

IDENTIFICATION FORM FOREIGN COMPANIES

GUIDE TO COMPLETING THIS FORM

- This form is for FOREIGN 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.

SECTIO	ON 1: FOREIGN COMPANY IDENT	IFICATION PROCEDURE	
1.1 Gene	ral Information		
Full name of	f foreign Company	Country of formation / incorporation / registration	
Nature of Bu	usiness Activities		
	t • if registered by a foreign body and provide corporate regulators)	name of body	
Companies	incorporated in Australia should complete the	AUSTRALIAN COMPANIES IDENTIFICATION FORM, rather than th	is for
1.2 Is the	Company registered with ASIC? (select 🗸 C	NE of the following)	
Yes	Provide ARBN		
	Provide EITHER principal place of bus (Tick one box) Address (PO Box is NOT acceptable) Street	ness address in Australia OR L Australian agent name and addres	
	L Suburb	State Postcode Country	
	Name of local agent in Australia		
No	Provide Company identification number (if any) issued by the relevant registration body		
		ountry of formation or incorporation (PO Box is NOT acceptable)	
	C. de ude	Ctota Dantanda Countar	
	Suburb	State Postcode Country	
.3 Registe	ered Address of Company		
	egistered address as registered with ASIC. If the C mation, incorporation or registration (if any).	company is NOT registered with ASIC, provide the registered address in th	e
ıburb		State Postcode Country	
	any Type (elect ✓ only ONE of the following categ		

Private, proceed to 1.5

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 **1.6 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). 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)? (Complete 1.7.2) Yes (Complete 1.7.1) 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 1. 2. 3.

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

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

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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 custo	mer ID Forms for each of these	individuals.
Full given name(s)	Surname	Role (such as Managing Director)
[
If there are more Beneficial Owners, pro	vide details on a separate sheet and	a tick this box
SECTION 2: TAX INFORM	ATION	
Collection of tax status in accordance w Standard (CRS).	vith United States Foreign Account 7	ax Compliance Act (FATCA) and Common Reporting
2.1 Tax Status		
Tick ✓ one of the Tax Status boxes	below (if the Company is a Financia	al Institution, please provide all the requested information below)
A Financial Institution (A custodial o	r depository institution, an investment er	ntity or a specified insurance Company for FATCA / CRS purposes)
Provide the company's Global In	termediary Identification Number (GIIN), if applicable
If the Company is a Financial Ins	titution but does not have a GIIN, p	provide its FATCA status (select <a>ONE of the following statuses)
Deemed Compliant Finance	ial Institution	
Excepted Financial Instituti	on	
Exempt Beneficial Owner		
Non Reporting IGA Financ	ial Institution	
Nonparticipating Financial	Institution	
US Financial Institution		
Other (describe the compa	any's FATCA status in the box prov	ided)
PLEASE ANSWER THE QU	ESTION BELOW FOR ALL FINA	NCIAL INSTITUTIONS
Is the Financial Institution an Information Institution?	nvestment Entity located in a Non-	Participating CRS Jurisdiction and managed by another
Yes No		
		ease go to section 3 to complete the form. d.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-
Organisation or Central Bank	ority Owned Subsidiary of a Pub	lic Listed Company, Governmental Entity, International omplete the form.
of their gross income was passive inco	ome (e.g. dividends, interests and royalti	lude entities where, during the previous reporting period, less than 50% es) and less than 50% of assets held produced passive income. For Standard for Automatic Exchange of Financial Account Information' at
Other (Entities that are not previo	usly listed – Passive Non-Financial E	Entities)
Please proceed to section 2.2 (Foreign I	Beneficial Owners).	

22 Foreign Beneficial Owners (Individua	ıls)			
Does the Company have any Beneficial Owner	s who are ta	ax residents of count	ries other than Aus	stralia? Yes No
Tax Residency rules differ by country. Whether an inc spends in a country, the location of a person's reside		· ·		= :
If Yes, please provide the details of these individuals I provided in section 1.7).	oelow and co	mplete a separate Indiv	idual Identification Fo	orm for each Beneficial Owner (unless already
Full given name(s)	Surnam	9	1	Role (such as Director or Senior Managing Office
If there are more Beneficial Owners, provide de	tails on a se	parate sheet and tic	k this box	
Proceed to section 2.3.				
2.3 Country of Tax Residency				
Is the Company a tax resident of a country of	her than A	ıstralia? Yes	No	
If Yes, please provide the Company's country is a tax resident of more than one other coun			,	TIN) or equivalent below. If the Company
If No, please proceed to section 3 to comple	te the form.			
A TIN is the number assigned by each country for Employer Identification Number in the US. If 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
Reason A The country of tax residency does Reason B The Company has not been issue Reason C The country of tax residency does SECTION 3: FOREIGN COMPA Identification documentation is to be provided (either the standard verification procedure for	d with a TII s not require NY VER to verify th	N the TIN to be discl IFICATION PE e information listed	osed ROCEDURE in one of the verif	•
registered with ASIC or the simplified verificati Public Listed companies or companies regula				
Standard verification procedure for Fo Information to be verified:	reign Com	panies registered	with ASIC	
The full name of the Company as regis	tered by AS	SIC		
The ARBN issued to the CompanyWhether it is registered by a foreign reg	gistration bo	ody and if so, wheth	er it is registered	as a private or public Company.
Tiels / Varification entiage (color)	of the follow	ving options used to	warifu the Comp	and a
Tick ✓ Verification options (select one			verily the Comp	any)
Perform a search of the relevant AS				
Perform a search of the relevant fore			ovojloblo op orici	nal or cortified convert the contification of
registration issued by ASIC or by the				nal or certified copy of the certification of
Standard verification procedure for Fo Information to be verified: The full name of the Company	reign Con	panies NOT regis	tered with ASIC	

the identification number 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 option	ons (select one of the following options used to v	erify the Company)
Perform a search of	the relevant foreign registration body	
If the foreign registra registration issued b	ation body database is not reasonably available, a y the relevant foreign registration body. *	an original or certified copy of the certification of
Where the above me the Company (where	eans are unavailable, a disclosure certificate from a the agent has been verified). See your licensee	the Company given by an individual acting as agent of for other disclosure certificate requirements. *
Australian listed Compainformation to be verified: The full name of the containing the containi	ny (as described in section 1.6 of this form) mpany regulated Company, a listed Company or a majori	company or a majority owned subsidiary of an ty owned subsidiary of an Australian listed Company
Tick ✓ Verification option	ons (select one of the following options used to v	verify the Company)
Perform a search of	the relevant financial market.	
Perform a search of	the relevant ASIC database	
Perform a search of	the licence or other records of the relevant Com	monwealth State or Territory statutory regulator
		Thornwealth, state or formory statutory regulator
A public document	issued by the Company. *	
Documents that are written in a l	anguage that is not English must be accompanied by an	English translation prepared by an accredited translator.
Alternatively, if agreed	ed copy of the ID documentation used to verify the between your licensee and the product issuer, cor ttach copies of the ID Documents	mplete the Record of Verification Procedure section
SECTION 4: RECORI	O OF VERIFICATION PROCEDURE	BY LICENCEE
	O OF VERIFICATION PROCEDURE	
ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
ID DOCUMENT DETAILS Verified From		Document 2 (if required)
ID DOCUMENT DETAILS Verified From Document Issuer / Website	Document 1	Document 2 (if required)
ID DOCUMENT DETAILS Verified From	Document 1	Document 2 (if required)
ID DOCUMENT DETAILS Verified From Document Issuer / Website Public Document Type	Document 1	Document 2 (if required)
ID DOCUMENT DETAILS Verified From Document Issuer / Website Public Document Type Issue date / Search date Accredited English Translation By completing and signing this an identity verification product authorised representative individual customer ID Form the tax information provide I have followed the FSC/F laws with respect to the Accredited From	Performed search Original Certified of N/A Sighted Sighted Search of Verification Procedure I represent and accordance with the search shave been provided for the company's Benefit ded is reasonable considering the documentation per Industry Guidance Note No.24, Part 7.2 of the AML/CTF Laws	Document 2 (if required) copy Performed search Original Certified copy N/A Sighted warrant to Ausbil that: he AML/CTF Rules, in the capacity of an AFSL holder or the icial Owners (where applicable)
ID DOCUMENT DETAILS Verified From Document Issuer / Website Public Document Type Issue date / Search date Accredited English Translation By completing and signing this an identity verification proauthorised representative individual customer ID Form the tax information provide I have followed the FSC/F laws with respect to the Australian	Performed search Original Certified of N/A Sighted Sighted Search of Verification Procedure I represent and accordance with the search shave been provided for the company's Benefit ded is reasonable considering the documentation per Industry Guidance Note No.24, Part 7.2 of the AML/CTF Laws	Document 2 (if required) copy Performed search Original Certified copy N/A Sighted warrant to Ausbil that: he AML/CTF Rules, in the capacity of an AFSL holder or the icial Owners (where applicable) provided to AML/CTF Rules and any other applicable guidelines and to records obtained by me in respect of the client
ID DOCUMENT DETAILS Verified From Document Issuer / Website Public Document Type Issue date / Search date Accredited English Translation By completing and signing this an identity verification production authorised representative individual customer ID Form the tax information provide I have followed the FSC/F laws with respect to the FA I will make available to Au on request, I will provide I have kept a record of the relationship with the clien	Performed search Original Certified of N/A Sighted See Record of Verification Procedure I represent and pocedure has been completed in accordance with the search shall be provided for the company's Benefit ded is reasonable considering the documentation per PA Industry Guidance Note No.24, Part 7.2 of the AML/CTF Laws as usbil, on request, original verification and identificated details of the customer identification procedures are elients identification and verification and will retail thas ended	Document 2 (if required) copy Performed search Original Certified copy N/A Sighted warrant to Ausbil that: he AML/CTF Rules, in the capacity of an AFSL holder or the icial Owners (where applicable) crovided e AML/CTF Rules and any other applicable guidelines and icion records obtained by me in respect of the client dopted by me in relation to the client in these in their files for a period of seven years after my
Verified From Document Issuer / Website Public Document Type Issue date / Search date Accredited English Translation By completing and signing this an identity verification production authorised representative individual customer ID Form the tax information provide I have followed the FSC/flaws with respect to the Authorised request, I will provide I will make available to Authorised record of the relationship with the client I will use reasonable effor	Performed search Original Certified of N/A Sighted Some Record of Verification Procedure I represent and accordance with the search share been completed in accordance with the search share been provided for the company's Benefit ded is reasonable considering the documentation per FPA Industry Guidance Note No.24, Part 7.2 of the AML/CTF Laws as useful, on request, original verification and identificated details of the customer identification procedures are clients identification and verification and will retail thas ended test to obtain additional information from the client if	Document 2 (if required) copy Performed search Original Certified copy N/A Sighted warrant to Ausbil that: he AML/CTF Rules, in the capacity of an AFSL holder or the icial Owners (where applicable) provided a AML/CTF Rules and any other applicable guidelines and icion records obtained by me in respect of the client dopted by me in relation to the client in these in their files for a period of seven years after my f Ausbil requests me to do so
Verified From Document Issuer / Website Public Document Type Issue date / Search date Accredited English Translation By completing and signing this an identity verification production authorised representative individual customer ID Formula the tax information provided the tax information provided in the search of t	Performed search Original Certified of N/A Sighted Search of Verification Procedure I represent and accordance with the search share been completed in accordance with the search share been provided for the company's Benefit ded is reasonable considering the documentation per PA Industry Guidance Note No.24, Part 7.2 of the AML/CTF Laws as usbil, on request, original verification and identificate details of the customer identification procedures are clients identification and verification and will retain thas ended the company of the client if the sything to put Ausbil in breach of AML/CTF Laws, as	Document 2 (if required) copy Performed search Original Certified copy N/A Sighted warrant to Ausbil that: he AML/CTF Rules, in the capacity of an AFSL holder or the cicial Owners (where applicable) provided a AML/CTF Rules and any other applicable guidelines and cion records obtained by me in respect of the client dopted by me in relation to the client in these in their files for a period of seven years after my f Ausbil requests me to do so and
Verified From Document Issuer / Website Public Document Type Issue date / Search date Accredited English Translation By completing and signing this an identity verification production authorised representative individual customer ID Formula to the tax information provided in the tax information provided in the tax with respect to the Authorised representative I will make available to Authorise available available available a	Performed search Original Certified of N/A Sighted Search Sig	Document 2 (if required) copy Performed search Original Certified copy N/A Sighted warrant to Ausbil that: he AML/CTF Rules, in the capacity of an AFSL holder or the cicial Owners (where applicable) provided a AML/CTF Rules and any other applicable guidelines and cion records obtained by me in respect of the client dopted by me in relation to the client in these in their files for a period of seven years after my f Ausbil requests me to do so and
ID DOCUMENT DETAILS Verified From Document Issuer / Website Public Document Type Issue date / Search date Accredited English Translation By completing and signing this an identity verification production authorised representative individual customer ID Forms the tax information provide I have followed the FSC/F laws with respect to the Authorised available to Authorised are cord of the relationship with the clien I will use reasonable effor I will not knowingly do and I will notify Ausbil immedia	Performed search Original Certified of N/A Sighted Some Record of Verification Procedure I represent and accordance with the search share been completed in accordance with the search share been provided for the company's Benefit ded is reasonable considering the documentation per FPA Industry Guidance Note No.24, Part 7.2 of the AML/CTF Laws as useful, on request, original verification and identificated details of the customer identification procedures are clients identification and verification and will retain that ended the to obtain additional information from the client if yithing to put Ausbil in breach of AML/CTF Laws, a sately if I become aware of anything that would put the search of the customer and the client in the client if the perfect of the customer and the client in the cli	Document 2 (if required) copy Performed search Original Certified copy N/A Sighted warrant to Ausbil that: he AML/CTF Rules, in the capacity of an AFSL holder or the cicial Owners (where applicable) provided a AML/CTF Rules and any other applicable guidelines and cion records obtained by me in respect of the client dopted by me in relation to the client in these in their files for a period of seven years after my f Ausbil requests me to do so and Ausbil in breach of AML/CTF Laws