

IDENTIFICATION FORM FOREIGN COMPANIES



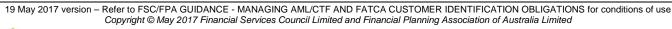
GUIDE TO COMPLETING THIS FORM

- o This form is for FOREIGN COMPANIES only. For companies incorporated in Australia use the AUSTRALIAN COMPANIES IDENTIFICATION FORM.
- o Complete one form for each Company.
- o 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
- o Complete all applicable sections of this form in BLOCK LETTERS.

SEC	SECTION 1: FOREIGN COMPANY IDENTIFICATION PROCEDURE									
1.1	1.1 General Information									
Full	Full name of foreign Company									
Cour	Country of formation / incorporation / registration									
	Select ✓	if registered	by a foreign body and pr	ovide name of	body					
Comp	anies inc	corporated in Au	ustralia should complete the	AUSTRALIAN (COMPANI	ES IDENTIFIC	ATION FORM,	rather than this	form.	
1.2	.2 Is the Company registered with ASIC? (select ✓ ONE of the following)									
	Yes	Provide AR	BN							
		Provide EIT	HER D principal place	e of business a	ddress ir	n Australia O	R □ Austra	lian agent nar	ne and add	ress details (Tick one box)
		Address (Po	O Box is NOT acceptable)					-		
		Street								
		Suburb			State		Postcode		Country	
		Name of loc	cal agent in Australia							
	No		mpany identification num istration body	ber (if any) iss	ued by th	ne				
		Principal pla	ace of business in the Co	mpany's coun	try of for	mation or inco	orporation (P	O Box is NOT a	cceptable)	
		Street					1			
		Suburb			State		Postcode		Country	
1.3	1.3 Registered Address of Company									
				ASIC. If the Co	ompany i	s NOT regist	ered with AS	C, provide the	e registered	address in the country of
	ormation, incorporation or registration (if any). Street									
		Suburb			State		Postcode		Country	
1.4	Compa	nv Tvne (sel	ect √ only ONE of the fo	llowing catego	ries)					
		e, proceed to	-	g catogo						
		•								
_	☐ Public, proceed to 1.6									
	1.5 Directors (Required for all Private Companies as per 1.4, NOT required for Public Companies) Provide the names of all directors.									
	Full given name(s) Surname									
1										
2										
3						J				
4			etors provide details on				1			

DENTIFICATION FORM	FOREIGN COMPANIES
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1.6	Listing and Regulatory Details (select ✓	any of the following cate	gories if appli	cable)				
	Ownership comparable to similar public lis	ct to disclosure requirements that ensure transparency of Beneficial sting requirements in Australia. Refers to listing on a financial market that ble means promotes transparency of beneficial owner information.)						
	Name of market / disclosure regime							
	Country							
	Majority Owned Subsidiary of an Austra Australian Company that is listed on a final			s that are majority owned by an				
	Australian listed Company name							
	Name of market / exchange							
	Regulated in Australia (subject to the suregulator beyond that provided by ASIC as Services Licensees (AFSL); Australian CreLicensees).	s a Company registration bo	ody. Examples	include Australian Financial				
	Regulator name							
	Licence details (e.g. AFSL, ACL, RSE)							
If any	of the above are ticked, Proceed to Section	nn 2						
1.7 To be regul	Beneficial Ownership e completed for all companies that are not l lated in Australia as per 1.6	Public Listed companies, ma	ajority owned b	ny an Australian Public Listed Comp	pany or companies			
Δrot	here any individuals who ultimately own 25	% or more of the Company's	e ieeuad ehara	canital (through direct or indirect sl	hareholdings\?			
Yes	<u> </u>	ete 1.7.2)	s issued silale	capital (through direct of mallect si	narenoluligs):			
165	☐ (Complete 1.7.1) No ☐ (Complete	ete 1.7.2)						
1.7.1	Shareholder Beneficial Owners							
Provi	de the names of the individuals who ultima	tely own 25% or more of the	e Company's is	sued share capital (through direct o	or indirect shareholdings)			
	plete separate individual customer ID Fo	-		oudu dharo daphar (imough amout i	or manoot onaronolamgo).			
Full	Full given name(s) Surname							
l								
If bei	neficial owner name/s are provided above, p	proceed to section 2.						
1.7.2	Other Beneficial Owners							
If the	re are no individuals who meet the requirer	nent of 1.7.1, provide the na	ames of the ind	lividuals who directly or indirectly co	ontrol* the Company.			
arran	udes exercising control through the capacit gements, understanding & practices; voting aging official/s of the Company (such as the	g rights of 25% or more; or p	power of veto.	If no such person can be identified	then the most senior			
Com	plete separate individual customer ID Fo	orms for each of these ind	lividuals.					
Full	given name(s) Surname			Role (such as Managing Director	r)			
It the	re are more Beneficial Owners, provide det	ails on a separate sheet an	a tick this box	∟				







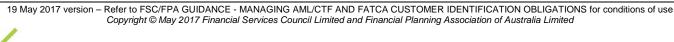
IDENTIFICATION FORM FOREIGN COMPANIES

SECTION 2: TAX INFORMATION

Proceed to section 2.3.

Collection of tax status in accordance with United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

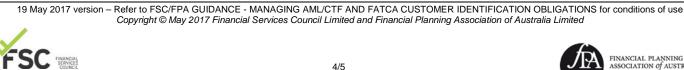
2.1	Tax Status						
Tick	✓ one of the Tax Status boxes below (if the Company is a Financial Institution, please provide all the requested information below)						
	A Financial Institution (A custodial or depository institution, an investment entity or a specified insurance Company for FATCA / CRS purposes)						
	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)						
	d Compliant Financial Institution						
	Excepted Financial Institution						
	Exempt Beneficial Owner						
	☐ Non Reporting IGA Financial Institution						
	☐ Nonparticipating Financial Institution						
	☐ US Financial Institution						
	☐ Other (describe the company's FATCA status in the box provided)						
	PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS						
	Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?						
	Yes No						
	If Yes, proceed to section 2.2 (Foreign Beneficial Owners). If No, Please go to section 3 to complete the form.						
	CRS Participating Jurisdictions are on the OECD website at http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction .						
	A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank						
	If the Company type is listed above, please proceed to section 3 to complete the form.						
	A Charity or 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 a charity or 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 Owners (Individuals)						
Does	s the Company have any Beneficial Owners who are tax residents of countries other than Australia?						
	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 rry, 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.						
	s, please provide the details of these individuals below and complete a separate Individual Identification Form for each Beneficial Owner (unless dy provided in section 1.7).						
Full	given name(s) Surname Role (such as Director or Senior Managing Official)						
If the	re are more Beneficial Owners, provide details on a separate sheet and tick this box						





DENTIFICATION FORM	FOREIGN COMPANIES
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2.3 Cou	ntry of Tax Residency								
Is the Cor	mpany a tax resident of a country other than Australia? Yes \square No \square								
	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, plea	f No, please proceed to section 3 to complete the form.								
	IN 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 ntification 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.								
1. C	ountry TIN If no TIN, list reason A, B or C								
2. C	ountry TIN If no TIN, list reason A, B or C								
3. C	ountry TIN If no TIN, list reason A, B or C								
If there are	e more countries, provide details on a separate sheet and tick this box								
Reason	The country of tax residency does not issue TINs to tax residents The Company has not been issued with a TIN The country of tax residency does not require the TIN to be disclosed								
SECTIO	ON 3: FOREIGN COMPANY VERIFICATION PROCEDURE								
verificatio verificatio	Identification documentation is to be provided to verify the information listed in one of the verification procedure described below (either the standard verification procedure for companies registered with ASIC, the standard verification procedure for companies not registered with ASIC or the simplified verification procedure for Public Listed companies, Majority Owned Subsidiaries of Australian Public Listed companies or companies regulated in Australia as described in section 1.6 of this form).								
	Standard verification procedure for Foreign Companies registered with ASIC Information to be verified:								
	ull name of the Company as registered by ASIC								
	The ARBN issued to the Company								
	Verification options (select one of the following options used to verify the Company) □ Perform a search of the relevant ASIC database.								
	Perform a search of the relevant foreign registration body.								
	If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certification of registration								
Standard verification procedure for Foreign Companies NOT registered with ASIC Information to be verified: The full pages of the Company.									
o Wheti	Whether it is registered by a foreign registration body and if so whether it is registered as a private or public Company								
Tick ✓	Verification options (select one of the following options used to verify the Company)								
	Perform a search of the relevant foreign registration body.								
	If the foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by the relevant foreign registration body. *								
	Where the above means are unavailable, a disclosure certificate from the Company given by an individual acting as agent of the Company (where the agent has been verified). See your licensee for other disclosure certificate requirements.*								



(where the agent has been verified). See your licensee for other disclosure certificate requirements. *



IDENTIFICATION FORM FOREIGN COMPANIES

Simplified this form)	verification procedure for a regulated Company, a listed Company or a majority owned subsidiary of an Australian listed Company (as described in section 1.6 of
Information	to be verified:
o The f	full name of the Company
o That	the Company is a regulated Company, a listed Company or a majority owned subsidiary of an Australian listed Company (whichever is applicable)
Tick ✓	Verification options (select one of the following options used to verify the Company)
TICK V	verification options (select one of the following options used to verify the Company)
	Perform a search of the relevant financial market.
	Perform a search of the relevant ASIC database

IMPORTANT NOTE:

→ Ensure that individual customer ID Forms have been provided for the Company's Beneficial Owners as per 1.7 AND

Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator.

- → Attach a legible certified copy of the ID documentation used to verify the Company (and any required translation) 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

SECTION 4: RECORD OF VERIFICATION PROCEDURE

A public document issued by the Company. *

ID DOCUMENT DETAILS	Document 1			Document 2 (if require	red)		
Verified From	☐ Performed search	☐ Original	☐ Certified copy	☐ Performed search	☐ Original	☐ Certified copy	
Document Issuer / Website							
Public Document Type							
Issue date / Search date							
Accredited English Translation	□ N/A	☐ Sighted		□ N/A	☐ Sighted		
Dy completing and signing this Decord of Verification Dropodure I declare that							

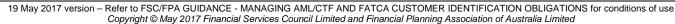
By completing and signing this Record of Verification Procedure I declare that:

- 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) and

•	the tax information provided is	reasonable considering	the documentation	provided.

AFS Licensee Name	AFSL No.	
Representative/ Employee Name	Phone No.	
Signature	Date Verification Completed	





^{*} Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.