

**GUIDE TO COMPLETING THIS FORM**

- o This form is for AUSTRALIAN COMPANIES only. For companies incorporated outside of Australia use the FOREIGN 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: AUSTRALIAN COMPANY IDENTIFICATION PROCEDURE**

**1.1 General Information**

Full name as registered by ASIC

ACN

**Registered office address** (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**Principal place of business** (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Companies incorporated outside of Australia should complete the **FOREIGN COMPANIES IDENTIFICATION FORM**, rather than this form.

**1.2 Company Type** (select ✓ only ONE of the following categories)

- ☐ **Proprietary** (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), proceed to 1.3
- ☐ **Public** (companies whose name does not include the word Pty or proprietary), proceed to 1.4

**1.3 Directors** (Required for all Proprietary Companies as per 1.2, NOT required for Public Companies)

Provide the names of all directors.

Full given name(s)

Surname

1

2

3

4

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

**1.4 Listing and Regulatory Details** (Select ✓ any of the following categories if applicable)

- ☐ **Australian Public Listed company** (companies that are listed on an Australian financial market such as the ASX) *Proceed to Section 2*  
Name of market / exchange
- ☐ **Majority Owned Subsidiary of an Australian Public Listed company** (companies that are majority owned by an Australian company that is listed on an Australian financial market such as the ASX) *Proceed to Section 2*  
Australian listed company name  
Name of market / exchange
- ☐ **Regulated company** (subject to the supervision of a 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). *Proceed to Section 2*  
Regulator name  
Licence details (e.g. AFSL, ACL, RSE)

**1.5 Beneficial Ownership**

*To be completed for all companies that are not Australian Public Listed companies, majority owned by an Australian Public Listed company or Regulated Companies as per 1.4.*

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

Yes ☐ (Complete 1.5.1) No ☐ (Complete 1.5.2)

**1.5.1 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 type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

*If Beneficial Owner name/s are provided above, proceed to section 2.*

**1.5.2 Other Beneficial Owners**

If there are no individuals who meet the requirement of 1.5.1, 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 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 ☐.*

**SECTION 2: TAX INFORMATION**

Collection of tax status in accordance with the 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 or on the next page** (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

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

If the company is a Financial Institution, please proceed to section 3 to complete the form.

☐ **Australian Public Listed Company, Majority Owned Subsidiary of an Australian Public Listed company or Australian Registered Charity** (Public listed companies or majority owned subsidiaries of Australian listed companies as per 1.4 that are not Financial Institutions as described above or a company that is an Australian Registered Charity)

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

Section 2.1 continues on the next page

**2.1 Tax Status**

- ☐ **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](http://www.oecd.org).)

If the company is 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)**

Are any of the company's Beneficial Owners 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 1.5).

| 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. ☐.

Please proceed to section 2.3 (Country of Tax Residency).

**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: AUSTRALIAN COMPANY VERIFICATION PROCEDURE

Identification documentation is to be provided to verify the information listed in the standard or simplified verification procedure described below. The simplified verification procedure is to be used for Australian Public Listed companies, Majority Owned Subsidiaries of Australian Public Listed companies and Regulated companies as described in section 1.4 of this form. All other companies are to be verified according to the standard verification procedure.

#### Standard verification procedure

Information to be verified:

- ☐ The full name of the company as registered by ASIC
- ☐ Whether the company is registered as a proprietary or a public company
- ☐ The ACN 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 ASIC database.                                                                                      |
| <input type="checkbox"/> | If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC. |

#### Simplified verification procedure for an Australian Public Listed company, a Majority Owned Subsidiary of an Australian Public Listed company or a Regulated company (as described in section 1.4 of this form)

Information to be verified:

- ☐ The full name of the company
- ☐ That the company is an Australian Public Listed company, a Majority Owned Subsidiary of an Australian Public Listed company or a Regulated company (whichever is applicable).

| Tick ✓                   | Verification options (select one or more of the following options used to verify the Company)                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Perform a search of the relevant market/exchange.                                                                      |
| <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 relevant company.                                                                      |

#### IMPORTANT NOTE:

- Ensure that individual customer ID Forms have been provided for the Company's Beneficial Owners as per 1.5 AND
- Attach a legible certified copy of the ID documentation used to verify the company 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  |                                                                                                                     |                                                                                                                     |

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)
- 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"/> |