Form W-8EC

(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: Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business. See instructions. Do not use this form for: Instead, use Form: A beneficial owner solely claiming foreign status or treaty benefits W-8RFN or W-8RFN-F · 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 the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) Note: These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8EXP. • A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) W-8BFN-F or W-8IMY A person acting as an intermediary Note: See instructions for additional exceptions. Identification of Beneficial Owner (see instructions) Part I Name of individual or organization that is the beneficial owner 2 Country of incorporation or organization Commerzbank AG, New York Branch Federal Republic of Germany Name of disregarded entity receiving the payments (if applicable) Type of entity (check the appropriate box): Partnership Simple trust Complex trust Tax-exempt organization Central bank of issue Foreign Government - Controlled Entity ☐ Grantor trust International organization Foreign Government - Integral Part Corporation Private foundation ☐ Individual Estate Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 5 Kaiserplatz City or town, state or province. Include postal code where appropriate. Country Federal Republic of Germany 60261 Frankfurt am Main Business address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 225 Liberty Street, 32nd Floor City or town, state, and ZIP code New York, NY 10281-1050 ✓ EIN U.S. taxpayer identification number (required—see instructions) SSN or ITIN 13-2682661 Foreign tax identifying number (FTIN) Check if FTIN not legally required 014 220 06016 9 Reference number(s) (see instructions) 10 Date of birth (MM-DD-YYYY) Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or 11 business in the United States (attach statement if necessary). Interest, fees, and other income from US sources that constitutes fixed determinable annual or periodic income (FDAP), as defined under the Internal Revenue Code Section 1441 and regulations thereunder that is attributable to Commerzbank AG's New York Branch for US federal income tax purposes. 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 partnership (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 associated 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 II 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 Sign 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 Here 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 capacify figures by the person identified on line 1 of this form. Metin Ismailan Metin Ismailov 08-30-2024 542D1897F886475 Signature of beneficial owner (or individual authorized to sign for the beneficial owner) Date (MM-DD-YYYY) Print name