



# TEXAS A&M RESEARCH FOUNDATION

## CERTIFICATE OF FOREIGN STATUS FOR SERVICES PERFORMED OUTSIDE THE UNITED STATES

Do not use this form if you are a U.S. citizen or other U.S. person, including a resident alien individual. Instead, you must use the W-9 Form found on the TAMRF website <http://rf-web.tamu.edu>

### Part 1

1 \_\_\_\_\_ 2 \_\_\_\_\_  
Name of individual or organization receiving payment Country of Residence, incorporation or organization

3 \_\_\_\_\_  
Permanent residence address (street, apt, etc.)

4 \_\_\_\_\_ 5 \_\_\_\_\_  
City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)

6 \_\_\_\_\_  
Mailing address (if different from above)

7 \_\_\_\_\_ 8 \_\_\_\_\_  
City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)

9 \_\_\_\_\_ 10 \_\_\_\_\_  
U. S. Taxpayer identification number, if any Foreign tax identifying number, if any (optional)

#### Type of owner: Check one

- |  |                                      |                                      |   |
|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Individual              | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> International Organization |
| <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> University  | <input type="checkbox"/> Government  |   |
| <input type="checkbox"/> Other (please describe) | _____                                |                                      |   |

### Part II

Under penalties of perjury, I declare that I have examined the information of 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 recipient, or beneficial owner, or am authorized to sign for the beneficial owner, of the payment or income to which the form relates
- The recipient or beneficial owner is not a U.S. person (U.S. Citizen, U.S. Corporation, Resident Alien, etc.)
- This payment or income to which this form relates is for services performed or royalties used outside of the U.S.

Furthermore, I authorize this form to be provided to Texas A&M Research Foundation, who as a withholding agent, can disburse or make payments of the income of which I am the recipient, beneficial owner, or representative of the beneficial owner.

\_\_\_\_\_  
Signature of beneficial owner(or individual authorized to sign for beneficial owner) Date(MM-DD-YYYY) Capacity in which acting

Fax or mail to: Texas A&M Research Foundation  
Fiscal Operations  
400 Harvey Mitchell Parkway South, Suite 100  
College Station TX 77845 Campus Mail Stop 3578  
FAX: 979-862-3250

E-Mail questions to : [csalas@rf-mail.tamu.edu](mailto:csalas@rf-mail.tamu.edu)

Substitute W-8BEN

7/20/2009