

Tax Residency Self-Certification for Entities

Information provided on this form may be reported to the Canada Revenue Agency, in accordance with applicable law. For more information, go to http://www.cra-arc.gc.ca/tx/nnrsdnts/nhncdrprtng/menu-eng.html.

If you are an individual or a sole proprietorship, do not use this form, please complete and submit a Tax Residency Self-Certification for Individuals and Sole Proprietorships form.

Part I: Organization Information (M	iandatory)		
Legal Name of Organization Permanent Street Address (Do not use P.O. BOX or in-care of address)		Country of Incorporation/Organization	
		City	
Province/State	Postal Code/Zip Code	Country (Do not abbreviate)	
Part II: Please check ONE of the bo	oxes in this part and	provide requested details (Mandatory)	
This entity is not a <i>United States Pe</i>	rson for United States tax	x purposes. This entity is a Tax Resident of the following country(s):	
Country(ies) of Tax Residence		Tax ID Number(s)	
Note: Please complete parts III and IV. OR This entity is a United States Person	o for United States tax pu	rposes. Its financial accounts are reportable for FATCA purposes.	
US Tax ID Number			
L Note: Do not complete part III. Please co	mplete part IV.		
OR			
This entity is a <i>United States Person</i> one or more of the following:	for United States tax pu	rposes and is exempt from FATCA reporting because the entity is	
of its agencies or instrumentalities; a state instrumentalities; a corporation the stock of an expanded affiliated group of a corporation of a corporation instruments that is registered as investment company as defined in section	e, the District of Columbia, a of which is regularly traded oration described in regulation such under the laws of the laws of the laws of the laws of an entity registered 584(a); a Bank as described	al retirement plan as defined in section 7701(a)(37), the United States or any U.S. Commonwealth or possession, or any of their subdivisions or on one or more established securities markets; a corporation that is a member ons section 1.1472-1(c)(1)(i); a dealer in securities, commodities, or derivative United States or any state; a real estate investment trust; a regulated at all times during the tax year under the Investment Company Act of 1940; a in section 581; a broker; a trust exempt from tax under section 664 or 403(b) plan or section 457(g) plan.	
US Tax ID Number			
-			
Note: Do not complete part III. Please con	mplete part IV.		
	oxes below and prov	ide requested details (Mandatory for non-U.S. entities) US entity):	

- - an active business where less than 50% of its gross income is derived from passive (investment) income AND less than 50% of its assets are held for the production of passive income, for example, a restaurant, or retailer;
 - a corporation with shares that regularly trade on an established securities market;
 - a registered charity, or a club, association or arrangement in Canada operated exclusively for cultural, athletic or educational purposes;
 - a non-profit organization; or
 - a government or international organization or agency

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2.	This entity is a Passive NFFE . (passive non-financial non-US entity) The entity derives at least 50% of its gross income from passive (investment) income OR at least 50% of its assets are held for the production of passive income, for example, a holding company, family trust, etc.						
	List all controlling persons or beneficiaries of a Passive NFFE that are United States Persons for tax purposes. If applicable, list additional owners or beneficiaries on a separate sheet.						
	Name	Address	Tax Residency (Country)	Tax ID Number			
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3.	This entity is classified as a P	GIIN.					
GII	Check if GIIN has been applied for, but not yet received.						
] 4.	This entity is classified as a Nonparticipating FFI . (Withholding tax will apply, in accordance with applicable law.)						
] 5.	Other Entity classification. For example, Exempt Retirement Plan, Certified deemed compliant investment advisor investment manager, etc.						
Spe	ecify						
ort I	V: Signature and Date (Man	dotory)					
decla	re that the information provid elief, correct and complete. If	ed on this form (including any Tax Io	dentification Number) is, to the best o ill provide CIBC with the updated info				
	Print Name		Title				
		X					
	Date (MM-DD-YYYY)		Signature of individual authorized to	sian			