

Instruction sheet

Completing the identification form for foreign companies

Identification and Verification

Anti-Money Laundering & Counter-Terrorism Financing laws require Colonial First State Investments Limited (CFSIL) to establish the identity of its clients (and other persons associated with a client's account). To do this, you need to complete the attached form and this instruction sheet will assist you in doing so.

Verifying the information

All documents are required to be verified; there are a number of ways this can occur:

- If you have an adviser they are able to verify documents on our behalf and will need to complete section 4 of the form.
- If you **do not** have an adviser, you will need to get the documents stated in section 3 of the form correctly certified (see section 'How do I get a document certified?') in order for CFSIL to verify them on your behalf. Please then send the certified documents along with your completed identification form to us.

What do I need to complete?

The below table provides you with a guide to which sections you need to complete as identified by a tick (\checkmark) and also provides a brief explanation of each of the sections. Where a cross (\times) appears you do not need to complete this section.

Will documents in a language other than English be accepted?

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

How do I get a document certified?

To be correctly certified, we need the documents to be certified as 'True copy of the original document' and signed by a:

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

The party certifying the ID document(s) will also need to state what position they hold and sign and date the document(s). If the certification does not appear on the document(s), you may be asked to send in new certified documents. There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at cfs.com.au.

Sec	tion	
1	Foreign Company Identification Procedure	
1.1	General information	✓
1.2	Is the foreign company registered with ASIC?	\checkmark
1.3	Registered address of Company	\checkmark
1.4	Company Type	\checkmark
1.5	Directors	Complete Section 1.6 only if the Company is 'Proprietary'.
1.6	Listing and Regulatory Details	✓
1.7	Beneficial ownership	\checkmark
		Complete Section 1.7 if the Company is 'Proprietary' (as selected in Section 1.5).
2	Tax information	\checkmark
3	Foreign Company Verification Procedure	×
		Colonial First State Investments Limited (CFSIL) will perform the Foreign Company verification procedure. However if we cannot access the information to complete this procedure we may ask you to provide us with further information.
		Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator (eg a translator from a Commonwealth or State Government Department providing an accredited translation service).
4	Record of verification Procedure	✓
		If you have an adviser they will need to complete this section on your behalf.
		If you do not have an adviser, CFSIL will complete this section on your behalf once we have verified your certified documents.



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.
- o Tax information must be collected from an authorised representative of the Company
- o Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: FOREIGN COMPANY IDENTIFICATION PROCEDURE

1.1	General	Information	n								
Full	name of f	foreign Com	pany								
Cou	Country of formation / incorporation / registration										
	Select ✓ if registered by a foreign body and provide name of body										
Com	panies inco	orporated in A	ustralia	should complete th	e AUSTRALIAN (COMPANIE		ATION FORM	, rather than this	s form.	
1.2	Is the Co	ompany reg	gistere	ed with ASIC? (s	elect ✓ ONE of a	the follow	ing)				
	Yes	Provide AR	BN [
		Provide EIT	THER	principal place	ce of business a	ddress in	Australia O l	R 🗌 Austra	lian agent nar	me and addr	ress details (Tick one box)
		Address (PG	O Box i	s NOT acceptable)							
		Street									
		Suburb				State		Postcode		Country	
		Name of loc	cal age	ent in Australia							
	No	Provide Cor relevant reg		/ identification nu on body	mber (if any) iss	ued by th	e				
		Principal pla	ace of	business in the C	Company's coun	try of forn	nation or inco	prporation (P	O Box is NOT a	cceptable)	
		Street									
		Suburb				State		Postcode		Country	
1.3	Register	red Address	s of C	ompany							
				as registered with tration (if any).	ASIC. If the Co	ompany is	NOT registe	ered with AS	IC, provide the	e registered	address in the country of
		Street									
		Suburb				State		Postcode		Country	
1.4	Compar	ıv Tvpe (sel	lect √	only ONE of the f	ollowing catego	ries)					
		, proceed to		,		,					
		proceed to									
				I Driveto Como	100 00 0 - 4 4 4		ired for Dut!	o Comercia			
1.5				<i>Il Private Compan</i> ectors	iles as per 1.4, 1	vor requ	irea for Publi	c Companies	s/		
	Provide the names of all directors. Full given name(s) Surname										
1			/								
2											
3											
	-										
3											

If there are more directors, provide details on a separate sheet and tick this box \Box .

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1.6 Listing and Regulatory Details (select ✓ any of the following categories if applicable)

Public Listed (companies that are subject to disclosure requirements that ensure transparency of Beneficial Ownership comparable to similar public listing requirements in Australia. Refers to listing on a financial market that by stock exchange rules, law or enforceable 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 fina	alian Public Listed Company (companies that are majority owned by an incial market such as the ASX)					
Australian listed Company name						
Name of market / exchange						
regulator beyond that provided by ASIC as	pervision of an Australian Commonwealth, State or Territory statutory s a Company registration body. Examples include Australian Financial edit Licensees (ACL); or Registrable Superannuation Entity (RSE)					
Regulator name						
Licence details (e.g. AFSL, ACL, RSE)						

If any of the above are ticked, Proceed to Section 2

1.7 Beneficial Ownership

To be completed for all companies that are not Public Listed companies, majority owned by an Australian Public Listed Company or companies regulated in Australia as per 1.6

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

Yes \Box (Complete 1.7.1) No \Box (Complete 1.7.2)

1.7.1 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 name(s)	Surname

If beneficial owner name/s are provided above, proceed to section 2.

1.7.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 1.7.1, 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)
		7

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

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SEC	CTION 2: TAX INFORMA	ATION					
Colle	ction of tax status in accordanc	e with United States Foreign Account Tax Complia	ance	e Act (FATCA) and Common Reporting Standard (CRS).			
2.1	Tax Status						
Tick	ick 🗸 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 cus	todial or depository institution, an investment entity or a s_i	pecit	fied insurance Company for FATCA / CRS purposes)			
	Provide the Company's Globa	I Intermediary Identification Number (GIIN), if appl	icab	le			
	If the Company is a Financial I	Institution but does not have a GIIN, provide its FA	TC	A status (select \checkmark ONE of the following statuses)			
	Deemed Compliant Finance	cial Institution					
	Excepted Financial Institut	lion					
	Exempt Beneficial Owner						
	□ Non Reporting IGA Finance	sial Institution					
	Nonparticipating Financial	Institution					
	US Financial Institution						
	□ Other (describe the compa	any's FATCA status in the box provided)					
	PLEASE ANSWER THE	QUESTION BELOW FOR ALL FINANCIAL	INS	STITUTIONS			
				Unisdiction and managed by another Financial Institution?			
	Yes 🗆 No 🗆						
	If Yes, proceed to section 2.2	2 (Foreign Beneficial Owners). If No, Please go to	sec	ction 3 to complete the form.			
	CRS Participating Jurisdictions a	re on the OECD website at <u>http://www.oecd.org/tax/autor</u>	natio	c-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 a	above, please proceed to section 3 to complete the	for	m.			
	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 <u>www.oecd.org</u> .) If the Company is a charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency).						
			and .				
	X I	ously listed – Passive Non-Financial Entities)					
2.2	Please proceed to section 2.2 Foreign Beneficial Owners (II	()					
2.2	Foreign benencial Owners (ii						
		icial Owners who are tax residents of countries oth					
		nether an individual is tax resident of a particular country in nce or place of work. For the US, tax residency can be as		en (but not always) based on the amount of time a person spends in a esult of citizenship or residency.			
	s, please provide the details of t dy provided in section 1.7).	these individuals below and complete a separate I	ndiv	vidual Identification Form for each Beneficial Owner (unless			
Full	given name(s)	Surname	_	Role (such as Director or Senior Managing Official)			
			_ 				

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

Proceed to section 2.3.

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2.3 Country of Tax Residency

Is the Company a tax resident of a country other than Australia? Yes \Box

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.

No 🗌

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.

1.	Country	TIN	
2.	Country	TIN	
3.	Country	TIN	

If no TIN, list reason A, B or C If no TIN, list reason A, B or C If no TIN, list reason A, B or C

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

SECTION 3: FOREIGN COMPANY VERIFICATION PROCEDURE

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 not 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 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:

• The full name of the Company as registered by ASIC

• The ARBN issued to the Company

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 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 issued by ASIC or by the relevant foreign registration body. *

Standard verification procedure for Foreign Companies NOT registered with ASIC

Information to be verified:

- The full name of the Company
- Whether it is registered by a foreign registration body and if so whether it is registered as a private or public Company
- the identification number issued to the 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. *

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FOREIGN COMPANIES

 Simplified 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 this form)

 Information to be verified:

 • The full name of the Company

 • 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)

 • Perform a search of the relevant financial market.

 • 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 Company. *

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

IMPORTANT NOTE:

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

ID DOCUMENT DETAILS	Document 1			Document 2 (if requir	ed)	
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	

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	

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