

Reference no.	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.		
Customer (Entity) name Customer name is correct Yes No Principal address of business Country State Postcode Country No State Postcode Country Post Post Post Post Post Post Post Post			
The Customer name is correct Yes No Principal address of business	Reference no.		
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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 Complant Super Fund Trust? Yes No Is the entity a Complant 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.) In the entity incorporated or organised in the U.S.? Yes No 1) Is the entity a non-U.S Financial Institution? Yes No Includes self-manage entity for FATCA purposes. If the entity is a trustee documented trust, 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 entity's GIIN, FATCA classification 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. and FATCA classification	Customer (Entity) name		
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	Yes 🗌 No 🗌		
*Examples of investment income sources are dividends, rental income, interest, distributions, royalties and annuities.	*Examples of investment income sources are dividends, rental income, interest, distri	ibutions, royalties and annuities.	

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
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

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, Settlors 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
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	

Carden II'r o Donae a	
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 (<i>please provide explanation</i>) 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 (<i>please provide explanation</i>) C - It is not mandatory to disclose a TIN for this country 	
If there are more than three Controlling Persons, provide the details of add	itional 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 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 103 191 (+61 3 8903 9907 from overseas), or email us at crs.due.diligence@nab.com.au