



Tax Residency Self Certification Form Entities

Please complete this form in full in black or blue pen using CAPITAL LETTERS and **X** where appropriate.

Please note: ALL SECTIONS of this form need to be completed.

If a box or section does not apply, please place N/A or NOT APPLICABLE in that box rather than leaving it blank.

Reference no.

Customer (Entity) name

The Customer name is correct Yes No

Principal address of business

Country

State

Postcode

The Principal address is correct Yes No

My main business activity is

Is the entity a Public Company or an Australian Registered Charity? Yes No

Is the entity a Compliant Super Fund Trust? Yes No

(Includes self-managed super funds, employer sponsored funds, industry funds and public funds)

Section A FATCA TAX INFORMATION (U.S.)

1) Is the entity incorporated or organised in the U.S.? Yes No

If you answered Yes to question 1, please provide the entity's U.S. Employer Identification Number (EIN) and go to section B.

2) Is the entity a non-U.S Financial Institution? Yes No

This includes a custodial or depository institution, an investment entity or a specified insurance entity for FATCA purposes. If the entity is a trustee documented trust, please provide the name and Global Intermediary Identification Number (GIIN) of the trustee.

If you answered Yes to question 2, please provide the entity's GIIN, FATCA classification and go to section B. If the entity does not have a GIIN, please provide an explanation and go to section B.

and FATCA classification

3) In the preceding calendar year, did the entity:

- a) Earn 50% or more of its gross income from investment sources*; and
- b) Hold 50% or more of its assets[^] to produce investment income; and
- c) Have U.S. citizens or U.S. residents as controlling persons (beneficial owners)?

Yes No

*Examples of investment income sources are dividends, rental income, interest, distributions, royalties and annuities.

[^] Examples of investment assets are shares, property and bonds

If you answered Yes to question 3, please also complete Section C.

Section B CRS TAX INFORMATION (ALL OTHER COUNTRIES)

4) Is the entity a resident of any other country for tax purposes? (Excluding Australia and the U.S.) Yes No

If you answered Yes to question 4, please provide the name of each country and a Taxpayer Identification Number (TIN) or functional equivalent for each country

| Country | TIN |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

If you cannot provide the TIN, please provide a reason:

| Country | Reason |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Reason codes:

- A - Country doesn't issue TINs
- B - I don't have a TIN (please provide explanation)
- C - It is not mandatory to disclose a TIN for this country

5) In the preceding calendar year, did the entity:

- a) Earn 50% or more of its gross income from investment sources*; and
- b) Hold 50% or more of its assets^ to produce investment income?

Yes No If you answered No, go to Section D.

*Examples of investment income sources are dividends, rental income, interest, distributions, royalties and annuities.

^Examples of investment assets are shares, property and bonds

6) Does the entity have any Controlling Person who is a resident of any country, other than Australia, for tax purposes?

(Note: U.S. tax residents include U.S. citizens)

A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling 25% or more of the shares in the company. For a Trust, this includes Trustees, Settlers or Beneficiaries. For a partnership, this includes any partners.

Yes No If you answered No, go to Section D.

If you answered Yes to both questions 5 and 6, please proceed to complete Section C.

Section C CONTROLLING PERSONS

Controlling Person 1

| Full given name(s) | Surname |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Residential address (PO Box is NOT acceptable)

| | | |
|----------------------|-------|----------|
| <input type="text"/> | | |
| Country | State | Postcode |

Please provide country and the Taxpayer Identification Number (TIN):

| Country | TIN |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

If you cannot provide the TIN, please provide a reason:

| Country | Reason |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Reason codes:

- A - Country doesn't issue TINs
- B - I don't have a TIN (please provide explanation)
- C - It is not mandatory to disclose a TIN for this country

Controlling Person 2

Full given name(s)

Surname

Residential address (PO Box is NOT acceptable)

Country

State

Postcode

Please provide country and the Taxpayer Identification Number (TIN):

Country

TIN

If you cannot provide the TIN, please provide a reason:

Country

Reason

Reason codes:

A - Country doesn't issue TINs

B - I don't have a TIN (please provide explanation)

C - It is not mandatory to disclose a TIN for this country

Controlling Person 3

Full given name(s)

Surname

Residential address (PO Box is NOT acceptable)

Country

State

Postcode

Please provide country and the Taxpayer Identification Number (TIN):

Country

TIN

If you cannot provide the TIN, please provide a reason:

Country

Reason

Reason codes:

A - Country doesn't issue TINs

B - I don't have a TIN (please provide explanation)

C - It is not mandatory to disclose a TIN for this country

If there are more than three Controlling Persons, provide the details of additional Controlling Persons on a separate sheet.

Section D CUSTOMER DECLARATION (To be completed by an authorised representative of the Entity, such as a Director, Trustee, Partner etc.)

I undertake to advise NAB within 30 days of any change in circumstances that affects my tax residency status and to provide NAB with an updated self-certification within 30 days of such change in circumstances.

Representative name

Role (Company Director, Trustee, etc.)

Signature

Date

If you've got any questions, please contact our team on **1300 406 603** (+61 2 8908 6150 from overseas), or email us at taxid@nab.com.au