
**DECLARATION OF ELIGIBILITY FOR BENEFITS UNDER A TAX TREATY FOR A NON-RESIDENT TAXPAYER (FORM NR301)
(individual, corporation or trust)**

1. _____ **3.** _____ **4.** _____
Account holder first and last name Account No. Foreign tax identification No.

2. _____
Address (Civic No., Street, Apt, City, Province, Postal code)

_____ Country

5. Recipient type and Canadian tax No. if you have one

Individual Corporation Trust

_____ Social insurance No. or Individual tax No. _____ Business No. _____ Trust account No.

6. Type of income for which the account holder is making this declaration

Interest, dividends, royalties Trust income Other - specify: _____

7. _____
Country of residence for treaty purposes

8. Certification, authorization and undertaking

The account holder certifies that the information given on this form is correct and complete. The account holder certifies that he/she is a resident of the country indicated in section 7 for purposes of the tax treaty in force between this country and Canada, as applicable, that he/she is the beneficial owner of all income that will be credited to his account(s) indicated in section 3 and that, to the best of his knowledge, he/she is entitled to the benefits of the tax treaty in force between Canada and the country indicated in section 7, as applicable, with regards to all the income that will be credited to his/her account(s) indicated in section 3. The account holder undertakes to immediately inform NBF Inc. of any change to the information given on this form.

The account holder authorizes NBF Inc. to communicate to any third party the information given by the account holder and necessary to allow for the non-resident tax to be withheld on the income to be credited to his account(s) indicated in section 3.

The account holder acknowledges that NBF Inc. will not be liable for the tax withheld on the basis of the information given by the account holder. The account holder undertakes to indemnify NBF Inc. for any claim brought against it and to reimburse all expenses that it shall incur by reason of the information given by the account holder, including for any tax withheld which is lesser than the tax owing.

SIGNATURE

Expiry date – For non-resident tax withholding purposes, this declaration expires when there is a change in the account holder's eligibility for treaty benefits or three years from the end of the calendar year in which this form is signed and dated, whichever is earlier.

_____ Date (MM/DD/YYYY) _____ Signature of account holder

_____ First and last name of authorized person (in block letters)

_____ Position or title of authorized person