

ANNEXURE A – CONTROLLING PERSONS CERTIFICATION

PASSIVE NFE / OTHER RELEVANT ENTITY TYPE

Phillip Capital Limited ABN 14 002 918 247 AFSL 246827
 Phillip Capital Trading Pty Ltd ABN 68 066 066 911 AFSL 246796
 Together known as “PhillipCapital”

Please sign and return this form to settlements@phillipcapital.com.au or post to Attn: Settlements Department, Phillip Capital Limited, PO Box 628, Collins Street West, VIC 8007

1. Passive NFE / Other Relevant Entity Details

Name of Entity/Account Name _____

Indicate the TOTAL number of Controlling Persons for the Account Holder _____ Page of _____ Page
Please use one Annexure A for each Controlling Person

2. Controlling Person Details

Full Name of Controlling Person _____ Date of Birth (DD/MM/YYYY) _____

Town or City of Birth _____ Country of Birth _____

Full Residence Address (PO Box or in-care-of Address is not acceptable) _____
 State _____ Postcode _____ Country _____

Mailing Address (Complete if different from above) _____
 State _____ Postcode _____ Country _____

3. Controlling Person Tax Residence

- 3a. Is Australia your sole country of tax residence?
 Yes, I am ONLY a Tax Resident in Australia (now go to Section 4)
 No

- 3b. Are you a U.S Person for tax purposes?
 Note: US Citizens are considered to be Tax Residents of the US.
 Yes. Controlling Person’s U.S. country of residence and U.S Tax Identification Number must be provided in Section 3c.
 No

3c. Please complete this Section if Australia is NOT your sole country of tax residence.

I confirm that I have included below ALL countries in which I am Tax resident

Country of Tax Residence	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (If TIN is not provided)	Explanation (only if Reason Code is “B”)
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

Reason Codes:

- A – TIN Not Issued (The Country does not issue TIN)
 B – TIN Unobtainable (I am unable to obtain a TIN). Please provide an explanation.
 C – TIN Not Required (The Country does not require collection of a TIN)

Please select the box/es to select the role types that are relevant to you		<input type="checkbox"/> Controlling Person	<input type="checkbox"/> Beneficiary Type
Legal Person	<input type="checkbox"/> By ownership	<input type="checkbox"/> By other means	<input type="checkbox"/> Senior Managing Official
Legal Arrangement - Trust	<input type="checkbox"/> Settlor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Protector <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other
Legal Arrangement – Non-Trust	<input type="checkbox"/> Settlor Equivalent	<input type="checkbox"/> Trustee Equivalent	<input type="checkbox"/> Protector Equivalent <input type="checkbox"/> Beneficiary Equivalent <input type="checkbox"/> Other Equivalent

4. Declaration and Signature

I certify that:

- I am the Controlling Person(s);
- I have obtained the necessary consent and authorise disclosure and use of the information provided in this Self-Certification (including Annexure A to this Certification);
- I have consulted an independent party where necessary and acknowledge that PhillipCapital has not provided any tax advice;
- I acknowledge that PhillipCapital may provide information in this certificate to the Australian Tax Office (ATO) and that ATO may exchange the information with foreign tax authorities;
- I will notify PhillipCapital of any changes to any information (including TIN changes) within 30 days of the change occurring by providing PhillipCapital a new Self-Certification Form;
- I have provided true, correct and complete information, and, if requested, I will provide PhillipCapital any additional information or documentation; AND
- I understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply.

Controlling Person

Signature: _____

Full Name: _____

Date:(DD/MM/YYYY) _____

NOTE: For multiple Controlling Persons, each Controlling Person must complete a separate Self-Certification Form.

Please note that digital signatures are NOT accepted