**IDENTIFICATION FORM**

**FOREIGN COMPANIES**

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| **GUIDE TO COMPLETING THIS FORM**   * *This form is for FOREIGN COMPANIES only. For companies incorporated in Australia use the AUSTRALIAN COMPANIES IDENTIFICATION FORM.* * *Complete one form for each Company.* * *Complete separate INDIVIDUAL ID Forms for each of the Company’s Beneficial Owners.* * *Complete all applicable sections of this.* * *Contact Evolution Trustees if you have any queries in relation to the contents of this form.* |

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| **SECTION 1: FOREIGN COMPANY IDENTIFICATION** |
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| **1.1 General Information** |

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| --- | --- | --- |
| Full name of foreign Company |  | |
|  |  | |
| Country of formation / incorporation / registration |  | |
|  |  | |
| Select if registered by a foreign body and provide name of body | |  |

Companies incorporated in Australia should complete the AUSTRALIAN COMPANIES IDENTIFICATION FORM, rather than this form.

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| **1.2 Is the Company registered with ASIC? (select**  **ONE of the following)** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes | Provide ARBN |  | | | | | | | |
|  | Provide **EITHER**  principal place of business address in Australia OR  Australian agent name and address details (Tick one box) | | | | | | | | |
|  | Address (PO Box is NOT acceptable) | | | | | | | | |
|  | Street |  | | | | | | | |
|  |  |  | | | | | | | |
|  | Suburb |  | | State |  | Postcode |  | Country |  |
|  |  | | | | | | | | |
|  | Name of local agent in Australia | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Provide Company identification number (if any) issued by the relevant registration body | | | |  | | | | |
|  | Principal place of business in the Company’s country of formation or incorporation (PO Box is NOT acceptable) | | | | | | | | |
|  | Street |  | | | | | | | |
|  |  |  | | | | | | | |
|  | Suburb |  | State |  | | Postcode |  | Country |  |

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| **1.3 Registered Address of Company** |

Provide the registered address as registered with ASIC. If the Company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Street |  | | | | | | |
|  |  |  | | | | | | |
|  | Suburb |  | State |  | Postcode |  | Country |  |

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| **1.4 Company Type** (select  only ONE of the following categories) |

**Private**, proceed to 1.5

**Public,** proceed to 1.6

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| **1.5 Directors** (Required for all Private Companies per 1.4, 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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| **1.6 Listing and Regulatory Details** (select  only ONE of the following categories) |

|  |  |  |
| --- | --- | --- |
|  | 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 a Public Listed Company** (companies that are majority owned by a Company that is listed on a financial market such as the ASX) | |
|  |  | |
|  | 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). | |
|  |  | |
|  | Regulator name |  |
|  |  |  |
|  | Licence details (e.g. AFSL, ACL, RSE) |  |
| If any of the above are ticked, proceed to Section 2 | | |

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| **1.7 Beneficial Ownership** (To be completed for all companies that are not Public Listed companies or majority owned by a Public Listed Company or Regulated in Australia identified in 1.6) |

Are there any individuals who ultimately own 25% or more of the Company’s issued share capital (through direct or indirect shareholdings)? Yes  (Complete 1.7.1) No  (Complete 1.7.2)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |  |  |
|  |  |  |  |
| 4 |  |  |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 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 Foreign 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) |  | |

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| **PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS**  Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?  Yes  No  If Yes, proceed to section 2.2 (Foreign Beneficial Owners). If No, Please go to section 3 to complete the form.  *CRS Participating Jurisdictions are on the OECD website at* [*http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction.*](http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction) |

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|  | A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central BankIf the Company type is listed above, please proceed to section 3 to complete the form. |
|  | A Charity or 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.) If the Company is a charity or 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 1.7.1 (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 **and complete a separate Individual Identification Form for each Beneficial Owner** (unless already provided in section 1.7). | | | | | | | |
|  | 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 .

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: COPIES OF IDENTIFICATION INFORMATION** |
| Identification documentation is to be provided based on one of the options below. For Listed companies, Majority Owned Subsidiaries of Listed companies or companies regulated in Australia as described in section 1.6 of this form, assessment will occur through reviewing publicly available information, so no further information is required. |
| ***For Foreign Companies registered with ASIC***  *Information to be verified:*   * *The full name of the Company as registered by ASIC* * *The ARBN 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.* |

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| --- | --- |
| **Tick ** | **Documentation options** (select one of the following options) |
|  | Provide a search extract from the relevant ASIC database. |
|  | Provide a search extract from the relevant foreign registration body’s database. |
|  | If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC or by the relevant foreign registration body. \* |

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| ***For Foreign Companies NOT registered with ASIC***  *Information to be verified:*   * *The full name of the Company* * *Whether it is registered by a foreign registration body and if so whether it is registered as a private or public Company* * *the identification number issued to the Company* |

|  |  |
| --- | --- |
| **Tick ** | **Documentation options** (select one of the following options used to verify the Company) |
|  | Provide a search extract from the relevant foreign registration body’s database. |
|  | If the foreign registration body database is not reasonably available, provide a copy of the certificate of registration issued by the relevant foreign registration body. \* |
|  | Where the above are unavailable, provide a disclosure certificate from the Company given by an individual acting as agent of the Company. See your licensee for other disclosure certificate requirements. \* |

*\* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.*

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| ***IMPORTANT NOTE:***   ***Ensure that individual customer ID Forms have been provided for the Company’s Beneficial Owners***   ***Legible certified copies of the ID documentation for the Company must be attached (and any required translation)*** |

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| **SECTION 4: SIGNING AND CONFIRMATION** |

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 |  |