

CERTIFICATION OF DIVIDEND INCOME

STATEMENT OF DISTRIBUTIONS

PAYER / ISSUING ENTITY DETAILS

Company Name:

Entity Type:

Address:

Tax ID / EIN:

RECIPIENT / SHAREHOLDER DETAILS

Shareholder Name:

Address:

Taxpayer ID / SSN:

Account Number:

SHAREHOLDING & DIVIDEND DECLARATION DETAILS

Class of Stock/Shares:

Number of Shares Held:

Declaration Date:

Record Date:

Payment Date:

Period Covered:

DISTRIBUTION BREAKDOWN

Description	Amount (Currency: _____)
Gross Dividend Per Share	
Total Gross Dividend Payable	
Withholding Tax Deducted	
Other Deductions / Fees	
Net Dividend Paid / Remitted	

I hereby certify and declare, under penalty of perjury, that the information contained in this statement is true, accurate, and complete to the best of my knowledge. The dividend distribution described above has been duly declared and authorized in accordance with the governing documents of the issuing entity and applicable laws.

Authorized Signature (Payer / Issuer Representative)

Title:

Date:

Recipient / Shareholder Signature (Acknowledgment)

Title (if applicable):

Date: