

GUIDE TO COMPLETING THIS FORM

- Complete the following in **BLOCK LETTERS**
- Contact Schroders if you have any queries.

SECTION 1: FOREIGN COMPANY DETAILS (to be completed if the company is a Foreign Company)

1.1 General Information

Full name of foreign company

Country of formation / incorporation / registration

Select if registered by a foreign body and provide name of body

Nature of business

1.2 Is the foreign company registered with ASIC? (select ONE of the following)

Yes Provide ARBN

Provide **EITHER** principal place of business address in Australia **OR** local agent name and address details (Tick one box)

Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Name of local agent in Australia

No Provide company identification number (if any) issued by the foreign registration body

Principal place of business in the company's country of formation or incorporation (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

1.3 Registered Address of Company

Provide the registered address as registered with ASIC. If the company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Street

Suburb State Postcode Country

1.4 Regulatory/ Listing Details (select each of the following categories that apply to the company & provide the information requested)

Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details

Listed as defined in the IFSA/FPA Guidelines

Name of market / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market / exchange

1.5 Company Type (select only ONE of the following categories and provide any information requested)

- Public - Listed** The form is now complete.
- Public - Unlisted** Go to Section 1.7 below.
- Private/Proprietary** Go to Section 1.6 below.
- Other** Go to Section 1.6 below.

1.6 Directors (complete for all companies other than public or listed companies)

How many directors are there? provide full name of each director below

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If there are more directors, provide details on a separate sheet.

If the company is a regulated company (as selected in Section 1.4 above) go to Section 3. Otherwise, for all other unlisted public, private, proprietary or other companies continue to Section 1.7 below.

1.7 Shareholders

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 1.4

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

Yes (Complete 1.7.1) No (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.

Shareholder 1

Full given name(s)	<input type="text"/>				Surname	<input type="text"/>	
Date of birth (dd/mm/yyyy)	<input type="text"/>						
Residential address (PO Box is NOT acceptable)	Street <input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Shareholder 2

Full given name(s)	<input type="text"/>				Surname	<input type="text"/>	
Date of birth (dd/mm/yyyy)	<input type="text"/>						
Residential address (PO Box is NOT acceptable)	Street <input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Shareholder 3

Full given name(s)	<input type="text"/>				Surname	<input type="text"/>	
Date of birth (dd/mm/yyyy)	<input type="text"/>						
Residential address (PO Box is NOT acceptable)	Street <input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Please proceed to Section 3.

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

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Please proceed to Section 3.

SECTION 2: VERIFICATION DOCUMENTATION**2.1 Company Verification** (complete for all companies other than public, listed or regulated companies)

- If you are an ASIC registered foreign company – go to Section 3.
- If you are not an ASIC registered foreign company – please provide one from the below

ACCEPTABLE ID DOCUMENTS

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	A certified copy of a certificate of incorporation
<input type="checkbox"/>	A certified copy of the articles of association or company constitution

2.2 Shareholder Verification

Please provide either ONE certified copy of a document from Part I or if you are unable to provide this, then a certified copy of a document from both Part II AND III.) for each shareholder listed in Section 1.7

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Australian State / Territory driver's licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

Tick ✓	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Centrelink
<input type="checkbox"/>	Health card issued by Centrelink
Tick ✓	AND ONE valid option from this section
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
<input type="checkbox"/>	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

PART III – ACCEPTABLE FOREIGN ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

Tick ✓	BOTH documents from this section must be presented (where translated into English where applicable)
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued

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

SECTION 3: TAX INFORMATION

3.1 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 the Company's FATCA status (select **ONE** of the following statuses)

Deemed 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 3.2 (Foreign Beneficial Owners). If No, the form is now complete.

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, the form is now complete.

A Charity or an Active Non-Financial Entity (NFE) (Active NFEs include those that, during the previous reporting period, derived less than 50% of their gross income from passive income (e.g. dividends, interests and royalties) and held less than 50% of assets producing the 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' (www.oecd.org).

If the Company is a charity or an Active NFE, please proceed to section 3.3 (Country of Tax Residency).

Other (Entities that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 3.2 (Foreign Beneficial Owners).

3.2 Foreign Controlling Persons

Are any of the Partnership's Controlling Persons* tax residents of countries other than Australia Yes No

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided in Sections 1.7.1 or 1.7.2 above).

Full given name(s)	Surname	Role (Partner or Senior Managing Official)
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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

* A Controlling Person is any individual who directly or indirectly owns or controls the Partnership and includes all Partners or Senior Managing Officials.

Tax 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 country, the location of a person's residence or place of work. For the US, tax residency can also be as a result of citizenship or residency.

3.3 Country of Tax Residency

Is the Partnership a tax resident of a country other than Australia? Yes No
(A Partnership created or established under the laws of a country other than Australia)

If the Partnership is a tax resident of a country other than Australia, please provide its tax identification number (TIN) or equivalent below. If it is a tax resident of more than one other country, please list all relevant countries below.

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 a Social Security 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.

Name	Country	TIN	If no TIN, list reason for 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 Partnership has not been issued with a TIN
- Reason C** The country of tax residency does not mandate provision of the TIN.