IDENTIFICATION FORM AUSTRALIAN COMPANIES



- GUIDE TO COMPLETING THIS FORM

 This form is for AUSTRALIAN COMPANIES only. For companies incorporated outside of Australia use the FOREIGN COMPANIES IDENTIFICATION FORM.
- Complete one form for each company.

 Complete separate INDIVIDUAL ID Forms for each of the company's Beneficial Owners.
- Tax information must be collected from an authorised representative of the Company Complete all applicable sections of this form in BLOCK LETTERS.

| SE | CTION 1: AUSTRALIAN COMP | ANY IDENTIFICA | IION PROCEDURE | |
|--------------------|---|------------------------------------|-------------------------------------|----------------------|
| 1.1 G | eneral Information | | | |
| Full nar | ne as registered by ASIC | | | |
| ACN | 10 40 10900104 5971010 | | | |
| | | | | |
| Registe Street | red office address (PO Box is NOT acceptable) | | | |
| Suburb | | State | Postcode | Country |
| Principa Street | al place of business (if any) (PO Box is NOT acceptable) | | | |
| Suburb | | State | Postcode | Country |
| Compa | nies incorporated outside of Australia should complete | the FOREIGN COMPANIES IDE | ENTIFICATION FORM, rather than this | form. |
| 1.2 C | company Type (select ✓ only ONE of the follow | ring categories) | | |
| | roprietary (companies whose name ends with Propublic (companies whose name does not include the v | | | |
| 1.3 D | irectors (Required for all Proprietary Companies | as per 1.2, NOT required for Pub | lic Companies) | |
| Provide | the names of all directors. | | | |
| Full G | Given / Entity name(s) | Sı | urname | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| If the | re are more directors, provide details on a separate sh | eet and tick this box | | |
| 1.4 L | isting and Regulatory Details (Select ✓ | any of the following categories i | if applicable) | |
| | Australian Public Listed company (companies that | are listed on an Australian financ | cial market such as the ASX) | Proceed to Section 2 |
| | Name of market / exchange | | | |
| | Majority Owned Subsidiary of an Australian Public Australian company that is listed on an Australian fina | | nat are majority owned by an | Proceed to Section 2 |
| | Australian listed company name | | | |
| | Name of market / exchange | | | |
| | Regulated company (subject to the supervision of a that provided by ASIC as a company registration body (AFSL); Australian Credit Licensees (ACL); or Registr | y. Examples include Australian Fir | nancial Services Licensees | Proceed to Section 2 |
| | Regulator name | | | |
| | Licence 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 companies, majority owned by an Australian Public Listed company or Regulated Companies as per 1.4.

Are there any individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings)?

Yes (Complete 1.5.1) No (Complete 1.5.2)

1.5.1 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 separate individual customer ID Forms for each of these individuals.

| Full Given / Entity 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 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).

Complete separate individual customer ID Forms for each of these individuals.

| Full given name(s) | | Surname | Role (such as Managing Director) |
|--------------------|---|---------|----------------------------------|
| | | | |
| | | | |
| | _ | | |
| | | | |
| | | | |
| | | | |

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 or on the next page (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

Other (describe the company's FATCA status in the box provided)

If the company is a Financial Institution, please proceed to section 3 to complete the form.

Australian Public Listed Company, Majority Owned Subsidiary of an Australian Public Listed company or Australian Registered Charity (Public listed companies or majority owned subsidiaries of Australian listed companies as per 1.4 that are not Financial Institutions as described above or a company that is an Australian Registered Charity)

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

Section 2.1 continues on the next page

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2.1 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 Beneficial C | Owners (| (Individuals) | |
|--------------------------|----------|---------------|--|
|--------------------------|----------|---------------|--|

Are any of the company's Beneficial Owners tax residents of countries other than Australia?

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 (unless already provided in section 1.5).

Full given name(s)

Surname

Role (such as Managing Director)

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Beneficial Owner (unless already provided in section 1.5).

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

Please proceed to section 2.3 (Country of Tax Residency).

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 other 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.

1CountryTINIf no TIN, list reason A, B or C2CountryTINIf no TIN, list reason A, B or C3CountryTINIf no TIN, list reason A, B or C

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

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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.

Standard verification procedure

Information to be verified:

- The full name of the company as registered by ASIC
- · Whether the company is registered as a proprietary or a public company
- The names of each director and company secretary

| Tick √ | Verification options (select one of the following options used to verify the Company) | | | |
|--------|--|--|--|--|
| | A current (within the preceding 12 months) historical company information Company Extract from the ASIC Connect website, that clearly identifies the information to be verified. | | | |
| | A current (within the preceding 12 months) annual company statement issued by ASIC, that clearly identifies the information to be verified. | | | |

Simplified verification procedure for an Australian Public Listed company, a Majority Owned Subsidiary of an Australian Public Listed company or a Regulated company (as described in section 1.4 of this form)
Information to be verified:

- The full name of the company
- That the company is an Australian Public Listed company, a Majority Owned Subsidiary of an Australian Public Listed company or a Regulated company (whichever is applicable).

| Tick ✓ | Verification options (select one or more of the following options used to verify the Company) | | |
|--------|--|--|--|
| | 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 relevant Commonwealth, State or Territory statutory regulator. | | |
| | A public document issued by the relevant company. | | |

IMPORTANT NOTE

- → Ensure that individual customer ID Forms have been provided for the Company's Beneficial Owners as per 1.5 AND
- → Attach a legible certified copy of the ID documentation used to verify the company 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

| ID DOCUMENT | Document 1 | | | Document 2 (if required) | | | |
|--------------------------------|------------------|----------|----------------|--------------------------|----------|----------------|--|
| Verified From | Performed search | Original | Certified copy | Performed search | Original | Certified copy | |
| Document Issuer / Website | | | | | | | |
| Document Type / Search details | | | | | | | |
| 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 Licensee Name AFSL No.

Representative/ Employee Name Phone No.

Signature Date Verification Completed

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