**IDENTIFICATION FORM**

**AUSTRALIAN COMPANIES**

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| ***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* |

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| **SECTION 1: AUSTRALIAN COMPANY IDENTIFICATION** |
|  |
| **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**.** | | | | | | | |

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| **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*

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| **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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Public Listed company** (companies that are listed on a financial market such as the ASX) | | Proceed to section 2 |
|  |  | |  |
|  | Name of market / disclosure regime |  |  |
|  |  |  |  |
|  | **Majority Owned Subsidiary of a Public Listed Company** (companies that are majority owned by a Company that is listed on a financial market such as the ASX) | | Proceed to section 2 |
|  |  | |  |
|  | 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). | | Proceed to section 2 |
|  |  | |  |
|  | Regulator name |  |  |
|  |  |  |  |
|  | Licence details (e.g. AFSL, ACL, RSE) |  |  |

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| **1.5 Beneficial Ownership**  *To be completed for all companies that are not Public Listed companies, majority owned by a Listed company or regulated in Australia as per 1.4.* |

Are there any individuals who ultimately control 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)

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| --- | --- | --- | --- |
| **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 |
| 1 |  |  |  |
|  |  |  |  |
| 2 |  |  |  |
|  |  |  |  |
| 3 |  |  |  |
|  |  |  |  |
| 4 |  |  |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.5.2 Other Beneficial Owners/Controllers** | | | | | | | |
| 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) | |
| 1 |  |  |  | |  | |  | |
|  |  |  |  | |  | |  | |
| 2 |  |  |  | |  | |  | |

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

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| **SECTION 2: TAX INFORMATION** | | | |
| Collection of tax status in accordance with United States AUSTRALIAN 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) |  | |
|  | If the company type is listed above, 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 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 | | | |

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| **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) | |
|  | 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). |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.2 Foreign Beneficial Owners of Passive Non-Financial Entities** | | | | | | | |
| Were Beneficial Owners disclosed in Section 1.5.1 (Beneficial Ownership)? Yes (Go to section 2.3 below) No (Continue) | | | | | | | |
| If No, are there any individuals who ultimately control 25% or more of the Company’s issued share capital (through direct or indirect shareholdings)?  Yes  (Continue) No  (Go to section 2.3 below)  If Yes, are any Beneficial Owners tax residents of countries other than Australia? Yes (continue)No (Go to section 2.3 below) | | | | | | | |
| *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 for each Beneficial Owner that are tax residents of countries other than Australia. | | | | | | | |
|  | Full given name(s) Surname | | |  | | Role (such as Managing Director) | |
| 1 |  |  |  | |  | |  | |
|  |  |  |  | |  | |  | |
| 2 |  |  |  | |  | |  | |
|  |  |  |  | |  | |  | |
| 3 |  |  |  | |  | |  | |

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

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

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 |  | 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 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

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| **SECTION 3: AUSTRALIAN COMPANY IDENTIFICATION DOCUMENTATION** |
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| *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.* |

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| **Tick ** | **Verification options** (select one of the following options used to verify the Company) |
|  | Provide a company search from the ASIC database. |
|  | If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC. |

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| ***IMPORTANT NOTE:***   *Ensure that individual customer ID Forms have been provided for the Company’s Beneficial Owners as per 1.5 and 2.2 (where needed)*   *Attach a legible certified copy of the ID documentation used to verify the company* |

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| **SECTION 4: CONFIRMING AND SIGNING** |

By completing and signing this form I declare or acknowledge that:

* All the information contained in this form and information regarding the account(s) may be provided to the Australian Taxation Office and they may exchange this information with the country or countries that the Account holder is resident for tax purposes.
* All the statements made on this form are to the best of my knowledge and belief correct and complete.
* I undertake to advise the recipient promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide a suitably updated Identification Form within 30 days of such changes in circumstances.
* I am authorised to sign for the Account Holder in respect to all the account(s) to which this form relates.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email |  |
|  |  |  |  |
| Position |  | Phone No. |  |
|  |  |  |  |
| Signature |  | Date Completed |  |