

## Confirmation Of Tax Information - Entities

## **GUIDE TO COMPLETING THIS FORM**

- This form is required for any entity that is required to confirm:
- a) Its FATCA status (FATCA = Foreign Account Tax Compliance Act),
- b) Its CRS status (CRS = Common Reporting Standard), or
- c) Whether it or any of its controlling persons are foreign tax residents.
- An entity can be a company, trust, partnership, association, registered co-operative or government body.
- Complete one form for each entity. Complete all applicable sections of this form in BLOCK LETTERS.
- Tax information must be collected from an authorised representative of the entity
- Contact your licensee if you have any queries.

tered address or principal place of business (PO Box is not acceptable) t rb State try	ACN or other registration number  Postcode
t State	
t State	
rb State	Postcode
	Postcode
try	
ION 2: TAX INFORMATION	
ax Status	
$\checkmark$ one of the Tax Status boxes below (if the entity is a Financial Institution, $\mu$	please provide all the requested information belov
nancial Institution (A custodial or depository institution, an investment entity or a sp	pecified insurance company for FATCA / CRS purposes
ovide the entity's Global Intermediary Identification Number (GIIN), if applic	cable
the entity is a Financial Institution but does not have a GIIN, provide its FAT	TCA status (select ✓ONE of the following statuse
Deemed Compliant Financial Institution Excepted Financ	sial Institution Exempt Beneficial Owner
Non Reporting IGA Financial Institution (If the Entity is a Trustee-Docume	•
]	
Non-participating Financial Institution  US Financial Institution	
Other (describe the FATCA status in the box provided)	
· · · ·	
LEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTE The Financial Institution an Investment Entity located in a Non-Participating	
nancial Institution?	g cho dundalonon and managed by another
Yes No	
<b>Yes</b> , proceed to section 2.2 (Foreign Controlling Persons). If No, Please go	to section 3 to complete the form.
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SECTION 2: TAX INFORMATION (continued	1)			
	ned Subsidiary of a Public Listed Compa ian Registered Charity or Deceased Esta roceed to section 3 to complete the form.			
period, less than 50% of their gross incomed assets held produced passive income. 'Standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Automatic Exchange of Final Control of the standard for Exchange of the standard for Exchan	ncial Entity (NFE) (Active NFEs include ent ne was passive income (e.g. dividends, into For other types of Active NFEs, refer to Se ancial Account Information' at www.oecd.o ve NFE, please proceed to section 2.3 (Con	erests and royalties) and less than 50% ection VIII in the Annexure of the OECD rg.)		
Other (Entities that are not previously list	ed – Passive Non-Financial Entities).			
Please proceed to section 2.2 (Foreign Controlling Persons).				
2.2 Foreign Controlling Persons (Individuals	s)			
Does the entity have any Controlling Persons'		nan Australia? Yes No		
*A Controlling Person is any individual who direct beneficial owners controlling more than 25% of For a partnership this includes any partners.	ctly or indirectly exercises control over the er	ntity. For a company, this includes any		
Tax Residency rules differ by country. Whether amount of time a person spends in a country, t as a result of citizenship or residency.				
If <b>Yes</b> , please provide the details of these indi Controlling Person (unless already provided a	s Beneficial Owner).			
Full given name(s)	Surname	Role (such as Managing Director)		
If there are more Controlling Persons, provide	details on a separate sheet and tick this b	ox 🗔		
2.3 Country of Tax Residency				
Is the entity a tax resident of a country other t	:han Australia?	Yes No		
If Yes, please provide the entities' country of tax residence and tax identification number (TIN) or equivalent below. If the entity is a				
tax resident of more than one other country, p	please list all relevant countries below.			
If No, please proceed to section 3 to complete	e the form.			
A TIN is the number assigned by each country in Australia or an Employer Identification Number B or C) for not providing a TIN.				
1. Country	TIN	If no TIN, list reason A, B or C		
2. Country	TIN	If no TIN, list reason A, B or C		
3. Country	TIN	If 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 entity has not been issued with				
Reason C. The country of tay residency does	not require the TIN to be disclosed			

## **SECTION 3: DECLARATION**

## Important note:

Date

· Complete the Declaration section below

By completing and signing this declaration I certify that:

- All answers to questions, declarations and all information supplied by me or on my behalf in relation to this application is true
  and correct;
- I will promptly advise 'the Bank' if any information supplied changes;
- I am authorised by, and have the consent of, the entity & any Beneficial Owners to provide the information;
- The entity and any Beneficial Owners are aware that information about them and the account may be provided to the relevant tax authorities.

ENTITY DECLARATION (To be completed by an authorised representative of the entity, such as a director or Trustee)		
Representative Name		
Capacity (Company Director, Trustee, etc.)		
Signature		

Please mail this form to: **Comminsure**, PO Box 320 Silverwater NSW 2128

Contact phone number: 1800 624 100 or + 61 2 9745 0905 between 8.30am and 6.00pm, Monday to Friday (Sydney time).