRUST

1- Complete the three page application

2- Complete Form SS-4

3- Submit letter of intent :
   a) A statement that the applicant is requesting to enter into a Withholding Partnership Agreement or a Withholding Trust Agreement with the IRS
   b) A description of the applicant's business activities

4- If there are more than one Responsible Parties, submit a separate attachment

5- The application should be sent to :

   Internal Revenue Service
   LMSB:FS:QI
   290 Broadway
   New York, NY 10007-1867
   USA
   Attn: Clyde Allsopp, Technical Advisor, QI
   Tel: 1-212- 298-2037
   Email: Clyde.Allsopp@IRS.Gov
1 (Name of the applicant)

1 (a) Type of Entity
   (check one)
   
   Foreign Partnership
   Foreign Simple Trust
   Foreign Grantor Trust

2 Country of Organization

3 ADDRESS INFORMATION:
   
   (Street Address)
   
   (CITY) (COUNTRY) (ZIP CODE)

4 RESPONSIBLE PARTY
   
   (Title) (PHONE NUMBER)
   (NAME) (ADDRESS) (E-MAIL ADDRESS)

5 CONTACT PERSON
   
   (Title) (PHONE NUMBER)
   (NAME) (ADDRESS) (E-MAIL ADDRESS)

6 (a) Pooled Rate (PR) Election
   
   Yes No

6 (b) If 6 (a) was answered as YES, chose term
   
   Fixed Term Extended Term
External Auditor Information

1. ________________________________
   (Name)

2. ________________________________
   ________________________________
   ________________________________
   (Address)

3. ________________________________
   (Phone #)

4. ________________________________
   (Fax #)

5. ________________________________
   (Name of Contact Person)

6. ________________________________
   (Phone #)

7. ________________________________
   (Fax #)

8. ________________________________
   (E-mail address)
BY CATEGORY OF PARTNERS, BENEFICIARIES, OR OWNERS INDICATE THE NUMBER WITHIN EACH CATEGORY AND ESTIMATE VALUE OF U.S. INVESTMENTS (IN USD)

<table>
<thead>
<tr>
<th>Foreign Partners, Beneficiaries or Owners</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO TREATY BENEFIT CLAIMANTS</td>
</tr>
<tr>
<td>NUMBER OF PARTNERS, BENEFICIARIES, OR OWNERS</td>
</tr>
<tr>
<td>------------------------------------------</td>
</tr>
<tr>
<td>U.S. Persons</td>
</tr>
<tr>
<td>INTERMEDIARIES OR FLOW THROUGH</td>
</tr>
<tr>
<td>NUMBER OF PARTNERS, BENEFICIARIES, OR OWNERS</td>
</tr>
</tbody>
</table>

If there is a previous existing EIN
N/A (EMPLOYER IDENTIFICATION NUMBER (EIN))

Has Completed Form SS-4 been submitted

YES NO