

# ANNEXURE A PASSIVE NFE/OTHER RELEVANT ENTITY TYPE - CONTROLLING PERSONS CERTIFICATION

## 附件A 被动NFE/其他相关实体类型——控制人证明

NOTE: Please complete the form using English characters. / 请用英文字母填写表格。



If there are more than three Controlling Persons, provide additional copies of this page as required.  
若控制人超过三个，请按需复印本页并补充填写。

### STEP 1. PASSIVE NFE/OTHER RELEVANT ENTITY:

#### 第1步 被动NFE/其他相关实体。

Name of Entity Account Holder  
实体账户持有人名称

Indicate the total number of Controlling Persons for the Account Holder (detailed in full below)  
请注明账户持有人的控制人总数 (详细信息均在下方提供)

### 1.1 CONTROLLING PERSON DETAILS:

#### 1.1 控制人信息:

a) Full Name of Controlling Person

a) 控制人全名

c) Full Residence Address

c) 完整住址

d) Tax Residency Information: (Please check appropriate box and complete the table)

d) 税务居民信息: (请勾选相应选框, 并填写表格)

This Controlling Person is **only** Tax Resident in Australia OR

此控制人 只在 澳大利亚是税务居民, 或者

I have included **below** all countries in which the Controlling Person is Tax Resident (**other than** Australia)

已在 下方 载明该控制人为税务居民的所有国家 (澳大利亚 除外)

b) Date of Birth (DD/MM/YYYY)

b) 出生日期(日/月/年)




Country

国家

Country of Tax Residence (Do not include Australia) 税务居民国 (澳大利亚除外)	Tax payer identification number (TIN) (or country equivalent) 纳税人识别号(TIN) (或该国等同代码)	Reason Code (if TIN not provided) (若未提供TIN) 原因代码	Explanation (only if Reason code is "Z") 若原因代码为Z, 请说明

Please note, **US Citizens** are considered to be Tax Residents of the US.  
请注意, **美国公民** 视作美国税务居民。

### 1.2 CONTROLLING PERSON DETAILS:

#### 1.2 控制人信息:

a) Full Name of Controlling Person

a) 控制人全名

c) Full Residence Address

c) 完整住址

d) Tax Residency Information: (Please check appropriate box and complete the table)

d) 税务居民信息: (请勾选相应选框, 并填写表格)

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已在 下方 载明该控制人为税务居民的所有国家 (澳大利亚 除外)

b) Date of Birth (DD/MM/YYYY)

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Country

国家

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The total Number of Pages provided for Annexure A is:  
总共提供的附件A页数为:

Office Use Only

限本行填写

Reason Codes:

原因代码:

A TIN Not Issued (The Country does not issue TINs.)

A 未签发TIN (该国不签发TIN)

B TIN Not Required (The Country does not require collection of a TIN)

B 无需TIN (该国不要求采集TIN)

C TIN Applied For (The Controlling Person has applied for a TIN and we will inform you upon receipt)

C 已申请TIN (控制人已申请TIN, 并会在收到后通知)

Z TIN Unobtainable (The Controlling Person is unable to obtain a TIN)

Z 无法取得TIN (控制人无法取得TIN)

Once completed mail to:

填完后, 请邮寄至:

ANZ  
AEOI Documents  
Reply Paid 89576  
SOUTH MELBOURNE VIC 3205  
澳大利亚

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NOTE: Please complete the form using English characters. / 请用英文字母填写表格。



### 1.3 CONTROLLING PERSON DETAILS:

#### 1.3 控制人信息:

a) Full Name of Controlling Person

a) 控制人全名

c) Full Residence Address

c) 完整住址

b) Date of Birth (DD/MM/YYYY)

b) 出生日期(日/月/年)

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Country

国家

d) Tax Residency Information: (Please check appropriate box and complete the table)

d) 税务居民信息: (请勾选相应选框, 并填写表格)

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已在 下方 载明该控制人为税务居民的所有国家 (澳大利亚 除外)

	Country of Tax Residence (Do not include Australia) 税务居民国 (澳大利亚除外)	Tax payer identification number (TIN) (or country equivalent) 纳税人识别号(TIN) (或该国等同代码)	Reason Code (if TIN not provided) (若未提供TIN) 原因代码	Explanation (only if Reason code is "Z") 若原因代码为Z, 请说明
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### STEP 2. ENTITY ACCOUNT HOLDER DECLARATION AND SIGNATURE: I CERTIFY THAT:

#### 第2步 实体账户持有人声明与签字: 兹证明:

- 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).
- An authorised representative of the Account Holder/Controlling Person 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).

- 我已获授权代表账户持有人/控制人签字。
- 我已提供真实、准确、完整的信息。
- 我已在必要时咨询了独立顾问, 并在此申明ANZ未提供任何意见。
- 我已知悉, 若提供不实、不准确或不完整的信息, 可能构成违法行为, 并可能招致处罚。
- 我已取得必要的许可和授权, 允许披露和使用本自我证明表(包括自我证明表附件A)所提供的信息。
- 账户持有人/控制人的授权代表会在信息发生变化后30日内通知ANZ, 并会在需要时向ANZ提供新的自我证明表。
- 我会根据要求向ANZ提供补充信息和(或)文件。
- 我已提供或将会提供相关文件(如授权委托书/表W)。

Signature  
签名

Print name  
清楚书写姓名

Date  
日期


(Please also provide documentary evidence of the capacity to sign)  
(请同时提供签名权限的证明文件)