

COMMON REPORTING STANDARD (CRS) & FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

SELF-CERTIFICATION FORM – ENTITY

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

Before completing this form:

- This form is for Entity Account Holders (those who are not Individuals).
- If in doubt, obtain tax or legal or other professional advice before you complete and sign this Self-Certification form.
- Where applicable, the Entity must complete **Annexure A Passive NFE/Other Relevant Entity Type – Controlling Persons Certification**

Why this form must be completed:

Australia has enacted laws committing to global standards on the automatic exchange of financial account information commonly known as the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).

Under these laws, financial institutions must identify where an account holder is a resident for tax purposes, and report information about financial accounts of foreign tax residents to the Australian Taxation Office (ATO). Tax authorities in participating countries may then exchange this information with each other. The purpose is to give participating nations transparency about the financial assets that their residents hold offshore.

If we don't receive your form:

As we are bound by the legislation, we may be required to treat you as a tax resident in a country outside of Australia (even if you aren't) and report the relevant details to the ATO.

Where to find more information:

- ATO website- www.ato.gov.au/crs
<https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-information---crs-and-fatca/>
- Internal Revenue Service at <https://www.irs.gov/>.
- OECD website- <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm> See the CRS and FACTA FAQs

1. Account Holder Details

Name of Entity			
Account Designation <i>(If Applicable)</i>			
Account Number		Country of incorporation or establishment	
Regulatory Authority		Company Registration Number	
Registered Office Address <i>(PO Box or in-care-of Address is not acceptable)</i>			
	State	Postcode	Country
Mailing Address <i>(Complete if different from above)</i>			
	State	Postcode	Country

2. Entity Account Holder Type. Please select ONE of the following

- Non-Financial Entity. Go to Section 2(a)
- Exempt Entity. Go to Section 2(b)
- Financial Institution. Go to Section 2(c)

2(a) Non-Financial Entity

Please select ONE applicable option across (i) OR (ii) and go to Section 3.

(i) Active NFE

- Active NFE (by income/asset): During the preceding calendar year or other appropriate reporting period, the Entity
 - Derived less than 50% of its gross income from passive sources; AND
 - Held less than 50% of assets that produced or were held for production of passive income
- Holding Company or Treasury Centre (that is a member of a non-financial group)
- Start-Up Company
- Entity in Liquidation or Bankruptcy
- Tax exempt Non-Profit Organisation

(ii) Passive NFE

- Passive NFE

Complete Annexure A and all of this form.

If the Entity meets a FATCA status/Exemption not provided for on this Self-Certification, please provide the relevant form W.

2(b) Exempt Entity

If the qualifying conditions are met, please select ONE applicable option and go to Section 5.

- Publicly Traded NFE
 - A Corporation that is not an FI, AND the stock of which is regularly traded on an Established Stock Exchange
 - Security Code: _____ Stock Exchange Name: _____
- Related Entity of Publicly Traded NFE
 - Provide the name of the Related Publicly Traded NFE: _____
 - Stock Exchange Name: _____
- Central Bank
- Government Entity
- International Organisation
- Entity wholly owned by a Central Bank, Government Entity or International Organisation

2(c) Financial Institution (FI)

Please complete the Entity CRS FI status and FATCA FI or Foreign FI (FFI) status below and go to Section 5.

CRS Status

- Depository/Custodial Institution or Specified Insurance Company
- Investment Entity – Other
- Managed Investment Entity

If Entity is NOT tax resident in a Participating CRS country, please complete Annexure A and the rest of the form including Section 3.

FATCA Status

Where the Entity has a GIIN

Entity Global Intermediary Identification Number (GIIN) _____

- | | |
|--|--|
| <input type="checkbox"/> Reporting Model 1 FFI | <input type="checkbox"/> Reporting Model 2 FFI |
| <input type="checkbox"/> Registered Deemed Compliant FFI | <input type="checkbox"/> Participating FFI |
| <input type="checkbox"/> Trustee Documented Trust | <input type="checkbox"/> Sponsored FFI |

Where the Entity do NOT has a GIIN

- | | |
|--|--|
| <input type="checkbox"/> Pension/Retirement/Super Fund (meets FATCA exemption requirements) | |
| <input type="checkbox"/> Non-Reporting IGA FFI | <input type="checkbox"/> Non-Participating FFI |
| <input type="checkbox"/> United States FI | <input type="checkbox"/> Territory FI |
| <input type="checkbox"/> Owner Documented FFI (Provide Form W-8) | |
| <input type="checkbox"/> Other FI/Certified Deemed Compliant FFI – provide FATCA status: _____ | |

3. Entity Account Holder Tax Residence

3a. Is Australia the Entity's sole country of tax residence?

- Yes, the Entity is ONLY a Tax Resident in Australia (now go to Section 4)
- No

3b. Is the Entity a U.S Person for tax purposes?

Note: US Citizens are considered to be Tax Residents of the US.

Yes. Account Holder's U.S. country of residence and U.S Tax Identification Number must be provided in Section 3c. Please provide your "Exemption form FATCA Reporting Code" as per IRS Form W-9 (if applicable) US Taxpayer Identification Number (TIN): _____

Exemption from FATCA Reporting Code: _____

No

3c. Please complete this section if Australia is NOT the sole country of tax residence of the Entity.

The Entity has no residency for tax purposes and its place of effective management or jurisdiction in which its principal/ registered office is located in: _____

I confirm that have included below all the countries in which the Entity is 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)

4. Declaration and Signature

I/We certify that:

- I/We am authorised to sign for the Account Holder or am a Controlling Person(s) of the Account;
- I/We have obtained the necessary consent and authorisation to allow disclosure and use of the information provided in this Self-Certification (including Annexure A to this Certification);
- I/We have consulted an independent party where necessary and acknowledge that PhillipCapital has not provided any tax advice;
- I/We 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/We 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/We have provided true, correct and complete information, and, if requested, I/We will provide PhillipCapital any additional information or documentation; AND
- I/We understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply.

Sole Director / Director (1)

Director (2) / Secretary

Signature(s): _____

Full Name(s): _____

Date(s):(DD/MM/YYYY) _____

Please note that digital signatures are NOT accepted