

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



If there are more than three Controlling Persons, provide additional copies of this page as required.

The total Number of Pages provided for Annexure A is:

Once completed mail to: ANZ
AEOI Documents
Reply Paid 89576
SOUTH MELBOURNE VIC 3205
AUSTRALIA

STEP 1. PASSIVE NFE/OTHER RELEVANT ENTITY:

Name of Entity Account Holder

Indicate the total number of Controlling Persons for the Account Holder (detailed in full below)

Office Use Only

Reason Codes:
A TIN Not Issued (The Country does not issue TINs.)
B TIN Not Required (The Country does not require collection of a TIN)
C TIN Applied For (The Controlling Person has applied for a TIN and we will inform you upon receipt)
Z TIN Unobtainable (The Controlling Person is unable to obtain a TIN)

1.1 CONTROLLING PERSON DETAILS:

a) Full Name of Controlling Person
b) Date of Birth (DD/MM/YYYY)
c) Full Residence Address
Country
d) Tax Residency Information: (Please check appropriate box and complete the table) This Controlling Person is only Tax Resident in Australia OR I have included below all countries in which the Controlling Person is Tax Resident (other than Australia)

Table with 4 columns: Country of Tax Residence (Do not include Australia), Tax payer identification number (TIN) (or country equivalent), Reason Code (if TIN not provided), Explanation (only if Reason code is "Z")

1.2 CONTROLLING PERSON DETAILS:

a) Full Name of Controlling Person
b) Date of Birth (DD/MM/YYYY)
c) Full Residence Address
Country
d) Tax Residency Information: (Please check appropriate box and complete the table) This Controlling Person is only Tax Resident in Australia OR I have included below all countries in which the Controlling Person is Tax Resident (other than Australia)

Table with 4 columns: Country of Tax Residence (Do not include Australia), Tax payer identification number (TIN) (or country equivalent), Reason Code (if TIN not provided), Explanation (only if Reason code is "Z")

1.3 CONTROLLING PERSON DETAILS:

a) Full Name of Controlling Person
b) Date of Birth (DD/MM/YYYY)
c) Full Residence Address
Country
d) Tax Residency Information: (Please check appropriate box and complete the table) This Controlling Person is only Tax Resident in Australia OR I have included below all countries in which the Controlling Person is Tax Resident (other than Australia)

Table with 4 columns: Country of Tax Residence (Do not include Australia), Tax payer identification number (TIN) (or country equivalent), Reason Code (if TIN not provided), Explanation (only if Reason code is "Z")

STEP 2. ENTITY ACCOUNT HOLDER DECLARATION AND SIGNATURE: I CERTIFY THAT:

- 1. I am authorised to sign for the Account Holder/Controlling Person(s).
- 2. I have provided true, correct and complete information.
- 3. I have consulted an independent advisor where necessary and acknowledge that ANZ does not provide any advice.
- 4. I understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply.
- 5. 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).
- 6. 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.
- 7. I will provide ANZ with any additional information and/or documentation as requested.
- 8. I have provided/will provide the applicable documents (eg. Power of Attorney / Form W).

Signature, Print name, Date

(Please also provide documentary evidence of the capacity to sign)