

GUIDE TO COMPLETING THIS FORM

- o This form is for FOREIGN COMPANIES only. For companies incorporated in Australia use the AUSTRALIAN COMPANY IDENTIFICATION FORM.
- o Complete one form for each company.
- o Tax information must be collected from an authorised representative of the Company.

SECTION 1: FOREIGN COMPANY IDENTIFICATION PROCEDURE

1.1 General Information

Full name of foreign company

Country of formation / incorporation / registration

Select if registered by a foreign body and provide name of body

1.2 Is the foreign company registered with ASIC? (select ONE of the following)

Yes Provide ARBN

Provide **EITHER** principal place of business address in Australia **OR** local agent name and address details *(Tick one box)*

Address *(PO Box is NOT acceptable)*

Street

Suburb State Postcode Country

Name of local 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 Registered Address of Company

Provide the registered address as registered with ASIC. If the company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Street

Suburb State Postcode Country

1.4 Company Type (select only ONE of the following categories)

- Proprietary/Private** Provide the names of the directors below and proceed to 1.5
- Public** (includes public listed company, a majority owned subsidiary of a public listed company or a licensed company subject to federal, state or territory government regulatory supervision) Proceed to 1.5

If Proprietary/Private, provide the names of all directors.

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If there are more directors, provide their full names on a separate sheet and tick this box .

1.5 Listing and Regulatory Details – if applicable (select ✓ any of the following categories if applicable)

- Public Listed** (companies that are subject to disclosure requirements that ensure transparency of Beneficial Ownership comparable to similar public listing requirements in Australia. Refers to listing on a financial market that by stock exchange rules, law or enforceable means promotes transparency of beneficial owner information.) *Proceed to Section 2*
- Name of market / disclosure regime
- Country
- Majority Owned Subsidiary of an Australian Public Listed company** (companies that are majority owned by an Australian company that is listed on a financial market). *Proceed to Section 2*
- Australian listed company name
- Name of market / exchange
- Regulated Company** (subject to the supervision of an Australian Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as a company registration body). *Proceed to Section 2*
- Regulator name
- Licence details (e.g. AFSL, ACL, RSE)

1.6 Beneficial Ownership

Complete both sections 1.6.1 and 1.6.2 if the company is NOT one of the 3 types of companies defined in section 1.5 above.

1.6.1 Shareholder Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings). Complete all fields below and provide a legible certified copy of ID for each individual.

Full given name(s) <input style="width: 95%; height: 25px;" type="text"/>	Full given name(s) <input style="width: 95%; height: 25px;" type="text"/>	Full given name(s) <input style="width: 95%; height: 25px;" type="text"/>
Surname <input style="width: 95%; height: 25px;" type="text"/>	Surname <input style="width: 95%; height: 25px;" type="text"/>	Surname <input style="width: 95%; height: 25px;" type="text"/>
Residential Address <small>(PO Box is NOT acceptable)</small> <input style="width: 95%; height: 40px;" type="text"/>	Residential Address <small>(PO Box is NOT acceptable)</small> <input style="width: 95%; height: 40px;" type="text"/>	Residential Address <small>(PO Box is NOT acceptable)</small> <input style="width: 95%; height: 40px;" type="text"/>
Suburb <input style="width: 40%; height: 20px;" type="text"/> State <input style="width: 40%; height: 20px;" type="text"/>	Suburb <input style="width: 40%; height: 20px;" type="text"/> State <input style="width: 40%; height: 20px;" type="text"/>	Suburb <input style="width: 40%; height: 20px;" type="text"/> State <input style="width: 40%; height: 20px;" type="text"/>
Country <input style="width: 40%; height: 20px;" type="text"/> Postcode <input style="width: 40%; height: 20px;" type="text"/>	Country <input style="width: 40%; height: 20px;" type="text"/> Postcode <input style="width: 40%; height: 20px;" type="text"/>	Country <input style="width: 40%; height: 20px;" type="text"/> Postcode <input style="width: 40%; height: 20px;" type="text"/>
Date of Birth <input style="width: 95%; height: 20px;" type="text"/>	Date of Birth <input style="width: 95%; height: 20px;" type="text"/>	Date of Birth <input style="width: 95%; height: 20px;" type="text"/>
Role (such as Managing Director) <input style="width: 95%; height: 20px;" type="text"/>	Role (such as Managing Director) <input style="width: 95%; height: 20px;" type="text"/>	Role (such as Managing Director) <input style="width: 95%; height: 20px;" type="text"/>

If there are more Shareholder Beneficial Owners, provide details on a separate sheet and tick this box .

1.6.2 Controller Beneficial Owners

In addition to any individuals listed in 1.6.1, provide the names of any other individuals who directly or indirectly control* the company. If there are no additional individuals that meet this definition please leave blank.

* 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; including veto power.

Complete all fields below and provide a legible certified copy of ID for each individual.

Controller 1	Controller 2	Controller 3
Full given name(s)	Full given name(s)	Full given name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Surname	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address <i>(PO Box is NOT acceptable)</i>	Residential Address <i>(PO Box is NOT acceptable)</i>	Residential Address <i>(PO Box is NOT acceptable)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth		Date of Birth
<input type="text"/>		<input type="text"/>
Role (such as Managing Director)		Role (such as Managing Director)
<input type="text"/>		<input type="text"/>

If there are more Controller Beneficial Owners, provide details on a separate sheet and tick this box .

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

2.1 Tax Status

Tick one of the Tax Status boxes below (if the Company is a Financial Institution, please provide all the requested information below)

A Financial Institution (A custodial or depository institution, an investment entity or a specified insurance Company for FATCA / CRS 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
- US Financial Institution
- Other (describe the company's FATCA status in the box provided)

PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

Yes No

If Yes, proceed to section 2.2 (Foreign Beneficial Owners). If No, Please go to section 3 to complete the form.

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank

If the company type is listed above, please proceed to section 3 to complete the form.

A charity or 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](http://www.oecd.org))

If the Company is a Charity or 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 Beneficial Owners (Individuals)

Does the Company have any Beneficial Owners who are tax residents of countries other than Australia? Yes No

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Beneficial Owner.

Full given name(s)	Surname	Role (such as Director or Senior Managing Official)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more Beneficial Owners, provide details on a separate sheet and tick this box. .

Proceed to section 2.3.

2.3 Country of Tax Residency

Is the Company a tax resident of a country other than Australia? Yes No

If Yes, please provide the Company's country of tax residence and tax identification number (TIN) or equivalent below. If the Company is a tax resident of more than one country, please list all relevant countries below.

If No, please proceed to section 3 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employer Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box .

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The Company has not been issued with a TIN

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

SECTION 3: FOREIGN COMPANY VERIFICATION

This section outlines the identification documents that we must collect from you and it differs depending on foreign company type. If you do not provide the documents we may not be able to process your application. Please complete Section 3.3 if you are a custodian.

Section 3.1: Documentation Requirements for Company Verification

Cross 'X'	Please mark with a 'X' one of the following options which you are providing with your application form. You must select one option and attach it to your application form.
<input type="checkbox"/>	If registered with ASIC, you must provide an up to date extract issued by ASIC or by the relevant foreign registration body. If this is not reasonably available, provide an original certified copy of the certificate of registration issued by ASIC or by the relevant foreign registration body.
<input type="checkbox"/>	If not registered with ASIC, you must provide an up to date extract issued by the relevant foreign registration body. If this is not reasonably available, provide an original certified copy of the certificate of registration issued by the relevant foreign registration body or an original certified copy of the articles of association or company constitution.

<input type="checkbox"/>	<p>If a public listed company, a majority-owned subsidiary of Australian public listed company or a regulated company as defined in section 1.5, you must provide either:</p> <ul style="list-style-type: none"> • a public document issued by the relevant listed company • Up-to-date records from the relevant domestic stock exchange (e.g. ASX) • Up-to-date licence records of the relevant Commonwealth, State or Territory statutory regulator.
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Section 3.2: Documentation Requirements for Individual Verification

Cross 'X'	<p>For all beneficial owners listed in 1.6.1 and 1.6.2, you must provide an original certified copy of one of the following types of identification documents for each beneficial owner.* Please attach each identification copy to your application form.</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Australian State / Territory driver's licence containing a photograph of the person • Australian passport (a passport that has expired within the preceding 2 years is acceptable) • Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person • Foreign passport or similar travel document containing a photograph and the signature of the person

Section 3.3: Documentation Requirements for Custodians (leave blank if you are not a custodian)

Cross 'X'	<p>If you are a custodian of another entity please provide one of the following documents to confirm your appointment as Custodian:</p>
<input type="checkbox"/>	<p>Extract of a Custody Agreement evidencing authority to Act for the Client specified in section 3B of the Application Form</p>
<input type="checkbox"/>	<p>Letter appointing the Custodian signed by the Client specified in section 3B of the Application Form</p>

*For other identification documentation options, instructions on how to certify a document, and who can certify copies of identification documents please refer to the Customer ID form for individuals which is available on our website at ssga.com