

## IDENTIFICATION FORM AUSTRALIAN COMPANIES

## **GUIDE TO COMPLETING THIS FORM**

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

SECTION 1: AUSTRALIAN	COMPANY I	DENTIFICATION PROCED	URE
1.1 General Information			
Full name as registered by ASIC			ACN
Registered office address (PO Box is N	NOT acceptable)		
Suburb		State Posto	code Country
Principal place of business (PO Box is Street	NOT acceptable)		
Suburb	State	Postcode Country	Nature of Business Activity
Companies incorporated outside of Austr	alia should comp	lete the FOREIGN COMPANIES IDEN	NTIFICATION FORM, rather than this form.
<b>1.2 Company Type</b> (select ✓ only ON	E of the following	categories)	
proceed to 1.3		vith Proprietary Ltd or Pty Ltd; also kno lude the word Pty or proprietary), proce	
1.3 Directors (Required for all Propriet	ary Companies a	s per 1.2, NOT required for Public Com	panies)
Provide the names of all directors.			,
Full given name(s)		Surname	
1.			
2.			
3.			
4.			
If there are more directors, provide	details on a sepa	arate sheet and tick this box	
1.4 Listing and Regulatory Details	(select ✓ any of t	he following categories if applicable)	
Australian Public Listed com such as the ASX)	pany (companie:	s that are listed on an Australian finan	cial market Proceed to Section 2
Name of market / exchange			
		Public Listed company (companies	

the ASX)

Australian listed company name				
Name of market / exchange				
Regulated company (subject to the regulator beyond that provided by ASI Financial Services Licensees (AFSL); A Entity (RSE) Licensees).	C as a company registration	on body. Examples inclu	de Australian Proceed to Section 2	2
Regulator name				
Licence details (e.g. AFSL, ACL, RSE)				
<b>1.5 Beneficial Ownership</b> To be completed for all companies that are no Regulated Companies as per 1.4.	ot Australian Public Listed co	ompanies, majority owned	d by an Australian Public Listed compan	y or
Are there any individuals who ultimately own Yes (Complete 1.5.1) No (Complete 1.5.1)	25% or more of the compa omplete 1.5.2)	any's issued share capit	al (through direct or indirect sharehold	ngs)?
<ul><li>1.5.1 Shareholder Beneficial Owners</li><li>Provide the names of the individuals who ult shareholdings).</li><li>Complete separate individual customer</li></ul>			I share capital (through direct or indirec	t
Full given name(s)		Gurname		
1.				
2.				
3.				
4. L	L			J
* includes exercising control through the cap agreements, arrangements, understanding identified then the most senior managing of sign on the company's behalf).	& practices; voting rights of	of 25% or more; or pow	er of veto. If no such person can be	)
Complete separate individual customer Full given name(s)	ID Forms for each of the Surname		uch as Managing Director)	
If there are more Beneficial Owners, provide	details on a separate sheet	t and tick this box		
SECTION 2: TAX INFORMATION				
Collection of tax status in accordance with the Standard (CRS).	ne United States Foreign Ac	ccount Tax Compliance	Act (FATCA) and Common Reporting	
2.1 Tax Status				
Tick ✓ one of the Tax Status boxes belo provide all the requested information below)	w or on the next page (if	the company is a Finan	cial Institution, please	
A Financial Institution (A custodial o for FATCA / CRS purposes)	r depository institution, an i	investment entity or a sp	pecified insurance company	
Provide the company's Global Interme	diary Identification Number	(GIIN), if applicable		
If the Company is a Financial Institution	n but does not have a GIIN,	, provide its FATCA statu	us (select <a>ONE</a> of the following statu	ises)
Deemed Compliant Financial Ins	stitution			
Excepted Financial Institution				
Exempt Beneficial Owner				
Non Reporting IGA Financial Ins	titution			
Nonparticipating Financial Institu				$\neg$
Other (describe the company's F	FATCA status in the box pro	ovided)		

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

	tralian Public Listed Compan	y, Majority	Owned Subsidiar	y of an Australia	n Public Listed company or	
	ralian Registered Charity lic listed companies or majority	owned subsid	liaries of Australian	listed companies	as per 1.4 that are not Financial Institutions	3
as de	escribed above or a company th	nat is an Austr	alian Registered Cl	narity)		
If the	company type is listed above,	please procee	ed to section 3 to c	complete the form.		
An A	Active Non-Financial Entity (N	IFE) (Active N	IFEs include entitie	s where, during the	e previous reporting period, less than 50%	
		, ,		• '	ess than 50% of assets held produced	
				in the Annexure o	f the OECD 'Standard for Automatic	
	ange of Financial Account Infor		0,	onto a of Table Decide		
IT the	company is an Active NFE, ple	ase proceed	to section 2.3 (Cou	intry of Tax Reside	ncy).	
Othe	er (Entities that are not previousl	y listed – Pas	sive Non-Financial	Entities)		
Pleas	se proceed to section 2.2 (Foreign	gn Beneficial	Owners).			
2.2 Forei	gn Beneficial Owners (Individ	uals)				
Are any of	the company's Beneficial Owne	ers tax residen	ts of countries othe	er than Australia?	Yes No	
-					n (but not always) based on the amount	
	rson spends in a country, the location				tax residency can be as a result of	
If Yes, plea	se provide the details of these i	ndividuals bel	ow and complete a	a separate Individu	al Identification Form for each	
Beneficial (	Owner (unless already provided	in section 1.5	).			
Full given r	name(s)	Surname		Role	(such as Director or Senior Managing Official	i
						]
						]
					7	
If there are	more Beneficial Owners, provice	le details on a	separate sheet an	d tick this box		
Please pro	ceed to section 2.3 (Country of	Tax Residenc	y).			
2.3 Cour	ntry of Tax Residency					
ls the Com	pany a tax resident of a country	other than A	ustralia?		Yes No	
16.77						
	se provide the Company's cour ident of more than one other co	-			(TIN) or equivalent below. If the Company	
10 a tax 100		rariti y, piedee	not an rolovant ooal	Tilloo Solowi		
If No, pleas	se proceed to section 3 to comp	olete the form				
			-		nuivalent of a Tax File Number in Australia or an pecified (A, B or C) for not providing a TIN.	
1. Country		TIN			If no TIN, list reason A, B or C	
2. Country		TIN			If no TIN, list reason A, B or C	
3. Country		TIN			If no TIN, list reason A, B or C	
If there are	more countries provide details of	n a senarato o	heat and tick this ba	)v		
	more countries, provide details or The country of tax residency doe	•		JA. []		
Reason B	The individual has not been issue	ed with a TIN		ام ما		
Reason C	The country of tax residency doe	s not require t	ne I IIN to be disclos	sea		

## 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 option	ons (select one of the following	ng options used to verify	the Company)		
Perform a search of	f the relevant ASIC database				
If the ASIC databas	e is not reasonably available,	an original or certified c	opy of the certification of registration issued by ASIC.		
DART III. ACCEPTARI E EC		D DOCUMENTS show			
document from Part I	REIGIN PHOTOGRAPHIC II	D DOCOINIENTS - Shou	ld only be completed if the individual does not own a		
<ul> <li>Australian Public Listed Information to be verified:</li> <li>The full name of the company is a</li> </ul>	d company or a Regulated ompany	company (as describ	ny, a Majority Owned Subsidiary of an ed in section 1.4 of this form)  Subsidiary of an Australian Public Listed company		
Tick ✓ Verification	on options (select one of the	e following options used	to verify the Company)		
Perform a search of	of the relevant market/exchan	nge			
Perform a search of	of the relevant ASIC database	e.			
Perform a search of	of the licence or other records	s of the relevant Commo	inwealth. State or Territory statutory regulator		
	Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator				
A public document	t issued by the relevant comp	oany			
below and <b>DO NOT</b> a	between your licensee and the tatach copies of the ID Document	nents	ete the Record of Verification Procedure section  Y LICENCEE		
ID DOCUMENT DETAILS	Document 1		Document 2 (if required)		
Verified From		Original Certified cop	Document 2 (if required)  y Performed search Original Certified copy		
Document Issuer / Website		<u> </u>			
Public Document Type					
Issue date / Search date					
<ul> <li>authorised representative individual customer ID For the tax information provided I have followed the FSC/Flaws with respect to the Allow on request, I will provided I have kept a record of the relationship with the clien</li> <li>I will use reasonable effor I will not knowingly do an</li> </ul>	ocedure has been completed in the complete of the common have been provided for the considering the considering the considering the considering the considering the considering and considering the considerin	in accordance with the Annexe company's Beneficial the documentation provided No.24, Part 7.2 of the Annexe control and identification fication procedures adoptification and will retain the stion from the client if Australia of AML/CTF Laws, and	ML/CTF Rules, in the capacity of an AFSL holder or the Owners (where applicable) ided ML/CTF Rules and any other applicable guidelines and records obtained by me in respect of the client ted by me in relation to the client ese in their files for a period of seven years after my		
AFS Licensee Name					
			AFSL No.		
Representative/ Employee Nar	ne		AFSL No.  Phone No.		