

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	Genera	l Informatio	n							
Full name of foreign company										
Country of formation / incorporation / registration										
	Select ✓	if registered	by a foreign body and pre	ovide name of	body					
For co	ompanies	incorporated i	n Australia do not use this fo	rm; complete the	AUSTRA	ALIAN COMPA	NIES IDENTIF	FICATION FOR	М.	
1.2	Is the fo	oreign comp	any registered with AS	IC? (select √ (ONE of th	he following)				
	Yes	Provide AR	ovide ARBN							
	Provide EITHER principal place of business address in Australia OR local agent name and address details (<i>Tick one box</i>)									
	Address (PO Box is NOT acceptable)									
		Street								
		Suburb			State		Postcode		Country	
		Name of lo	cal agent in Australia							
	No Provide company identification number (if any) issued by the foreign registration body									
	Principal place of business in the company's country of formation or incorporation (PO Box is NOT acceptable)									
		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							
	Public, proceed to 1.6									
15	Directo	re (Poquiro	l for all Privata Compania	os as par 1 1 A	IOT rogu	iirad far Publi	c Companio	0)		
1.5 Directors (Required for all Private Companies as per 1.4, NOT required for Public Companies) Provide the names of all directors.										
	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 🗆				

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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	ting requirements in Austr	alia. Refers to li	sting on a financial market that	Proceed to Section 2
	Name of market / disclosure regime				
	Country				
	Majority Owned Subsidiary of an Austra Australian company that is listed on a fina			that are majority owned by an	Proceed to Section 2
	Australian listed company name				
	Name of market / exchange				
	regulator beyond that provided by ASIC as	pervision of an Australian Commonwealth, State or Territory statutory s a company registration body. Examples include Australian Financial edit Licensees (ACL); or Registrable Superannuation Entity (RSE)			
	Regulator name				
	Licence details (e.g. AFSL, ACL, RSE)				
	Beneficial Ownership e completed for all companies that are not l lated in Australia as per 1.6	Public Listed companies, n	najority owned by	y an Australian Public Listed compa	any or companies
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 there are no individuals who meet the requirement of 1.7.1, provide the names of the individuals who directly or indirectly control* the company.					
arrar	ludes exercising control through the capacit agements, understanding & practices; voting aging official/s of the company (such as the	g rights of 25% or more; or	power of veto.	If no such person can be identified	then the most senior
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 the	ere are more Beneficial Owners, provide det	ails on a separate sheet a	nd tick this box [□.	

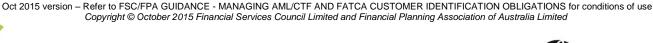






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SECTION 2: FATCA INFORMATION (US FOREIGN ACCOUNT TAX COMPLIANCE ACT) 2.1 FATCA Status (select ✓ only ONE of the following categories and provide the information requested) United States Company (A company created in the US, established under the laws 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 registered with ASIC			
	to be verified: ull name of the compan	,			
	•	r foreign registration body and if so whether it is registered	as a private or public company		
	lentification number issu		, , ,		
Tick ✓	Verification option	ons (select one of the following options used to verify	the Company)		
	Perform a search	of the relevant foreign registration body.			
		stration body database is not reasonably availal in registration body. *	ole, an original or certified copy of the certification of registration issued by		
	Where the above (where the agent	means are unavailable, a disclosure certificate has been verified). See your licensee for other	from the company given by an individual acting as agent of the company disclosure certificate requirements. *		
this form) Information The formation	to be verified: ull name of the compan	/	rity owned subsidiary of an Australian listed company (as described in section 1.6 of ideas) ideasy of an Australian listed company (whichever is applicable)		
Tick ✓	Verification option	ons (select one of the following options used to verify	the Company)		
	Perform a search	of the relevant financial market.			
	Perform a search	of the relevant ASIC database.			
	Perform a search	of the licence or other records of the relevant C	ommonwealth, State or Territory statutory regulator.		
	A public documer	t issued by the company. *			
* Document	ts that are written in a la	nguage that is not English must be accompanied by an E	nglish 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 PROCEDURE			
ID DOCU	MENT DETAILS	Document 1	Document 2 (if required)		
Verified F	rom	☐ Performed search ☐ Original ☐ Ce	rtified copy		
Documen	t Issuer / Website				
	cument Type				
Issue date	e / Search date				
Accredited English Translation		□ N/A □ Sighted	□ N/A □ Sighted		
an ide represindivide	entity verification pro sentative; dual customer ID Fo	is Record of Verification Procedure I declare the ocedure has been completed in accordance with orms have been provided for the company's Be rovided is reasonable considering the document	the AML/CTF Rules, in the capacity of an AFSL holder or their authorised neficial Owners (where applicable) and		
AFS Licer	nsee Name		AFSL No.		
Represen	ntative/ Employee N	ame	Phone No.		
Signature			Date		

