

**Before you begin 在您开始之前请阅读:**

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 may include the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS). 税务条例规定澳大利亚和新西兰银行集团公司及其控制的实体 (ANZ) 需收集包括税收居所的实体/控制人的自我认证。相关税务机关可要求 ANZ 提供您的信息 (包括您没有提供有效自我认证的情况)。自动交换信息可包括《外国账户税收遵从法》(FATCA) 和《通用报告准则》(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. **如果您属于**如果您属于实体账户持有人 (包括其他一切非个人账户), **请完成自我认证。**对于联合或多个账户的持有人, 每个实体账户持有人都必须完成单独的自我认证。
- (b) **Refer** to the country specific terms/information obtainable from [www.anz.com/aeoi](http://www.anz.com/aeoi). **参考**国家具体条款或信息请参照 [www.anz.com/aeoi](http://www.anz.com/aeoi)。
- (c) **Obtain** tax/legal/other professional advice (if required) before you complete this Self-Certification and sign Step 4. **在完成自我认证和步骤4的签名之前, 获取**税务、法律或其他专业的咨询 (如有需要)。

**STEP 1 步骤 1 ENTITY ACCOUNT HOLDER DETAILS:** If this entity is **NOT** the Account Holder, please ensure this self-certification is completed by the Account Holder. **实体账户持有人资料:** 如果该实体用户并非账户持有人, 请确保该账户的自我认证是由该账户持有人完成。

1.1 Name of Entity Account Holder 实体账号持有人姓名				
1.2 Primary Nature of Business 主要业务性质				
1.4 Registered Office Address 公司注册地址 <small>(Alternatively, your Principal Place of Business or Other Physical Address. Do not provide a PO Box Address.) (或者您业务进行的主要场所或其他实际地址。请不要提供邮政信箱地址)</small>	Street Address 街道地址			City/Town 城市/城镇
	Province/State 省/州	Post Code 邮政编码		
			Country 国家	
		1.3 Country of incorporation, organisation or establishment 注册或成立国家		

**STEP 2 步骤 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. **实体账户持有人资料类型:** 请在下列选项中选择一项符合现状的实体地位: 非金融实体 (NFE)、免税实体或金融机构 (FI)。通过填写, 本人证实实体账户持有人符合每个身份要求的资格条件。

**NON-FINANCIAL ENTITY 非金融实体** Please check one applicable option across (a) **OR** (b) 请从 (a) 或 (b) 中选择合适的选项:

**(a) Active NFE 活跃的非金融实体:**

**Active NFE (by income/assets)**  
活跃的非金融实体 (通过收入或资产):  
During the preceding calendar year or other appropriate reporting period, the Entity 在上一历年或其他合适的报告期内, 该实体:  
1. Derived less than 50% of its gross income from passive sources; AND 获得少于其被动收益总收入的50%; 并且  
2. Held less than 50% of assets that produced or were held for production of passive income. 持有少于50%由被动收益产生或持有的资产。

**Holding Company or Treasury Centre 控股公司或财政中心**  
(that is a member of a non-financial group 此时为非营利机构的一员)

**Start-Up Company 新创公司**

**Entity in Liquidation or Bankruptcy 进行清算或破产的公司**

**Tax Exempt Non-Profit Organisation 免税非营利组织**

**(b) Passive NFE 被动的非金融实体:**

**Passive NFE 被动的非金融实体**

**OR 或者**

**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. **请完成附录A及此自我认证的剩余部分。**如果实体能满足此份自我认证未列明的《海外账户纳税法案》免税条件, 则应以相关的表格W提供证明。

**EXEMPT ENTITY 豁免实体** If the qualifying conditions are met, please check **ONE** box below 如果符合资格条件, 请在以下对应的一个方框里打勾:

**Publicly Traded NFE 上市非金融实体**  
A Corporation that is not an FI, AND the stock of which is regularly traded on an Established Stock Exchange. 公司不是金融机构, 并且其股票经常在一个既定的证券交易所交易。

**Related Entity of Publicly Traded NFE 上市非金融实体的相关实体**  
Provide the name of the Related Publicly Traded NFE 请提供相关上市非金融实体的名称:

**Central Bank 中央银行**

**Government Entity 政府实体**

**International Organisation 国际组织**

**Entity wholly owned by a Central Bank, Government Entity or International Organisation 全资拥有**  
实体由一家中央银行、政府实体或国际组织

**OR 或者**

**FINANCIAL INSTITUTION 金融机构** Please complete the Entity's CRS FI Status **AND** FATCA FI or Foreign FI (FFI) status below 请在下方填写实体的《通用报告准则》(CRS) 金融机构身份和《海外账户纳税法案》金融机构或国外金融机构 (FFI) 身份:

**CRS status 《通用报告准则》身份**

**Depository/Custodial Institution or Specified Insurance Company**  
保管人/托管机构或指定的保险公司

**Managed Investment Entity 托管的投资实体**

**Investment Entity - Other 托管的投资实体**

**FATCA status 海外账户纳税法案身份**

**GIIN provided 已提供全球中介机构识别码:**

**Reporting Model 1 FFI 报告模板1 外国金融机构**

**Reporting Model 2 FFI 报告模板2 外国金融机构**

**Participating FFI 有权分享利益的外国金融机构**

**Registered Deemed Compliant FFI 已注册为合规的外国金融机构**

**Sponsored FI 获赞助的金融机构**

**Trustee Documented Trust 受托人记录信托**

The Entity GIIN is 实体的全球中介机构识别码:

or 或者  **GIIN has been 'applied for' 已申请全球中介机构识别码**

**GIIN not available 全球中介机构识别码不适用:**

**Pension/Retirement Fund (meets FATCA exemption requirements) 养老金/退休基金 (满足《海外账户纳税法案》的免税要求)**

**United States FI 美国金融机构**

**Territory FI 管辖所属的金融机构**

**Non-Reporting IGA FFI 非报告IGA国际金融机构**

**Non-Participating FFI 无权分享利益的外国金融机构**

**Owner Documented FFI (Provide Form W-8) 拥有人登记在案的外国金融机构 (提供表格W-8)**

**Other FI/Certified Deemed Compliant FFI - provide FATCA Status 其他金融机构/已注册为合规的外国金融机构 - 提供《海外账户纳税法案》身份**

**STEP 3** **ENTITY ACCOUNT HOLDER TAX RESIDENCE(S):** If the third check box below is selected, also complete information in the table.  
**步骤 3** **实体账户持有人税收居所:** 如果选择第三个选项, 也需填写表中的信息。

Please check **ONE** applicable option below 请选择下面**一个**最合适的选项打勾:

- the Entity is **only** Tax Resident in the country in which the account is being opened  
实体仅为账户开户地国家的税收居民
- the Entity is Fiscally Transparent and its place of effective management or jurisdiction in which its principal/registered office is located is: \_\_\_\_\_  
实体的财务透明, 有权管理其主要/注册公司的国家是:
- I have included **below** all countries in which the Entity is Tax Resident (**other than** the country of account opening)  
以下为本人作为纳税居民的所有国家(除账户开户地外的)

Country of Tax Residence 税收居所所在国家 (Do not include country of account opening 不要包括账户开户地的国家)	Tax payer identification number (TIN) 纳税人识别号(TIN) (or country equivalent 或相关国家同等号码)	Reason Code 原因码 (if TIN not provided 如果没有提供 纳税人识别号(TIN))	Explanation 解释说明 (only if Reason code is "Z" 仅在原因码是Z时)

**For United States Country of Tax Residence only**, provide your 'Exemption from FATCA Reporting Code' as per IRS Form W-9 (if applicable)  
**对于美国纳税居民**, 请提供您的依照美国国税局表格 W-9 的《海外账户纳税法案》报告代码的免税理由(如果适用)

**Exemption from FATCA Reporting Code** 免于《海外账户纳税法案》的报告代码: ▶ \_\_\_\_\_

**Reason Codes:** (if TIN not provided) **原因码:** (如果没有提供纳税人识别号(TIN))

A TIN Not Issued (The Country does not issue TINs) 未签发 TIN (国家不签发 TIN)

B TIN Not Required (The Country does not require collection of a TIN) 没有要求 TIN (国家没有要求收集 TIN 信息)

C TIN Applied For (I have applied for a TIN and will inform you upon receipt) 正在申请 TIN (我已经申请 TIN, 收到后会通知您)

Z TIN Unobtainable (I am unable to obtain a TIN) 无法获得 TIN (我无法获得 TIN) 请提供解释说明

**STEP 4** **ENTITY ACCOUNT HOLDER DECLARATION AND SIGNATURE:** I certify that:  
**步骤 4** **实体账户持有人声明与签名:** 兹证明:

- I am authorised to sign for the Account Holder/Controlling Person(s).  
本人被授权作为账户持有人或控制人签字。
- I have provided true, correct and complete information.  
本人提供的信息属真实、正确、完整。
- I have consulted an independent advisor where necessary and acknowledge that ANZ does not provide any advice.  
本人已咨询独立的顾问(如果有必要), 并承认 ANZ 没有提供任何建议。
- I understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply.  
本人明白提供虚假、不准确或不完整的信息可能构成犯罪, 并且会遭到处罚。
- 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).  
本人已经获得所需要的同意和授权, 允许公开和使用此份自我认证的信息(包括此份自我认证的附录 A)。
- 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.  
本人变更任何信息后会在 30 天内通知 ANZ, 如有需要会向 ANZ 提供一份新的自我认证。
- I will provide ANZ with any additional information and/or documentation as requested.  
本人将依照要求向 ANZ 提供任何其他信息和/或文件。
- I have provided/will provide the applicable documents (eg. Power of Attorney / Form W).  
本人已经提供/将提供相关文件(例如委托书或表格 W)。

**Signature 签名**

**Print Name 打印姓名**

**Date 日期**



(日)	(月)	(年)



(日)	(月)	(年)

(Please also provide documentary evidence of the capacity to sign)  
 (也请提供文件证明您有权作出此声明与签名)

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



## 附录A: 被动的非金融实体/其他相关实体类型 (控制人认证)

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

如果控制人 **超过两个**, 纸张不敷应用, 请另页填写。附录A的总页数数为:

**Reason Codes:** (if TIN not provided) 原因码: (如果没有提供纳税人识别号(TIN))

**A** TIN Not Issued (The Country does not issue TINs) 未签发 TIN (国家不签发 TIN)

**B** TIN Not Required (The Country does not require collection of a TIN) 没有要求 TIN (国家没有要求收集 TIN 信息)

**C** TIN Applied For (I have applied for a TIN and will inform you upon receipt) 正在申请 TIN (我已经申请 TIN, 收到后会通知您)

**Z** TIN Unobtainable (I am unable to obtain a TIN) 无法获得 TIN (我无法获得 TIN) 请提供解释说明

### STEP 1 步骤 1 Passive NFE/Other Relevant Entity 被动的非金融实体或其他相关实体:

Name of Entity Account Holder   
 实体账户持有人姓名

Indicate the total number of Controlling Persons for the Account Holder (detailed in full below) 请标出此账户持有人的控制人总数量 (填写详情于下)

### STEP 1.1 步骤 1.1 Controlling Person Details 控制人的详细资料:

a) Full Name of Controlling Person  控制人的全名

b) Date of Birth    (日/月/年) 出生日期

c) Full Residence Address  完整的居住地址

Country  国家

d) Tax Residency Information 纳税居住地信息

(Please check appropriate box and complete the table 请选择合适的选项打勾, 并填写表格)

This Controlling Person is only Tax Resident in the country in which the account is being opened or 此控制人仅是账户开户地所在国家的纳税居民, 或者

I have included below all countries in which the Controlling Person is Tax Resident (other than the country of account opening) 以下为本人作为纳税控制人所在的所有国家 (除账户开户国之外)

Please note, **US Citizens** are considered to be Tax Residents of the US. 请注意, 所有美国公民都定义为美国纳税居民。

Country of Tax Residence 税收居所所在国家 (Do not include country of account opening 不要包括账户开户地的国家)	Tax payer identification number (TIN) 纳税人识别号(TIN) (or country equivalent 或相关国家同等号码)	Reason Code 原因码 (if TIN not provided 如果没有 提供纳税人识别号(TIN))	Explanation 解释说明 (only if Reason code is "Z" 仅在原因码是 Z 时)

### STEP 1.2 步骤 1.2 Controlling Person Details 控制人的详细资料:

a) Full Name of Controlling Person  控制人的全名

b) Date of Birth    (日/月/年) 出生日期

c) Full Residence Address  完整的居住地址

Country  国家

d) Tax Residency Information 纳税居住地信息

(Please check appropriate box and complete the table 请选择合适的选项打勾, 并填写表格)

This Controlling Person is only Tax Resident in the country in which the account is being opened or 此控制人仅是账户开户地所在国家的纳税居民, 或者

I have included below all countries in which the Controlling Person is Tax Resident (other than the country of account opening) 以下为本人作为纳税控制人所在的所有国家 (除账户开户国之外)

Please note, **US Citizens** are considered to be Tax Residents of the US. 请注意, 所有美国公民都定义为美国纳税居民。

Country of Tax Residence 税收居所所在国家 (Do not include country of account opening 不要包括账户开户地的国家)	Tax payer identification number (TIN) 纳税人识别号(TIN) (or country equivalent 或相关国家同等号码)	Reason Code 原因码 (if TIN not provided 如果没有 提供纳税人识别号(TIN))	Explanation 解释说明 (only if Reason code is "Z" 仅在原因码是 Z 时)

### STEP 2 步骤 2 ENTITY ACCOUNT HOLDER DECLARATION AND SIGNATURE: I certify that: 实体账户持有人声明与签名: 兹证明:

- I am authorised to sign for the Account Holder/Controlling Person(s). 本人被授权作为账户持有人或控制人签字。
- I have provided true, correct and complete information. 本人提供的信息属真实、正确、完整。
- I have consulted an independent advisor where necessary and acknowledge that ANZ does not provide any advice. 本人已咨询独立的顾问(如果有必要), 并承认ANZ没有提供任何建议。
- I understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply. 本人明白提供虚假、不准确或不完整的信息可能构成犯罪, 并且会遭到处罚。
- 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). 本人已经获得所需要的同意和授权, 允许公开和使用此份自我认证的信息(包括此份自我认证的附录A)。
- 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. 本人变更任何信息后会在30天内通知ANZ, 如有需要会向ANZ提供一份新的自我认证。

- I will provide ANZ with any additional information and/or documentation as requested. 本人将依照要求向ANZ提供任何其他信息和/或文件。
- I have provided/will provide the applicable documents (eg. Power of Attorney / Form W). 本人已经提供/将提供相关文件(例如委托书或表格W)。

**Signature 签名**  **Print Name 打印姓名**

**Date 日期**    (日) (月) (年)

(日) (月) (年)

(Please also provide documentary evidence of the capacity to sign 也请提供文件证明您有权作出此声明与签名)

BAR032916/ESCF/CNV2/00217