

IDENTIFICATION FORM FOREIGN COMPANIES



GUIDE TO COMPLETING THIS FORM

- o This form is for FOREIGN COMPANIES only. For companies incorporated in Australia use the AUSTRALIAN COMPANIES IDENTIFICATION FORM.
- o Complete one form for each company.
- o Complete separate INDIVIDUAL ID Forms for each of the company's Beneficial Owners.
- o Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: FOREIGN COMPANY IDENTIFICATION PROCEDURE										
1.1 General Information										
Full	Full name of foreign company									
Country of formation / incorporation / registration										
	☐ Select ✓ if registered by a foreign body and provide name of body									
For co	For companies incorporated in Australia do not use this form; complete the AUSTRALIAN COMPANIES IDENTIFICATION FORM.									
1.2	1.2 Is the foreign company registered with ASIC? (select ✓ ONE of the following)									
	Yes	Provide AR	RBN							
	Provide EITHER principal place of business address in Australia OR local agent name and address details (<i>Tick one box</i>)								letails (Tick one box)	
		Address (P	O Box is NOT acceptable)							
		Street								
		Suburb			State		Postcode		Country	
		Name of lo	cal agent in Australia							
	No		npany identification numb	oer (if any) issu	ied by th	е				
		Principal pla	ace of business in the co	mpany's countr	ry of forn	nation or inco	rporation (P	D Box is NOT ac	cceptable)	
		Street								
		Suburb			State		Postcode		Country	
1.3	Registe	ered Address	s of Company							
Prov	ide the r ation, ind	egistered add	dress as registered with Arregistration (if any).	ASIC. If the co	mpany is	NOT registe	red with ASI	C, provide the	eregistered	address in the country of
	Street									
		Suburb			State		Postcode		Country	
1.4	Compa	ny Type (sel	ect √ only ONE of the fo	llowing categor	ries)					
	Private	e, proceed to	1.5							
		, proceed to								
1.5	Directo	re (Poquiro	l for all Private Companie	os as par 1 1 A	IOT rogu	iirad far Publi	c Companio	0)		
		the names of		:s as μer 1.4, N	vo r requ	illed for Publi	c Companie.	5)		
	Full given name(s) Surname									
1										
2										
3] [
] [
4										
1	f there a	re more dire	ctors, provide details on a	separate shee	et and tid	k this box \Box				

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1.6	Listing and Regulatory Details (select ✓	any of the following catego	ories if applicab	le)				
	Public Listed (companies that are subject Ownership comparable to similar public list by stock exchange rules, law or enforceable to similar public list by stock exchange rules, law or enforceable to similar public list of the stock of t	Proceed to Section 2						
	Name of market / disclosure regime							
	Country							
	Majority Owned Subsidiary of an Austra Australian company that is listed on a fina		an Public Listed company (companies that are majority owned by an proceed ital market such as the ASX)					
	Australian listed company name							
	Name of market / exchange							
	Regulated in Australia (subject to the suregulator beyond that provided by ASIC as Services Licensees (AFSL); Australian Crulicensees).	s a company registration b	Proceed to Section 2					
	Regulator name							
	Licence details (e.g. AFSL, ACL, RSE)							
1.7 Beneficial Ownership To be completed for all companies that are not Public Listed companies, majority owned by an Australian Public Listed company or companies regulated in Australia as per 1.6								
Are t	here any individuals who ultimately own 25	% or more of the company	's issued share o	capital (through direct or indirect sh	areholdings)?			
Yes	☐ (Complete 1.7.1) No ☐ (Complete 1.7.1)	ete 1.7.2)						
171	Shareholder Beneficial Owners							
	ide the names of the individuals who ultima	•		sued share capital (through direct o	r indirect shareholdings).			
Com	plete separate individual customer ID Fo	orms for each of these in	dividuals.					
Full	given name(s)		Surname					
16.1-								
It be	neficial owner name/s are provided above, p	proceed to section 2.						
1.7.2	Other Beneficial Owners							
If the	ere are no individuals who meet the requirer	nent of 1.7.1, provide the r	names of the indi	viduals who directly or indirectly co	ontrol* the company.			
* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).								
Com	plete separate individual customer ID Fo	orms for each of these in	dividuals.					
Full	given name(s) Surname	l.		Role (such as Managing Director)			
_								
If there are more Beneficial Owners, provide details on a separate sheet and tick this box .								

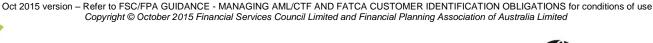






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SECTION 2: FATCA INFORMATION (US FOREIGN ACCOUNT TAX COMPLIANCE ACT) 2.1 FATCA Status (select ✓ only ONE of the following categories and provide the information requested) United States Company (A company created in the US, established under the laws of the US or a US taxpayer) Provide the company's US Taxpayer Identification Number (TIN) Is the company an exempt payee for US tax purposes? Yes 🗌 No \square If the company is an exempt payee, provide its exemption code If the company is a US Company section 2 is now complete, proceed to section 3. Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA purposes) Provide the company's Global Intermediary Identification Number (GIIN), if applicable If the company is a Financial Institution but does not have a GIIN, provide its FATCA status (select < ONE of the following statuses) ☐ Deemed Compliant Financial Institution ☐ Excepted Financial Institution ☐ Exempt Beneficial Owner □ Non Reporting IGA Financial Institution Nonparticipating Financial Institution Other (describe the FATCA status in the box provided) If the company is a Financial Institution section 2 is now complete, proceed to section 3. Non-Financial Public Listed Company (Public listed companies as per 1.6 that are not Financial Institutions as described above) If the company is a Public Listed Company, section 2 is now complete, proceed to section 3. Non-Financial Private Company or an unlisted public company that are not Financial Institutions as described above Are any of the Company's Beneficial Owners US citizens or residents of the US for tax purposes Yes 🗌 No \square If yes, provide an individual ID Form for this Beneficial Owner, including their US Taxpayer Identification Number (TIN), unless already provided in part of 1.7 of this form. **SECTION 3: FOREIGN COMPANY VERIFICATION PROCEDURE** Identification documentation is to be provided to verify the information listed in one of the verification procedure described below (either the standard verification procedure for companies registered with ASIC, the standard verification procedure for companies not registered with ASIC or the simplified verification procedure for Public Listed companies, Majority Owned Subsidiaries of Australian Public Listed companies or companies regulated in Australia as described in section 1.6 of this form). Standard verification procedure for Foreign Companies registered with ASIC Information to be verified: The full name of the company as registered by ASIC The ARBN issued to the company Whether it is registered by a foreign registration body and if so, whether it is registered as a private or public company. Tick ✓ Verification options (select one of the following options used to verify the Company) Perform a search of the relevant ASIC database. Perform a search of the relevant foreign registration body. If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certification of registration



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issued by ASIC or by the relevant foreign registration body. *

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		for Foreign Companies NOT i	registered with A	SIC					
	Information to be verified: The full name of the company								
	'	v foreign registration body and if	so whether it is re	gistered as a private or p	ublic company	/			
	lentification number issu			.					
Tick ✓	Verification opti	ons (select one of the followi	ng options used	to verify the Company)					
	Perform a search	of the relevant foreign reg	gistration body						
	If the foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by the relevant foreign registration body. *							gistration issued by	
	Where the above (where the agent	means are unavailable, a has been verified). See yo	disclosure cer our licensee fo	tificate from the com r other disclosure cer	pany given tificate requ	by an individual actinuirements. *	ng as agei	nt of the company	
Simplified verification procedure for a regulated company, a listed company or a majority owned subsidiary of an Australian listed company (as described in section 1.6 of this form) Information to be verified: The full name of the company That the company is a regulated company, a listed company or a majority owned subsidiary of an Australian listed company (whichever is applicable)									
Tick ✓	Verification option	ons (select one of the followi	ng options used	to verify the Company)					
	Perform a search	of the relevant financial m	narket.						
	Perform a search	of the relevant ASIC data	base.						
	Perform a search	of the licence or other rec	ords of the rel	evant Commonwealtl	n, State or	Territory statutory reg	julator.		
	A public documer	t issued by the company.	*						
* Document	* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.								
 → Ensure that individual customer ID Forms have been provided for the Company's Beneficial Owners as per 1.7 AND → Attach a legible certified copy of the ID documentation used to verify the company (and any required translation) OR → Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents 									
SECTIO	ON 4: RECORD	OF VERIFICATION	PROCEDU	JRE					
ID DOCU	MENT DETAILS	Document 1			Documer	nt 2 (if required)			
Verified F	rom	☐ Performed search	☐ Original	☐ Certified copy	☐ Perfor	med search \Box O	riginal	☐ Certified copy	
Documen	t Issuer / Website								
	cument Type								
Issue date	e / Search date								
Accredite Translation	•	□ N/A [J/A Sighted			□ N/A □ Sighted			
By completing and signing this Record of Verification Procedure I declare that: • an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative; • individual customer ID Forms have been provided for the company's Beneficial Owners (where applicable) and • the FATCA information provided is reasonable considering the documentation provided.									
AFS Licer	nsee Name					AFSL No.			
Represen	ntative/ Employee N	ame				Phone No.			
Signature	1					Date Verification Completed			

