

ENTITY SELF-CERTIFICATION (For Automatic Exchange of Information)

Before you begin:
 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).
 (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 this Self-Certification and sign Step 4.

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 (Alternatively, your Principal Place of Business or Other Physical Address. Do not provide a PO Box Address):
 Street Address City/Town
 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.

<p>NON-FINANCIAL ENTITY Please check one applicable option across (a) OR (b):</p> <p>(a) Active NFE:</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Holding Company or Treasury Centre (that is a member of a non-financial group)</p> <p><input type="checkbox"/> Start-Up Company</p> <p><input type="checkbox"/> Entity in Liquidation or Bankruptcy</p> <p><input type="checkbox"/> Tax Exempt Non-Profit Organisation</p> <p>(b) Passive NFE: Complete Annexure A and the rest of this Self-Certification. <input type="checkbox"/> Passive NFE If the Entity meets a FATCA status/Exemption not provided for on this Self-Certification, provide the relevant form W.</p>	<p>OR</p> <p>EXEMPT ENTITY If the qualifying conditions are met, please check ONE box below:</p> <p><input type="checkbox"/> Publicly Traded NFE A Corporation that is not an FI, AND the stock of which is regularly traded on an Established Stock Exchange.</p> <p><input type="checkbox"/> Related Entity of Publicly Traded NFE Provide the name of the Related Publicly Traded NFE: <input type="text"/></p> <p><input type="checkbox"/> Central Bank</p> <p><input type="checkbox"/> Government Entity</p> <p><input type="checkbox"/> International Organisation</p> <p><input type="checkbox"/> Entity wholly owned by a Central Bank, Government Entity or International Organisation</p>	<p>OR</p> <p>FINANCIAL INSTITUTION Please complete the Entity's CRS FI Status AND FATCA FI or Foreign FI (FFI) status below:</p> <p>CRS status</p> <p><input type="checkbox"/> Depository/Custodial Institution or Specified Insurance Company</p> <p><input type="checkbox"/> Managed Investment Entity If not tax resident in a Participating CRS country: complete Annexure A and the rest of this Self-Certification.</p> <p><input type="checkbox"/> Investment Entity – Other</p> <p>FATCA status</p> <p>GIIN provided:</p> <p><input type="checkbox"/> Reporting Model 1 FFI <input type="checkbox"/> Reporting Model 2 FFI</p> <p><input type="checkbox"/> Registered Deemed Compliant FFI <input type="checkbox"/> Participating FFI</p> <p><input type="checkbox"/> Trustee Documented Trust <input type="checkbox"/> Sponsored FI</p> <p>The Entity GIIN is: <input type="text"/> or <input type="checkbox"/> GIIN has been 'applied for'</p> <p>GIIN not available:</p> <p><input type="checkbox"/> Pension/Retirement Fund (meets FATCA exemption requirements) <input type="checkbox"/> Non-Reporting IGA FFI</p> <p><input type="checkbox"/> United States FI <input type="checkbox"/> Non-Participating FFI</p> <p><input type="checkbox"/> Territory FI <input type="checkbox"/> Owner Documented FFI (Provide Form W-8)</p> <p><input type="checkbox"/> Other FI/Certified Deemed Compliant FFI - provide FATCA Status: <input type="text"/></p>
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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 the country in which the account is being opened

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 (**other than** the country of account opening)

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

For United States Country of Tax Residence only, provide your 'Exemption from FATCA Reporting Code' as per IRS Form W-9 (if applicable)

Exemption from **FATCA Reporting Code:**

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
<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)

BAR032916ESCF-EN101016

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)
 This Controlling Person is only Tax Resident in the country in which the account is being opened or
 I have included below all countries in which the Controlling Person is Tax Resident (other than the country of account opening)

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

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

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)
 This Controlling Person is only Tax Resident in the country in which the account is being opened or
 I have included below all countries in which the Controlling Person is Tax Resident (other than the country of account opening)

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

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

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)
 This Controlling Person is only Tax Resident in the country in which the account is being opened or
 I have included below all countries in which the Controlling Person is Tax Resident (other than the country of account opening)

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

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

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**

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