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Enclosures:

Please see reverse Page 1

1st copy for the Federal Tax Administration, Bern (Page 1+2)

The use of off cial forms to apply for reimbursement is mandatory and the reprint or reproduction of these forms – in whatever form – is prohibited. By using other than off cial forms the processing can not be ensured and the burden of processing costs remains expressly reserved.

QUE	STION	S TO BE A	ANSWERED BY THE BENEFICIAL OWNER	${f R}$ (In case the form is filled in by an authorised agent/representative, the	e term «you» means the benef cial owner)
			1. On the date(s) set out in co	olumn 5 on the front page:	
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	Yes	N	e) were you at the due da under «7. OBSERVATION	tes mentioned in this claim $\emph{resident}$ at the address indicated on the f \emph{NS} ».	ront page? If not, please give the full address concerned
			2. During any calendar year in	which income specified on the front page became due (column 5):	
	Yes	N	o a) were you engaged in tra	ade or business in Switzerland through a permanent establishment s	ituated in Switzerland?
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	Yes	N		ne tax or corporation tax on the full amount of the income listed in full particulars under «7. OBSERVATIONS»	n this form in the state of residence?
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				ned in the name of a deceased person or jointly owned estate, the folio leath of the deceased, f rst and family name as well as full address of per	
	Yes	N	If «yes», please give full det	tails about the kind/purpose of the trust (grantor trust; family trust; char ame and address of the trustees, benef ciaries, etc.). The submittal of t	
	Yes	N	 6. Are you a collective inves if «yes», please give full de 7. OBSERVATIONS: 		
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Page 2

Double Taxation Convention be				F	orm 60		
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QUE	STIONS	то в	E ANSWERED	BY THE BENEFICIAL OWNER (In case the form is filled in by an authorised agent/representative, the term «you» means the beneficial owner)
				1. On the date(s) set out in column 5 on the front page:
	Yes		No	a) were you benef cially entitled to the income specified on the front page? If not, please state the reasons under «7. OBSERVATIONS» on what base you are claiming the refund.
	Yes		No	 b) did you draw this income for yourself? If not, please state the reasons under «7. OBSERVATIONS» on what base you are claiming the refund.
	Yes		No	c) If the answer to question b) is «yes», are the shares part of your own shares position (Nostro/own portfolio, no underlying benef ciaries)?
	Yes		No	d) If the answer to question c) is «yes», were those shares at the due date of the payment part of «Securities Lending Transactions» ? Were you the borrower at the due date of payment? Please comment under «7. OBSERVATIONS». Please note that only the recipient of the «real dividend» (and not manufactured) is entitled to the refund of this tax.
	Yes		No	e) were you at the due dates mentioned in this claim resident at the address indicated on the front page? If not, please give the full address concerned under «7. OBSERVATIONS».
				2. During any calendar year in which income specified on the front page became due (column 5):
	Yes		No	a) were you engaged in trade or business in Switzerland through a permanent establishment situated in Switzerland?
	Yes		No	 b) were you a member of a partnership created or organised under Swiss law? If any answer to be given under (2) is «yes», give full particulars under «7. OBSERVATIONS»
	Yes		No	3. Were you subject to income tax or corporation tax on the full amount of the income listed in this form in the state of residence? If the answer is «no», give full particulars under «7. OBSERVATIONS»
	Yes		No	4. Does the claim relate to income from inheritance?
t		inva-reneral		For claims that are established in the name of a deceased person or jointly owned estate, the following information is requested: First and family name, last address in full and date of death of the deceased, first and family name as well as full address of persons jointly owning the estate and their percentage share of the inheritance.
	Yes		No	5. Are you a trust? If «yes», please give full details about the kind/purpose of the trust (grantor trust; family trust; charity trust; investment trust; discretionary/non-discretionary trust, accumulating trust, name and address of the trustees, benef ciaries, etc.). The submittal of the trust deed does not dispense you from answering this question.
	Yes		No	6. Are you a collective investment vehicle? If «yes», please give full details of your legal form:
				7. OBSERVATIONS:

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Enclosures:

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3rd copy for the claimant's competent Tax Off ce (Page 5+6)

The use of off cial forms to apply for reimbursement is mandatory and the reprint or reproduction of these forms – in whatever form – is prohibited. By using other than off cial forms the processing can not be ensured and the burden of processing costs remains expressly reserved.

QUE	STION	S TO BE	ANSWERED	BY THE BENEFICIAL OWNER	(In case the form is filled in by an authorised agent/representative, t	he term «you» means the benef cial owner)
				1. On the date(s) set out in col	umn 5 on the front page:	
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	Yes		No	a) were you engaged in trac	de or business in Switzerland through a permanent establishment	t situated in Switzerland?
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Page 6

Double Taxation Convention between	een Switzerland and				Form 60		
CLAIM FOR REFUND of Swiss ar dividends and interest derived	nticipatory tax wit from sources with	hheld on in Switzerland			irst claim Yes 🗌 I ile number	No 🗆	
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Enclosures:

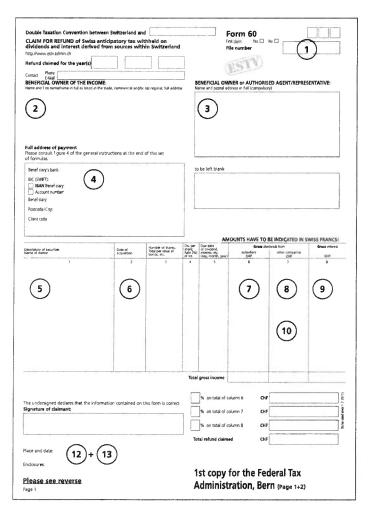
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QUE	STIONS	то в	E ANSWERED I	BY THE BENEFICIAL OWNER (In case the form is filled in by an authorised agent/representative, the term «you» means the beneficial owner)
				I. On the date(s) set out in column 5 on the front page:
	Yes		No	 a) were you benef cially entitled to the income specified on the front page? If not, please state the reasons under «7. OBSERVATIONS» on what base you are claiming the refund.
	Yes		No	b) did you draw this income for yourself? If not, please state the reasons under «7. OBSERVATIONS» on what base you are claiming the refund.
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	Yes		No	d) If the answer to question c) is «yes», were those shares at the due date of the payment part of «Securities Lending Transactions» ? Were you the borrower at the due date of payment? Please comment under «7. OBSERVATIONS». Please note that only the recipient of the «real dividend» (and not manufactured) is entitled to the refund of this tax.
	Yes		No	e) were you at the due dates mentioned in this claim resident at the address indicated on the front page? If not, please give the full address concerned under «7. OBSERVATIONS».
			2	2. During any calendar year in which income specified on the front page became due (column 5):
	Yes		No	a) were you engaged in trade or business in Switzerland through a permanent establishment situated in Switzerland?
	Yes		No	b) were you a member of a partnership created or organised under Swiss law? If any answer to be given under (2) is «yes», give full particulars under «7. OBSERVATIONS»
	Yes		No 3	Were you subject to income tax or corporation tax on the full amount of the income listed in this form in the state of residence? If the answer is «no», give full particulars under «7. OBSERVATIONS»
	Yes		No 4	Does the claim relate to income from inheritance?
				For claims that are established in the name of a deceased person or jointly owned estate, the following information is requested: First and family name, last address in full and date of death of the deceased, f rst and family name as well as full address of persons jointly owning the estate and their percentage share of the inheritance.
	Yes		No 5	i. Are you a trust? If «yes», please give full details about the kind/purpose of the trust (grantor trust, family trust; charity trust; investment trust; discretionary/non-discretionary trust, accumulating trust, name and address of the trustees, benef ciaries, etc.). The submittal of the trust deed does not dispense you from answering this question.
	Yes		No 6	i. Are you a collective investment vehicle? If «yes», please give full details of your legal form:
			7	OBSERVATIONS:

General instructions

- 1. The **f le number** that you receive with the advice of payment of the claim is to be mentioned on any correspondence and on all future claims (in top on the apposite box right side on the front page).
- 2. The name of the benef cial owner of the income must be indicated without abbreviations on the left of the top of the front page under «BENEFICIAL OWNER OF THE INCOME»
- 3. If the beneficial owner of the income is represented by an **authorized agent/representative**, it has to be clearly mentioned with all the necessary data on the right of the top under «BENEFICIAL OWNER or AUTHORISED AGENT/REPRESENTATIVE».
- 4. The address of payment must be clear and complete. Always state the name, address in full and SWIFT/BIC of the bank, the account number or IBAN, name and address of the account or IBAN holder
- 5. All the columns must be entirely filled in a clear manner in order to avoid misunderstandings.
- 6. Note to column 2: State the exact date of acquisition if acquired within twelve months prior to the due date shown in column 5; if acquired earlier, just state «before 20..» (year).
- 7. **Note to column 6:** To be complete if the applicable Double Taxation Convention foreseen a special rate for the refund of the withholding tax in respect of dividends from a subsidiary. Companies claiming refund of the Swiss anticipatory tax on such dividends must give full particulars of the facts upon which they base their claim under «7. OBSERVATIONS».
- 8. Note to column 7: In all other cases, the refund of the Swiss tax deducted is made at the rate of 20%.
- Note to column 8: The refund rate of the Swiss anticipatory tax deducted on interests depends on the corresponding Double Taxation Convention.
 Double Taxation Conventions are available under: http://www.admin.ch/ch/d/sr/0.67.html
- 10. Note to column 6 to 8: The amounts must always be indicated in gross amounts and in CHF.
- 11. **Multiple items of income** (dividends, interest) giving raise to a claim for refund concerning the same calendar or business year should be filed on only one form. It is also acceptable to use **only one form** for items of income concerning more than one calendar or business year.
- 12. The claim must always be duly signed.
- 13. If the claim is signed by an authorised agent/representative, a **power of attorney** must be produced. Such persons are considered to be authorised to act on behalf and in the name of the beneficial owner of the income, legally valid until revocation of the power of attorney.
- 14. It is essential to answer all the questions on the reverse of the claim.
- 15. The first three copies of this form duly completed and signed, must be sent to competent tax office of the State of residence of the beneficial owner of the income.
- 16. The tax off ce concerned has to **certify** directly on the bottom of the reverse of the form that the benef cial owner, at the due dates mentioned in the claim, was a **resident** of this country in the meaning of the Double Taxation Convention and stamp and duly sign the claim.
- 17. The claimant shall subsequently send the first two copies of the claim to the Federal Tax Administration, Eigerstrasse 65, CH-3003 Berne, **no later than the 31st December of the third year following upon the calendar year in which the income became due.**
- 18. Tax certif cates, credit slips, account statements etc.: The claim form must always be accompanied by evidence showing the deduction of the Swiss tax withheld (in Swiss francs). Such evidence must include the following information: First and family name / name in full as listed in the trade/commercial and/or tax register, full residential address of the benef cial owner; type and nominal value of the securities; number of shares; dividend per share or interest rate; gross amount of the income taxed at source and due date; amount of the deducted Swiss anticipatory tax; date of issue of the evidence as well as the name and authorised signature of the issuer. The Federal Tax Administration reserves the right to request further evidence and information. Please take note that evidence and other documents will no longer be returned.
- 19. **Tax Voucher:** Based on a new practice in force since April 1st, 2008, dividend statements issued by f nancial institutions outside of Switzerland must always be accompanied by an additional Tax Voucher for a valid claim for refund of Swiss Anticipatory tax. Please contact your f nancial institution if you did not receive such Tax Voucher.
- 20. Claims for refund of the deducted Swiss anticipatory tax on distributions of Swiss Collective Investment Vehicles deriving at least 80% from income of non-Swiss sources have to be asserted directly at the Federal Tax Administration in Bern, using Form 25A.

Claims to refund are allocated to the respective Zones. For the Zones assignment and the extensions for information, please contact the following website: http://www.estv.admin.ch/org/00046/00052/00057/index.html?lang=de



expressi	of official fo s prohibited ly reserved.	irms to apply for reimbur. By using other than office	sement is mandatory and the reprint o ial forms the processing can not be en	reproduction of these forms – in whatever sured and the burden of processing costs remain		
QUESTION	IS TO BE ANSWI	ERED BY THE BENEFICIAL OWNER	(in case the form is filled in by an authorised agent/he	resentative, the term syous means the beneficial owner)		
\sim		1. On the date(s) set out in co	lumn 5 on the front page:			
14	_ No	were you beneficially e If not, please state the re	etitled to the income specified on the front page? alsons under #2. OBSERVATIONS# on what base you a	re claiming the refund		
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Mes Mes	□ No		resons under 47 OBSERVATIONS» on what base you a	re daming the refund •altien (Vostrolown portfolio, no underlying beneficianes)?		
Yes	☐ No	d) if the answer to question borrower at the due date	n c) is evere, were those shares at the due date of the	e payment part of «Securities Lending Transactions»? Were you (IS». Please note that only the recipient of the «mail dividend» (and		
☐ Yes	☐ No	under <7. OBSERVATION	S».	licated on the front page? If not, please give the full address concer		
П	□		Which income specified on the front page became du			
Yes	No No		 a) were you engaged in Urade or business in Switzerland through a permanent astablishment situated in Switzerland? b) were you a member of a partnership created or organised under Swiss law? 			
	If any answer to be given under (2) is eyes», give full particulars under «7. OBSERVATIONS»					
Yes	☐ No	 Were you subject to income fithe answer is enow, give fit 	ne tax or corporation tax on the full amount of the full particulars under <7 OBSERVATIONS»	income listed in this form in the state of residence?		
Yes	No	4. Does the claim relate to inco				
FT)		address in full and date of di of the inheritance.	ed in the name of a discessed person or jointly owned eath of the deceased, first and family name as well as fu	estate, the following information is requested: First and family name, if address of persons jointly owning the estate and their percentage st		
Yes	No	 Are you a trust? If eyess, please give full detained, accumulating trust, no question 	aid about the lond/purpose of the trust (grantor trust, f time and address of the trustees, beneficiaries, etc.). Th	amely trust, charity trust, investment trust, discressonany/hon-elscretion e submittal of the trust deed does not dispense you from arowening		
☐ Yes	□ No	Are you a collective invest if eyers, please give full dat OBSERVATIONS:	ment vehicle? els of your legal form.			
CENTIFICAL	NON BY THE CO	SMPETENT YAX OFFICE	TAX OFFICE	OFFICIAL STAMP AND SIGNATURE		
				OFFICIAL STAMP AND SIGNATURE		
I haveby cert	ify that the dawns	DMPETENT TAX OFFICE and named in this form was, at the 15 on the front page, a resident (committee) to the manage.	TAX OFFICE Date of incopy: Tax identification humber (if any)	OFFICIAL STAMP AND SIGNATURE		
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