

ENTITY SELF-CERTIFICATION (For Automatic Exchange of Information)



Before you begin:

The Automatic Exchange of Information (the Common Reporting Standard (CRS)) requires 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).

- (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 country specific terms/information obtainable from www.anz.com/aeoi.
- (c) **Obtain** tax/legal/other professional advice (if required) **before** you complete and sign this Self-Certification.
- (d) **Provide** the relevant United States IRS Form W in addition to completing this Self-Certification.

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

Street Address City/Town

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

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):

(a) Active NFE:

Active NFE (by income/assets):
During the preceding calendar year or other appropriate reporting period, the Entity:
1. Derived less than 50% of its gross income from passive sources; AND
2. 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.**

OR

EXEMPT ENTITY

If the qualifying conditions are met, please check **ONE** box below:

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 below:

Depository/Custodial Institution or Specified Insurance Company

Managed Investment Entity
 If not tax resident in a Participating CRS country: complete Annexure A and the rest of this Self-Certification.

Investment Entity – Other

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 Cayman Islands

the Entity is Fiscally Transparent 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

| Country of Tax Residence (Do not include Cayman Islands) | Tax payer identification number (TIN) (or country equivalent) | Reason Code (if TIN not provided) | Explanation (only if Reason code is "Z") |
|--|--|--------------------------------------|---|
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Reason Codes: A TIN Not Issued (The Country does not issue TINs) C TIN Applied For (I have applied for a TIN and will inform you upon receipt) (if TIN not provided) B TIN Not Required (The Country does not require collection of a TIN) Z TIN Unobtainable (I am unable to obtain a TIN)

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)

ANNEXURE A: PASSIVE NFE/OTHER RELEVANT ENTITY TYPE - Controlling Persons Certification



If there are **more than three** Controlling Persons, provide additional copies of this page as required. **The total Number of Pages provided for Annexure A is:**

STEP 1 PASSIVE NFE/OTHER RELEVANT ENTITY:

Name of Entity Account Holder

Indicate the total number of Controlling Persons for the Account Holder (detailed in full below):

Reason Codes: (if TIN not provided)

- A TIN Not Issued (The Country does not issue TINs)
- 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)
- Z TIN Unobtainable (I am unable to obtain a TIN)

STEP 1.1 CONTROLLING PERSON DETAILS:

a) Full Name of Controlling Person

b) Date of Birth

c) Full Residence Address

Country

- d) Tax Residency Information (Please check appropriate box and complete the table)
- the Controlling Person is only Tax Resident in Cayman Islands or
- I have included below all countries in which the Controlling Person is Tax Resident

Please note, **US Citizens** are considered to be Tax Residents of the US.

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

STEP 1.2 CONTROLLING PERSON DETAILS:

a) Full Name of Controlling Person

b) Date of Birth

c) Full Residence Address

Country

- d) Tax Residency Information (Please check appropriate box and complete the table)
- the Controlling Person is only Tax Resident in Cayman Islands or
- I have included below all countries in which the Controlling Person is Tax Resident

Please note, **US Citizens** are considered to be Tax Residents of the US.

| Country of Tax Residence (Do not include Cayman Islands) | Tax payer identification number (TIN) (or country equivalent) | Reason Code (if TIN not provided) | Explanation (only if Reason code is "Z") |
|---|--|--------------------------------------|---|
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STEP 1.3 CONTROLLING PERSON DETAILS:

a) Full Name of Controlling Person

b) Date of Birth

c) Full Residence Address

Country

- d) Tax Residency Information (Please check appropriate box and complete the table)
- the Controlling Person is only Tax Resident in Cayman Islands or
- I have included below all countries in which the Controlling Person is Tax Resident

Please note, **US Citizens** are considered to be Tax Residents of the US.

| Country of Tax Residence (Do not include Cayman Islands) | Tax payer identification number (TIN) (or country equivalent) | Reason Code (if TIN not provided) | Explanation (only if Reason code is "Z") |
|---|--|--------------------------------------|---|
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STEP 2 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 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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