

ENTITY SELF-CERTIFICATION (FOR AUTOMATIC EXCHANGE OF INFORMATION)



This form is to be used in the event an Entity is opening or currently holds a relevant Financial Account in Australia.

Before you begin:

Tax regulations require ANZ and its Controlled Entities ("ANZ") to collect an Entity/Controlling Person(s) Self-Certification that establishes the Entity's status and includes tax residence(s). ANZ may be required to provide information to relevant tax authorities (including where a valid Self-Certification(s) is not provided). Automatic Exchange of Information (AEOI) may include the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS).

- (a) **Complete this Self-Certification:** If you are an Entity (including all Other Non-Individual) Account Holder. For joint or multiple Account Holders each Entity must complete a separate Self-Certification.
- (b) **Refer** to the Australian specific terms/information obtainable from www.anz.com/aeoi.
- (c) **Obtain** tax/legal/other professional advice (if required) **before** you complete this Self-Certification and sign Step 4.

Once completed mail to: ANZ
AEOI Documents
Reply Paid 89576
SOUTH MELBOURNE VIC 3205
AUSTRALIA

STEP 1. ENTITY ACCOUNT HOLDER DETAILS: IF THIS ENTITY IS NOT THE ACCOUNT HOLDER, PLEASE ENSURE THIS SELF-CERTIFICATION IS COMPLETED BY THE ACCOUNT HOLDER

1.1 Name of Entity Account Holder

1.2 Primary Nature of Business

1.3 Country of incorporation, organisation or establishment

1.4 Registered Office Address (Alternatively, your Principal Place of Business or Other Physical Address. Do not provide a PO Box Address)

Street Address City/Town

Province/State Post Code Country

STEP 2. ENTITY ACCOUNT HOLDER TYPE: PLEASE COMPLETE THE ENTITY STATUS AS ONE OF THE FOLLOWING: NON-FINANCIAL ENTITY (NFE), EXEMPT ENTITY, OR FINANCIAL INSTITUTION (FI). BY DOING SO, I CERTIFY THE ENTITY ACCOUNT HOLDER MEETS THE QUALIFYING CONDITION(S) FOR EACH STATUS CLAIMED

Non-Financial Entity Please check one applicable option across (a) OR (b) and go to Step 3:

(a) Active NFE:

Active NFE (by **income/assets**): During the preceding calendar year or other appropriate reporting period, the Entity:

- Derived less than 50% of its gross income from passive sources; AND
- Held less than 50% of assets that produced or were held for production of passive income.

Holding Company or Treasury Centre (that is a member of a non-financial group)

Start-Up Company

Entity in Liquidation or Bankruptcy

Tax Exempt Non-Profit Organisation

(b) Passive NFE: Passive NFE **Complete Annexure A and the rest of this Self-Certification. If the Entity meets a FATCA status/Exemption not provided for on this Self-Certification, provide the relevant form W.**

OR Exempt Entity If the qualifying conditions are met, please check one box below and go to Step 4:

Publicly Traded NFE
A Corporation that is not an FI, AND the stock of which is regularly traded on an Established Stock Exchange

Related Entity of Publicly Traded NFE.
Provide the name of the Related Publicly Traded NFE:

Central Bank

Government Entity

International Organisation

Entity wholly owned by a Central Bank, Government Entity or International Organisation

OR Financial Institution Please complete the Entity's CRS FI Status AND FATCA FI or Foreign FI (FFI) status below and go to Step 4:

CRS status

Depository/Custodial Institution or Specified Insurance Company

Investment Entity – Other

Managed Investment Entity

If not tax resident in a Participating CRS country:

- complete Annexure A and
- the rest of this Self-Certification including Step 3

FATCA status

GIIN provision: Reporting Model 1 FFI Reporting Model 2 FFI

Registered Deemed Compliant FFI Participating FFI

Trustee Documented Trust Sponsored FFI

The Entity GIIN is: or: GIIN has been 'applied for'

GIIN not available: Pension/Retirement/Super Fund (meets FATCA exemption requirements)

Non-Reporting IGA FFI Non-Participating FFI United States FI

Territory FI Owner Documented FFI (Provide Form W-8)

Other FI/Certified Deemed Compliant FFI - provide FATCA Status:

STEP 3. ENTITY ACCOUNT HOLDER TAX RESIDENCE(S): IF THE THIRD CHECK BOX BELOW IS SELECTED, ALSO COMPLETE INFORMATION IN THE TABLE;

Please check **one** applicable option below:

- the Entity is **only** Tax Resident in Australia
- the Entity has no residency for tax purposes and its place of effective management or jurisdiction in which its principal/registered office is located is:
- I have included below all countries in which the Entity is Tax Resident (**other than Australia**)

| Country of Tax Residence (Do not include Australia) | Tax payer identification number (TIN) (or country equivalent) | Reason Code (if TIN not provided) | Explanation (only if Reason code is "Z") |
|---|---|-----------------------------------|--|
| | | | |
| | | | |
| | | | |

For United States Country of Tax Residence only, provide your 'Exemption from FATCA Reporting Code' as per IRS Form W-9 (if applicable) Exemption from FATCA Reporting Code:

Reason Codes: (if TIN not provided) **A** TIN Not Issued (The Country does not issue TINs.) **Z** TIN Unobtainable (I am unable to obtain a TIN)

B TIN Not Required (The Country does not require collection of a TIN) **C** TIN Applied For (I have applied for a TIN and will inform you upon receipt)

STEP 4. ENTITY ACCOUNT HOLDER DECLARATION AND SIGNATURE: I CERTIFY THAT:

- I am authorised to sign for the Account Holder/Controlling Person(s).
- I have provided true, correct and complete information.
- I have consulted an independent advisor where necessary and acknowledge that ANZ does not provide any advice.
- I understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply.
- I have obtained the necessary consent and authorisation to allow disclosure and use of the information provided in this Self-Certification (including Annexure A to this Self Certification).
- I will notify ANZ of changes to any information within 30 days of the change occurring and, where required, will provide ANZ with a new Self-Certification.
- I will provide ANZ with any additional information and/or documentation as requested.
- I have provided/will provide the applicable documents (eg. Power of Attorney / Form W).

Signature Print name Date

(Please also provide documentary evidence of the capacity to sign)

Office Use Only