**IDENTIFICATION FORM**

**GOVERNMENT BODY**

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| ***GUIDE TO COMPLETING THIS FORM***   * *This form is for GOVERNMENT BODIES only. GOVERNMENT BODIES include governments of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country (including a state, province, county or municipality). To be considered a GOVERNMENT BODY, the earnings of any agency or authority must be credited to the account of the government, with no portion inuring to the benefit of any private person/s.* * *Provide details for the Ultimate Controller(s) of Foreign Government Bodies (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Ultimate Controller(s).* * *Complete all applicable sections of this form in BLOCK LETTERS* |

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| **SECTION 1: GOVERNMENT BODY IDENTIFICATION PROCEDURE** |
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| **1.1 General Information** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of Government Body | |  | | | | | | |
| Principal place of operations *(PO Box is NOT acceptable)* | | | | | | | | |
| Street |  | | | | | | | |
|  | |  | | | | | | |
| Suburb |  | | State |  | Postcode |  | Country |  |

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| **1.2 Government Body Information (select  the applicable following categories and provide the information requested)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Separate legal entity, agency or authority | *please specify State, Territory and/or Country* |  |
|  | Established under legislation of the Commonwealth of Australia |  |  |
|  |  |  |  |
|  | Established under legislation of an Australian State or Territory | *please specify State or Territory* |  |
|  |  |  |  |
|  | Foreign (Non-Australian) Government Body | *please specify Country* |  |
|  |  |  | **`** |
| If the Government Body is Australian, proceed to Section 2 (no need to provide Ultimate control information). | | | |

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| **1.3 Ultimate control** |

For Foreign Government Bodies, provide the names of the individuals that directly or indirectly control the Government Body, such as the Chairman, President, Treasurer or Secretary of the Government Body.

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| --- | --- | --- | --- | --- | --- |
| **Complete a separate individual customer ID form for each of these individuals.** | | | | | |
|  | Full given name(s) Surname | | |  | Role (such as Trustee or Beneficiary, etc.)) |
| 1 |  |  |  |  |  | |
|  |  |  |  |  |  | |
| 2 |  |  |  |  |  | |
|  |  |  |  |  |  | |
| 3 |  |  |  |  |  | |

***Please Note: Ultimate Controller/s must be listed above and individual ID Forms completed for all Ultimate Controllers.***

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

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| **SECTION 2: COPIES OF IDENTIFICATION INFORMATION** |

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| * *Please contact Evolution Trustees Limited if unable to provide copies of information requested below.* | |
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| **Tick ** | Select one or more of the following options |
|  | Search of the relevant Commonwealth, State, Territory or Foreign government website for confirmation of the body’s existence.\* |
|  | Search of the relevant Commonwealth, State, Territory or Foreign Country register of government bodies.\* |
|  | A copy or extract of the legislation establishing the body obtained from a reliable and independent source, such as a government website.\* |

*\* 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:***   * *Attach either:*   + *Legible certified copies of the documentation identified above to be used to verify the Government Body (and any required translation)*   + *A copy of a publicly available database search and the related web-address* * *Certification of foreign identification documents must be done consistently with the laws of the originating document’s jurisdiction* |

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| **SECTION 3: CONFIRMING AND SIGNING** |
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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 |  |