Required Details

Contact Information:	Wire Instructions:
Full Name of Beneficiary: TITANIUM VC LIMITED c/o Address: <u>ALEMAN, CORPERO, GALINDO &LEE TRUST (BVI)Lim</u>	Name of Bank: DBS BANK LTD, SINGAPORE
P.O. BOX 3175, ROAD TOWN, TORTOLLA, BRITISH VIRGIN ISLAN	
Email:AA@TITANIUM.VC	Branch: (Branch No)
Fax: Telephone #1:	ABA No
Telephone #2:	IBAN#
Place of Birth/Incorporation place: BRITISH VIRGIN ISLANDS	Currency: USD / NIS USD
Date of Birth/Incorporation Date: 22 OF JULY 2016	
<u>Re Individual</u> :	
Place of Residence:	
Place of Citizenship:	
In addition, are you a U.S citizen or U.S resident? Yes	1

• <u>Please attach a copy of your identification card or your passport or your incorporation</u> <u>certificate.</u>

- <u>Please attach</u>*:
 - For individual: W-8BEN / W-9

o For legal entity: W-9 / W-8BEN-E / W-8IMY / W-8EXP / W-8ECI

*such forms can be downloaded from <u>www.irs.gov</u>

Any le River x

<u>34027 - 1950635/</u>6

CLAIM FOR REDUCED RATE OF WITHHOLDING TAX/EXEMPTION FROM WITHHOLDING TAX IN ISRAEL ON PAYMENTS TO A NON RESIDENT

This form shall be completed and signed by the recipient of income or by an authorized officer or representative of the recipient.

PART A: BASIS OF CLAIM FOR REDUCED RATE OF WITHHOLDING TAX/EXEMPTION FROM WITHHOLDING TAX

This claim is made pursuant to the Double Tax Convention between Israel and ______, Article ______, Article ______.
 This claim is not made pursuant to a Double Tax Convention.

PART B: GENERAL NATURE OF THE TRANSACTION AND INCOME 1. Provide a brief description of the transaction involved: <u>Capital</u> gain from selling <u>company</u> Shares
2. The income received is from i dividends interest royalties to other (specify) <u>Selling</u> equity investment
PART C: THE RECIPIENT 1. Full name of the recipient: Titanium VC Limited
2. Home address or registered office of recipient: Aleman, Cortero, Gulindo & Lee, P.O. 3175, Load Town, Tortola, British Virgin Islands
3. Identity number, social security number, or registration number of recipient: 1919374
 4. Form of organization of recipient (Company, Partnership, etc.): <u>Company</u> Date of establishment: <u>22/7/2016</u> 5. Income Tax File number of recipient in place of residence: <u>NIA (British Virgin Islands</u>)
6. Address of local income tax assessing office in recipient's place of residence: $n \mid \alpha$
7. The recipient is a fiscal resident of British Virgin Islands (country) since 22/7/2016 (date).
 8. If the recipient is an individual, has he been present in Israel at any time in the past 3 years for any period exceeding one month? X No Yes If yes, specify the dates and duration of such stays in Israel:
9. Does the recipient conduct business in Israel, directly or indirectly, in any manner? I No & Yes Specify: Investments in Israeli Startups in minor stakes
10. If the recipient is a corpration, is a majority of any class of shares in the recipient controlled, directly or indirectly, by persons who are not fiscal residents of the recipient's state of residence? Specify: Pussian resident resident

PART D: THE PAYER

Form .	A/1	14
--------	-----	----

1. Full name of the payer of the in	ncome:	
-------------------------------------	--------	--

2. Home address or registered office of payer:	
--	--

- 3. Income Tax File number of payer in Israel:
- 4. Does any special relationship exist between the payer of the income and the recipient (for example: family, partnership, corporate control):

Specify:

PART E: DETAILS OF INCOME RECEIVED

Date of receipt	Place of receipt (country, city, bank account number)	J	Description of Income	Method of Calculation (e.g. rate of interest, percentage of sales, daily fee)
		790642 VSD	consideration for the sold shaves	

2. Have similar items of income been the subject of previous claims? No Yes If yes, specify dates, amounts and rates of withholding tax approved in the past two instances:

3. If the income is a dividend and the recipient claims an additional reduction of withholding tax due to direct ownership in the distributing company (pursuant to a Double Tax Convention), specify nature, extent and duration of such ownership:

PART F: DOCUMENTATION

Attach all relevant documents pertaining to the transaction (for example, contracts and invoices). List all documents attached: 1______

2.____ 3.

PART G: DECLARATIONS OF THE RECIPIENT

- 1. The recipient declares that:
 - a. he is the beneficial owner of the income received;
 - b. he does not carry on business in Israel through a permanent establishment there nor perform independent personal services from a fixed base in Israel, to which the income is effectively connected;
 - c. all the information provided above is accurate and complete.

V 15.06.2018

Date of Signature

2. Name of authorized officer or representative:

og le. Anun

Signature of Recipient or authorized officer or representative

3. Capacity or Title of authorized officer or representative: Director
4. Address of authorized officer or representative: clo Aleman, Losdero, Galindo & Lee Trus
(Panama) SA, Humboldt Tower, 2nd floor, East 53rd Str,
Marbella, Panama, Republic of Panama page 2 of 3
page 2 of 3

Luz Rivera

PART H: CERTIFICATION OF FOREIGN INCOME TAX AUTHORITY

This part shall be completed and signed by the Income Tax Authorities of the recipient's place of residence

1. I certify that:		
a. the recipient of the income is a fiscal re	sident of	(country);
b. the recipient regularly reports his incon	ne as required, the most recent inco	ome tax return filed being for the year;
c. the income concerned \Box is \Box is not subject to income tax in		(the recipient's country of residence).
Date of Signature	Signature	Official Stamp
2. Name of Income Tax Authority official m	aking this certification:	
3. Position or Title of certifying official:		
4. Address of certifying official:		
+. / Iddiess of certifying official.		