

GUIDE TO COMPLETING THIS FORM

- o This form is for FOREIGN COMPANIES only. For companies incorporated in Australia use the AUSTRALIAN COMPANIES IDENTIFICATION FORM.
- o Complete one form for each Company.
- o Complete separate INDIVIDUAL ID Forms for each of the Company's Beneficial Owners.
- o Tax information must be collected from an authorised representative of the Company
- o Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: FOREIGN COMPANY IDENTIFICATION PROCEDURE

1.1 General Information

Full name of foreign Company

Country of formation / incorporation / registration

Select if registered by a foreign body and provide name of body

Companies incorporated in Australia should complete the **AUSTRALIAN COMPANIES IDENTIFICATION FORM**, rather than this form.

1.2 Is the Company registered with ASIC? (select ONE of the following)

Yes Provide ARBN

Provide **EITHER** principal place of business address in Australia **OR** Australian agent name and address details (Tick one box)

Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Name of local agent in Australia

No Provide Company identification number (if any) issued by the relevant registration body

Principal place of business in the Company's country of formation or incorporation (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

1.3 Registered Address of Company

Provide the registered address as registered with ASIC. If the Company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Street

Suburb State Postcode Country

1.4 Company Type (select only ONE of the following categories)

- Private**, proceed to 1.5
- Public**, proceed to 1.6

1.5 Directors (Required for all Private Companies as per 1.4, NOT required for Public Companies)

Provide the names of all directors.

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If there are more directors, provide details on a separate sheet and tick this box .

1.6 Listing and Regulatory Details (select ✓ any of the following categories if applicable)

- Public Listed** (companies that are subject to disclosure requirements that ensure transparency of Beneficial Ownership comparable to similar public listing requirements in Australia. Refers to listing on a financial market that by stock exchange rules, law or enforceable means promotes transparency of beneficial owner information.)
 Name of market / disclosure regime
 Country

- Majority Owned Subsidiary of an Australian Public Listed Company** (companies that are majority owned by an Australian Company that is listed on a financial market such as the ASX)
 Australian listed Company name
 Name of market / exchange

- Regulated in Australia** (subject to the supervision of an Australian Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as a Company registration body. Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees).
 Regulator name
 Licence details (e.g. AFSL, ACL, RSE)

If any of the above are ticked, Proceed to Section 2

1.7 Beneficial Ownership

To be completed for all companies that are not Public Listed companies, majority owned by an Australian Public Listed Company or companies regulated in Australia as per 1.6

Are there any individuals who ultimately own 25% or more of the Company's issued share capital (through direct or indirect shareholdings)?

Yes (Complete 1.7.1) No (Complete 1.7.2)

1.7.1 Shareholder Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the Company's issued share capital (through direct or indirect shareholdings).

Complete separate individual customer ID Forms for each of these individuals.

Full given name(s)	Surname
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

If beneficial owner name/s are provided above, proceed to section 2.

1.7.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 1.7.1, provide the names of the individuals who directly or indirectly control* the Company.

* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the Company (such as the managing director or directors who are authorised to sign on the Company's behalf).

Complete separate individual customer ID Forms for each of these individuals.

Full given name(s)	Surname	Role (such as Managing Director)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

If there are more Beneficial Owners, provide details on a separate sheet and tick this box .

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

2.1 Tax Status

Tick **one of the Tax Status boxes below** (if the Company is a Financial Institution, please provide all the requested information below)

- A Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance Company for FATCA / CRS purposes)

Provide the Company's Global Intermediary Identification Number (GIIN), if applicable

If the Company is a Financial Institution but does not have a GIIN, provide its FATCA status (select **ONE** of the following statuses)

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA Financial Institution

Nonparticipating Financial Institution

US Financial Institution

Other (describe the company's FATCA status in the box provided)

PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

Yes No

If Yes, proceed to section 2.2 (Foreign Beneficial Owners). If No, Please go to section 3 to complete the form.

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

- A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank**

If the Company type is listed above, please proceed to section 3 to complete the form.

- A Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the Company is a charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

- Other** (Entities that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 2.2 (Foreign Beneficial Owners).

2.2 Foreign Beneficial Owners (Individuals)

Does the Company have any Beneficial Owners who are tax residents of countries other than Australia? Yes No

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Beneficial Owner (unless already provided in section 1.7).

Full given name(s)	Surname	Role (such as Director or Senior Managing Official)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more Beneficial Owners, provide details on a separate sheet and tick this box. .

Proceed to section 2.3.

2.3 Country of Tax Residency

Is the Company a tax resident of a country other than Australia? Yes No

If Yes, please provide the Company's country of tax residence and tax identification number (TIN) or equivalent below. If the Company is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to section 3 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employer Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box. .

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The Company has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: FOREIGN COMPANY VERIFICATION PROCEDURE

Identification documentation is to be provided to verify the information listed in one of the verification procedure described below (either the standard verification procedure for companies registered with ASIC, the standard verification procedure for companies not registered with ASIC or the simplified verification procedure for Public Listed companies, Majority Owned Subsidiaries of Australian Public Listed companies or companies regulated in Australia as described in section 1.6 of this form).

Standard verification procedure for Foreign Companies registered with ASIC

Information to be verified:

- The full name of the Company as registered by ASIC
- The ARBN issued to the Company
- Whether it is registered by a foreign registration body and if so, whether it is registered as a private or public Company.

Tick ✓	Verification options (select one of the following options used to verify the Company)
<input type="checkbox"/>	Perform a search of the relevant ASIC database.
<input type="checkbox"/>	Perform a search of the relevant foreign registration body.
<input type="checkbox"/>	If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC or by the relevant foreign registration body. *

Standard verification procedure for Foreign Companies NOT registered with ASIC

Information to be verified:

- The full name of the Company
- Whether it is registered by a foreign registration body and if so whether it is registered as a private or public Company
- the identification number issued to the Company

Tick ✓	Verification options (select one of the following options used to verify the Company)
<input type="checkbox"/>	Perform a search of the relevant foreign registration body.
<input type="checkbox"/>	If the foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by the relevant foreign registration body. *
<input type="checkbox"/>	Where the above means are unavailable, a disclosure certificate from the Company given by an individual acting as agent of the Company (where the agent has been verified). See your licensee for other disclosure certificate requirements. *

Simplified verification procedure for a regulated Company, a listed Company or a majority owned subsidiary of an Australian listed Company (as described in section 1.6 of this form)

Information to be verified:

- o The full name of the Company
- o That the Company is a regulated Company, a listed Company or a majority owned subsidiary of an Australian listed Company (whichever is applicable)

Tick ✓	Verification options (select one of the following options used to verify the Company)
<input type="checkbox"/>	Perform a search of the relevant financial market.
<input type="checkbox"/>	Perform a search of the relevant ASIC database.
<input type="checkbox"/>	Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator.
<input type="checkbox"/>	A public document issued by the Company. *

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

IMPORTANT NOTE:

- Ensure that individual customer ID Forms have been provided for the Company's Beneficial Owners as per 1.7 AND
- Attach a legible certified copy of the ID documentation used to verify the Company (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document Issuer / Website		
Public Document Type		
Issue date / Search date		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- individual customer ID Forms have been provided for the Company's Beneficial Owners (where applicable) and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name	<input type="text"/>	AFSL No.	<input type="text"/>
Representative/ Employee Name	<input type="text"/>	Phone No.	<input type="text"/>
Signature	<input type="text"/>	Date Verification Completed	<input type="text"/>