



Application Form

Please complete in the English language.

Name _____
(This is your name exactly as it appears on your identification card for International payments)

Address _____

Address _____

City/Town _____ State/Province _____ Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ (Cell) _____

Person Affected (Name & relationship to applicant) _____

Age of child (up to 18 years old) _____ Type of ichthyosis _____

Are you a member of FIRST? *(circle one)* Yes / No I'm not sure

How much money are you requesting? _____ *(Awards will not exceed \$300.00 US dollars)*

*For non-US recipients, funds will be available via a Western Union transfer. Information will be emailed to you to receive the grant award at a local Western Union branch near you.
It is very important that your name on this form match your identification card.*

Please list the product(s), treatment(s), and/or cooling device(s) for which you are applying?

Financial range of income per year per household in US dollars *(circle one)*:

- Less than \$25,000
- \$25,001 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- Greater than \$100,000

Please use the following section to supply any additional information relevant to this application (in English):

Please attach a photograph and a note from your doctor stating that you are affected with ichthyosis.

/we understand that application for grants from the Diya & Aliya's Friends (DAF) are awarded solely at the discretion of the Foundation for Ichthyosis & Related Skin Types, Inc.® (FIRST), and that all decisions by FIRST are final.

A special fund for children around the world affected with ichthyosis. This fund is intended to provide financial assistance to purchase lotions, medicine, and treatment necessities.



This fund is provided through the generosity of the Shahnaz Kraybill family (Aliya, affected with ichthyosis, her sister, Diya, and their parents Durreen and Robert). FIRST is happy to administer this fund which provides small grants to deserving families.

Please return form to:

Diya & Aliya's Friends (DAF) Fund

FIRST
PO Box 1067
Lansdale, PA 19446
USA
215-997-9400 or
800-545-3286
Fax: 215-997-9403

Signature(s) _____

Date _____

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

► **For use by individuals. Entities must use Form W-8BEN-E.**
► **Go to www.irs.gov/FormW8BEN for instructions and the latest information.**
► **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on 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 individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ►

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Print name of signer Capacity in which acting (if form is not signed by beneficial owner)