

IDENTIFICATION FORM AUSTRALIAN COMPANIES



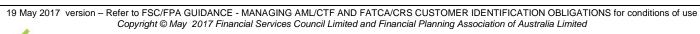
GUIDE TO COMPLETING THIS FORM

- o This form is for AUSTRALIAN COMPANIES only. For companies incorporated outside of Australia use the FOREIGN 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 Tax information must be collected from an authorised representative of the Company
- o Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: AUSTRALIAN COMPANY IDENTIFICATION PROCEDURE									
1.1	General	nformation							
Full name as registered by ASIC									
ACN									
		L							
Registered office address (PO Box is NOT acceptable) Street									
Suburb				State		Postcode		Country	
Princ Stre		e of business (if any) (PO Box	s NOT acceptable)						
Sub	ourb			State		Postcode		Country	
Comp	anies incor	porated outside of Australia should	complete the FOREIG	GN COMPA	NIES IDENTI	FICATION FO	RM, rather than	n this form.	
1.2	Company	Type (select ✓ only ONE of t	ne following catego	ries)					
	Propriet	ary (companies whose name e	nds with Proprietar	ry I td or Pí	ty I td. also k	nown as priv	vate compani	es) proceed	to 1.3
	•	companies whose name does i	·			·	·	00), p. 0000a	
4.0									
1.3		(Required for all Proprietary or names of all directors.	companies as per 1	.2, NOT re	equirea tor F	чынс Сотра	anies)		
		en name(s)			Surnam	2			
4	r un give	en name(s)			Sumam	-			
1									
2									
3									
4									
	If there a	re more directors, provide deta	ils on a separate s	heet and ti	ick this box	□.			
1.4	Listing ar	nd Regulatory Details (Select	✓ any of the follow	ing catego	ories if appl i	cable)			
	Australia	an Public Listed company (co	mpanies that are li	isted on ar	Australian	financial maı	rket such as t	he ASX)	Proceed to Section 2
	Name of	market / exchange							
	Majority Owned Subsidiary of an Australian Public Listed company (companies that are majority owned by an Australian company that is listed on an Australian financial market such as the ASX)								
	Australia	n listed company name							
	Name of	market / exchange							
	that prov	ed company (subject to the suited by ASIC as a company re Australian Credit Licensees (Ar	gistration body. Ex	camples inc	clude Austra	ilian Financia	al Services Lic		Proceed to Section 2
	Regulato	r name							
	Licence of	details (e.g. AFSL, ACL, RSE)							

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1.5 Beneficial Ownership To be completed for all companies that are not Australian Public Listed co Regulated Companies as per 1.4.	ompanies, majority owned by an Australian Public Listed company or					
Are there any individuals who ultimately own 25% or more of the company	y's issued share capital (through direct or indirect shareholdings)?					
Yes \square (Complete 1.5.1) No \square (Complete 1.5.2)						
1.5.1 Shareholder Beneficial Owners						
Provide the names of the individuals who ultimately own 25% or more of t Complete separate individual customer ID Forms for each of these in	he company's issued share capital (through direct or indirect shareholdings).					
Full given name(s)	Surname					
If Beneficial Owner name/s are provided above, proceed to section 2.						
1.5.2 Other Beneficial Owners						
If there are no individuals who meet the requirement of 1.5.1, provide the	names of the individuals who directly or indirectly control* the company					
* includes exercising control through the capacity to determine decisions						
arrangements, understanding & practices; voting rights of 25% or more; o managing official/s of the company (such as the managing director or dire	r power of veto. If no such person can be identified then the most senior					
Complete separate individual customer ID Forms for each of these in	ndividuals.					
Full given name(s) Surname	Role (such as Managing Director)					
- Langiver Hame(e)	Total (addit do managing broads)					
If there are more Beneficial Owners, provide details on a separate sheet a	and tick this box \square .					
SECTION 2: TAX INFORMATION						
Collection of tax status in accordance with the United States Foreign Accordance	ount Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).					
2.1 Tax Status						
Tick ✓ one of the Tax Status boxes below or on the next page (if the below)	company is a Financial Institution, please provide all the requested information					
☐ A Financial Institution (A custodial or depository institution, an investme	nt entity or a specified insurance company for FATCA / CRS purposes)					
Provide the company's Global Intermediary Identification Number (0	GIIN), if applicable					
If the Company is a Financial Institution but does not have a GIIN, p	orovide 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 company's FATCA status in the box providence) 	led)					
If the company is a Financial Institution, please proceed to section 3						
	·					
	of an Australian Public Listed company or Australian Registered Charity n listed companies as per 1.4 that are not Financial Institutions as described					
If the company type is listed above, please proceed to section 3 to o	complete the form.					
Section 2.1 continues on the next page						







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2.1 T	Tax Status							
	An Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org .)							
	If the company is an Active NFE, please proceed to section 2.3 (Country of Tax Residency).							
	Other (Entities that are not previously listed – Passive Non-Financial Entities)							
	Please proceed to section 2.2 (Foreign Beneficial Owners).							
2.2	Foreign Ber	neficial Owners ((Individuals)					
Are a	any of the cor	mpany's Beneficia	al Owners tax reside	nts of countries	other than Australia	a? Yes □	No 🗆	
			Whether an individual is ence or place of work.				s) based on the amount of time a pe or residency.	erson spends in a
		vide the details o	f these individuals be	elow and comple	ete a separate Indiv	ridual Identificati	on Form for each Beneficial Ov	vner (unless
Full	given name((s)	Surname	ırname		Role (such as	Official)	
If the	re are more B	Beneficial Owners,	provide details on a s	eparate sheet and	d tick this box. □.			
Plea	se proceed to	section 2.3 (Cou	untry of Tax Residen	cy).				
2 2	Country of 3	Гах Residency						
		_						
Is the	e Company a	tax resident of a	country other than A	Australia? Y	′es □ N	o 🗆		
If Ye	s, please pro ore than one	vide the Compan other country, ple	y's country of tax resease list all relevant of	sidence and tax i	identification numb	er (TIN) or equiv	valent below. If the Company is	s a tax resident
			to complete the form					
A TIN	I is the number	assigned by each o	•	s of administering t			File Number in Australia or an Emp providing a TIN.	oloyer
1.	Country			TIN			If no TIN, list reason A, B or C	
2.	Country			TIN			If no TIN, list reason A, B or C	
3.	Country			TIN			If no TIN, list reason A, B or C	:
If the	re are more c	ountries, provide a	letails on a separate s	heet and tick this	box			
Re	ason A The	country of tax re	sidency does not iss	sue TINs to tax re	esidents			
Re	ason B The	Company has no	ot been issued with a	a TIN				



Reason C The country of tax residency does not require the TIN to be disclosed

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SECTION 3: AUSTRALIAN COMPANY VERIFICATION PROCEDURE

Identification documentation is to be provided to verify the information listed in the standard or simplified verification procedure described below. The simplified verification procedure is to be used for Australian Public Listed companies, Majority Owned Subsidiaries of Australian Public Listed companies and Regulated companies as described in section 1.4 of this form. All other companies are to be verified according to the standard verification procedure.

procedure.									
Standard verification procedure									
	to be verified:								
	- · · · · · · · · · · · · · · · · · · ·								
	Whether the company is registered as a proprietary or a public company The ACN issued to the company.								
	·	-							
Tick ✓		ons (select one of the following options of the relevant ASIC details as	used to verify the Company)						
		earch of the relevant ASIC database. database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC.							
	If the ASIC databa	ase is not reasonably available, an o	original or certified copy o	of the certific	cation of registration	issued by ASIC.			
(as describ Information The fu	ed in section 1.4 of th to be verified: ull name of the compan								
Tick ✓	Verification option	ons (select one or more of the following	options used to verify the Co	mpany)					
	Perform a search	of the relevant market/exchange.							
	Perform a search	of the relevant ASIC database.							
	Perform a search	of the licence or other records of the	e relevant Commonwealt	h, State or	Territory statutory reg	gulator.			
	A public documer	nt issued by the relevant company.							
•									
→ Attach → Alter									
SECTIO	N 4: RECORD	OF VERIFICATION PROCE	EDURE						
<u> </u>	ALIAN SON								
ID DOCU	MENT DETAILS	Document 1		Document 2 (if required)					
Verified F	rom	☐ Performed search ☐ Origin	nal Certified copy	☐ Performed search ☐ Original ☐ Certified					
Document	t Issuer / Website								
Public Do	cument Type								
Issue date / Search date									
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) • the tax information provided is reasonable considering the documentation provided.									
AFS Licer	nsee Name				AFSL No.				
Represen	tative/ Employee N	ame			Phone No.				
Signature					Date Verification Completed				



