



South Seattle

Community College

International Programs

Application for Global Marketing Agreement

**HOW TO ESTABLISH A FORMAL AGENCY RELATIONSHIP
WITH SOUTH SEATTLE COMMUNITY COLLEGE**

Dear Prospective Partner,

Thank you for your interest in representing South Seattle Community College. Formalizing an agency relationship with South Seattle Community College is very simple.

Step 1:

Complete, and return the GLOBAL MARKETING AGREEMENT APPLICATION, Form W-8BEN and Certificate of Compliance to the International Programs Office or fax 206-764-5836. It is important to provide all of the requested information on the application form, especially the institutional references. On Form W-8BEN, fill out Part I, ignore Part II, III. Sign and date on Part IV.

Step 2:

After we have received the above mentioned forms and upon approval of your application, we will email you a copy of the **GLOBAL MARKETING AGREEMENT** as an email attachment. You need to print out two copies and both copies should be signed by the director or manager of your agency. Please return both copies to South Seattle Community College, International Programs Office.

Step 3:

Your agency will receive your copy of the agreement shortly afterwards. This agreement is effective for individual students who are referred by the agency to South Seattle Community College for all academic and IEP/ESL programs.

We currently offer 15% of tuition and fees for the first three quarters of your student's enrollment at South Seattle. You **must** send us an invoice before the sixth week of the academic term in order for us to process your commission payment. Unless a special arrangement is agreed upon, the agency may NOT retain its commission up front, but must make timely payment of all student fees and await the commission check or wire transfer.

We look forward to working closely with you to provide your students with a superb study abroad experience in South Seattle Community College. Please contact me with any questions or concerns.

Thank you for your interest in South Seattle Community College!

Respectfully yours,



Gene Baker,
Director, International Marketing & Outreach
International Programs Office
South Seattle Community College



South Seattle Community College

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Global Marketing Agreement Application

Full Legal Agency Name:		
President/Director's Last Name:		First Name:
Mailing Address:		City:
Province or State:	Postal Code:	Country:
Business Phone Number:		Fax Number:
Web:		Email Address:
Date Established: ____/____/____ Month Day Year		US Counselor(s) Name:
Number of US counselors:		Approximate number of students sent to US yearly:

Banking Information for Commission Payments

Do you have a business bank account? Yes <input type="checkbox"/> No <input type="checkbox"/>	Bank name and Address:
Name of Account Holder:	Account Number
Routing Number:	SWIFT:
If you do not have a business bank account, Washington State regulations prohibit a wire transfer. In such case, you will be issued a check, made payable to your business name and mailed to the business address on your attached letter head or business card.	

Educational References

Please list references of two other U.S. public or government education institutions you are currently working with on a commission basis:		
Institution Name	Contact Name	Email/Phone #

Approved educational counseling agencies that assist students in applying to the Seattle Community Colleges receive a commission for each student during the student's first three quarters of full-time enrollment. Commissions will be received by agency after six weeks past the start of the academic term.

A GLOBAL MARKETING AGREEMENT will be mailed to you after this Application has been approved. This process may take eight to ten weeks. Thank you for your referrals to our Colleges!

Please fax the completed form to: **Attn: International Programs FAX: 206-764-5836**

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Instead, use Form:

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization
3 Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
4 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 (do not abbreviate)
5 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional)
8 Reference number(s) (see instructions)	

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

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

b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).

e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

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

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV 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:

- 1** I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2** The beneficial owner is not a U.S. person,
- 3** 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 income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- 4** 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.

Sign Here ▶

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





Certificate of Compliance

Under penalties of perjury of the laws of the State of Washington, I am not and have not been a U.S. person. All income that I have received from South Seattle Community College or Seattle Community College District VI has not been effectively connected with the conduct of a trade or business in the United States, not subject to a tax treaty, and not a partner's share of such effectively connected income.

Print Name: _____

Signature: _____

Title: _____

Date: _____