

# Entity foreign tax residency self-certification form



## About this form

Commercial and business customers must complete this form to ensure we hold accurate and current information about your foreign tax residency. This form is for businesses, trusts, charitable institutions, government entities, not for profits and partnerships only—no sole traders or individuals.

## Please return to:

customer.resolutions@ing.com.au

## 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 of the standards is to give participating nations transparency about the financial assets that their residents hold offshore.

## If we don't receive your form

As we're bound by 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. If you intend to open a new account, we won't be able to do this for you.

## Where to find more information

- Visit the ATO website—[ato.gov.au/crs](http://ato.gov.au/crs)
- Speak with a professional tax adviser
- See the CRS and FATCA FAQs and glossary—[ing.com.au](http://ing.com.au)

## If you're an individual

If you're a controlling person of an entity, personal banking customer, guarantor or sole trader, please provide your tax residency information using the form for individuals available at [ing.com.au](http://ing.com.au) > Individual foreign tax residency self-certification form.

**Complete online instead**—if you have secure banking access, you can complete self-certification when you log in at [ing.com.au](http://ing.com.au) and go to **My Profile > Foreign Tax Details**.

## Part 1: Identification of account holder

ING client number for the entity if applicable:

Please tick this box if you've already completed a valid ING self-certification for the entity on or after 1 July 2017 and there have been no changes to the entity's foreign tax residency details (**please proceed to Part 7**).

## General information

If the entity is new to ING or you need to provide a new self-certification, please complete the following:

Legal name of entity

Country of incorporation of organisation

Does the entity only operate in Australia? Yes  No  If no, please list the countries that the entity also operates in

## Registered address

Street address

Suburb

State

Country

Postal code

## Mailing address (if different from registered address)

Street address (or PO Box)

Suburb

State

Country

Postal code

**Industry classification** (please select **one** industry)

<input type="checkbox"/> Agriculture, Forestry and Fishing	<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Sanitary services
<input type="checkbox"/> Armament manufacturer, dealer or intermediary	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation
<input type="checkbox"/> Cash or cash equivalent intensive business	<input type="checkbox"/> Mining	<input type="checkbox"/> Unregulated charity or 'non-profit' organisation
<input type="checkbox"/> Casino, betting or other gambling	<input type="checkbox"/> Money service business (remittance house, bureaux de change, money transfer)	<input type="checkbox"/> Wholesale trade
<input type="checkbox"/> Communications	<input type="checkbox"/> Public administration	Other (please specify)
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	<input type="text"/>
<input type="checkbox"/> Dealer in high value goods (incl. estate agent, broker), precious metals or stones	<input type="checkbox"/> Superannuation fund	
<input type="checkbox"/> Electric and Gas	<input type="checkbox"/> Retail trade	

**Source of funds** (please select **one** main source of funds)

<input type="checkbox"/> Dividends or income from business	<input type="checkbox"/> Insurance /Settlement proceeds	<input type="checkbox"/> Sale of property or investments
<input type="checkbox"/> Donation /Gift	<input type="checkbox"/> Investment income	Other (please specify)
<input type="checkbox"/> Grant/Subsidy	<input type="checkbox"/> Royalties	<input type="text"/>

**Non-reportable entities** (please select **one** of the following options)

- (a) The entity is an Australian Superannuation Fund (which includes SMSFs) **(please proceed to Part 5)**.
- (b) The entity: **(please proceed to Part 5)**
1. Is incorporated in Australia; and
  2. Has a registered address in Australia; and
  3. Is not a Financial Institution, Listed Corporation or Government Entity; and
  4. Less than 50% of the entity's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income for the last financial year
- (c) None of the above **(please proceed to Part 2)**

**Part 2: Specified U.S. Person under FATCA**

Please select one of the following options:

- (a) The entity is a specified U.S. Person **(please proceed to Part 4)**
- (b) The entity is a non-specified U.S. Person **(please proceed to Part 4)**
- (c) None of the above **(please proceed to Part 3)**

**Part 3: Entity's classification under FATCA**

Your entity's FATCA classification may differ from its CRS classification in Part 4.

**1. If the entity is a financial institution**—please select its classification and provide the entity's Global Intermediary Identification Number (GIIN):

- (a) U.S. Financial Institution or a Partner Jurisdiction Financial Institution
- (b) Registered Deemed Compliant Foreign Financial Institution
- (c) Participating Foreign Financial Institution

Entity's GIIN:

**2. If the entity is a financial institution but unable to provide a GIIN**—please select one of the following:

- (a) Exempt Beneficial Owner
- (b) Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)
- (c) Non-Participating Foreign Financial Institution
- (d) Owner Documented Foreign Financial Institution (Non-US Owned)
- (e) Owner Documented Foreign Financial Institution (US Owned)

**3. If the entity is not a financial institution**—please select its classification:

- (a) Active Non-Financial Foreign Entity
- (b) Passive Non-Financial Foreign Entity (Non-US Owned)
- (c) Passive Non-Financial Foreign Entity (US Owned)
- (d) Excepted Non-Financial Foreign Entity



## Part 4: Entity type under CRS

Your entity's CRS classification may differ from its FATCA classification in Part 3. Please select the appropriate CRS classification for your entity.

- (a) Financial Institution – Investment Entity
- i. A professionally managed investment entity located in a Non-Participating Jurisdiction
  - ii. Other Investment Entity

- (b) Depository, Custodial or Specified Insurance Company Financial Institution

- (c) Listed Corporation

i. Please provide the name of the established securities market on which the corporation is regularly traded:

ii. If you are a Related Entity of a regularly traded corporation, please provide their name:

- (d) Governmental Entity

- (e) International Organisation

- (f) Central Bank

- (g) Active Non-Financial Entity

- (h) Passive Non-Financial Entity

## Part 5: Controlling Persons

A Controlling Person means any natural person(s) who directly or indirectly exercises control over an entity. For a company, this includes any beneficial owners in the company. For a Trust, this includes Trustees, Settlers and Beneficiaries. For a Partnership this includes all partners. For Charities and for Unincorporated/Incorporated Organisations; this includes Chairman, Secretary, Treasurer or equivalent.

Please provide the name and contact details for each of the entity's Controlling Person(s) in the table below. If not relevant to you, be sure to note 'Not applicable' - e.g. Controlling Person(s) may not apply to Listed Corporations and Government Entities.

**Note:** Complete and attach an individual foreign tax residency self-certification form for each Controlling Person—available for download at [ing.com.au](http://ing.com.au).

Given name	Middle name	Surname	Phone number	Client number (if existing ING customer)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 6: Country of foreign tax residence and related Taxpayer Identification Number ("TIN")

Is Australia the sole tax residence of the entity?  Yes  No

If you answered 'no' above, please complete the table below indicating:

- each country of tax residency for the account holder (other than Australia)
- the account holder's TIN or equivalent for each country/jurisdiction indicated.

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Note:** A TIN is always required (unless in the rare case the country does not issue TINs).

## Part 7: For Trusts Only

Do you know any additional information (apart from full name) for the Settlor of the trust?  Yes  No

If you answered **Yes** to the above please list the Controlling Person in Part 5 and complete an Individual Foreign Tax Residency Self-Certification Form.

### Classes of Beneficiaries

Are any of the beneficiaries who received a distribution from the trust or became entitled to receive a distribution in the last year, or beneficiaries who are otherwise Controlling Persons, tax residents of countries other than Australia?  Yes  No

If you answered **Yes** to the above please list the Controlling Person(s) in Part 5 and complete an Individual Foreign Tax Residency Self-Certification Form.

## Part 8: Declarations

I understand that the information supplied by me is covered by the applicable terms and conditions governing the account holder's relationship with ING. This includes the relevant product terms and conditions and our Privacy Policy (available at [ing.com.au](http://ing.com.au)) which sets out how ING may collect, use and disclose the information supplied by me.

I confirm that I am authorised to provide this Self-Certification on behalf of the entity identified in Part 1 of this form.

I confirm that where I have provided information on behalf of or regarding any other person (such as a Controlling Person or other Reportable Person) that I will, within 30 days of signing this form, notify those persons that:

- I have provided the information to ING, and
- the information may be provided to the ATO and later disclosed by the ATO to tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I declare that all the statements made and information provided in this form are, to the best of my knowledge and belief, correct and complete.

I undertake to advise ING within 30 days of any change in circumstances which affects the foreign tax residency status of the entity identified in Part 1 of this form or causes the information provided in this form to become incorrect, and to promptly provide ING with a suitably updated self-certification.

Full name

  

Signature

Date (DD/MM/YYYY)

 /  / 

Full name

  

Signature

Date (DD/MM/YYYY)

 /  / 

**Note:** If you aren't an authorised user for the account holder specified in Part 1, please indicate the capacity in which you're signing the form. If signing under authority, please also attach supporting information.

Capacity

Mobile phone

Email

Capacity

Mobile phone

Email

# Individual foreign tax residency self-certification form



## About this form

Individuals banking with us must complete this form to ensure we hold accurate and current information about your foreign tax residency. This form is for personal banking customers, sole traders, guarantors and controlling persons of an entity.

## Please return to:

customer.resolutions@ing.com.au

## 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 of the standards is to give participating nations transparency about the financial assets that their residents hold offshore.

## If we don't receive your form

As we're bound by 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. If you intend to open a new account, we won't be able to do this for you.

## Where to find more information

- Visit the ATO website—[ato.gov.au/crs](http://ato.gov.au/crs)
- Speak with a professional tax adviser
- See the CRS and FATCA FAQs and glossary—[ing.com.au](http://ing.com.au)

## If you're an entity

If self-certifying on behalf of an entity (which includes businesses, trusts and partnerships), please provide your foreign tax residency information using the form for entity's available at [ing.com.au](http://ing.com.au) > Entity foreign tax residency self-certification form.

**Complete online instead**—if you have secure banking access, you can complete self-certification when you log in at [ing.com.au](http://ing.com.au) and go to **My Profile > Foreign Tax Details**.

## Part 1: Identification of individual

Your ING client number if applicable:

Please tick this box if you've already completed a valid ING self-certification on or after 1 July 2017, and there have been no changes to your foreign tax residency details (**please proceed to Part 3**).

## General information

If you are new to ING or you need to provide a new self-certification, please complete the following:

Family name

Given name

Middle name(s)

Date of birth (DD/MM/YYYY)

 /  / 

### Place of birth

Town or city of birth

Country of birth

### Residential address

Street address

Suburb

State

Country

Postal code

### Mailing address (if different from above)

Street address (or PO Box)

Suburb

State

Country

Postal code

**Source of wealth and funds**

Please select your main source of wealth (i.e. assets and property) **AND** funds from the table below (you must select one from each column).

	Source of wealth	Source of funds
Salary/Wages	<input type="checkbox"/>	<input type="checkbox"/>
Dividends or income from business	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	<input type="checkbox"/>
Family trust/Inheritance	<input type="checkbox"/>	<input type="checkbox"/>
Donation/Gift	<input type="checkbox"/>	<input type="checkbox"/>
Grant/Subsidy	<input type="checkbox"/>	<input type="checkbox"/>
Insurance/Settlement proceeds	<input type="checkbox"/>	<input type="checkbox"/>
Investment income	<input type="checkbox"/>	<input type="checkbox"/>
Lottery/Gambling	<input type="checkbox"/>	<input type="checkbox"/>
Pension/Social benefits payment(s)	<input type="checkbox"/>	<input type="checkbox"/>
Royalties	<input type="checkbox"/>	<input type="checkbox"/>
Sale of property or investments	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/Partner	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Are you a U.S. Person for tax purposes?**  
 A U.S. Person generally includes people born in the U.S., a citizen or resident of the United States of America.

Yes     No

**Is Australia your sole country of tax residence?**  
 In general, your tax residence is the country/jurisdiction in which you live, however in some special cases, you can be a tax resident of more than one country.

Yes     No

**Part 2: Country of foreign tax residence and related Taxpayer Identification Number ("TIN")**

You'll need to complete this part if Australia is not your sole country of tax residence or you are a US Person for tax purposes. Otherwise, proceed to Part 3.

Please complete the table below indicating:

- each country of tax residency for the account holder (other than Australia)
- the account holder's TIN or equivalent, such as your Social Security Number for each country/jurisdiction indicated.

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Note:** A TIN is always required (unless in the rare case the country does not issue TINs).



### Part 3: Declarations

I understand that the information supplied by me is covered by the applicable Terms and Conditions governing the account holder's relationship with ING. This includes the relevant product terms and conditions and our Privacy Policy (available at [ing.com.au](http://ing.com.au)) which sets out how ING may collect, use and disclose the information supplied by me.

I confirm that I am the individual identified in Part 1 of this form, or I am authorised to sign on their behalf.

I certify that where I have provided information on behalf of or regarding any other person (such as a Controlling Person) that I will, within 30 days of signing this form, notify those persons that:

- I have provided the information to ING, and
- the information may be provided to the ATO and later disclosed by the ATO to tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I declare that all the statements made and information provided in this form are, to the best of my knowledge and belief, correct and complete.

I undertake to advise ING within 30 days of any change in circumstances which affects the foreign tax residency status of the individual identified in Part 1 of this form or causes the information provided in this form to become incorrect, and to promptly provide ING with a suitably updated self-certification.

Full name

Signature

Date (DD/MM/YYYY)

 /  / 

**Note:** If you aren't the individual specified in Part 1 or you are completing this form for a Controlling Person of an entity, please indicate the capacity in which you're signing the form (including the name of the entity). If signing under authority, please also attach supporting information.

Capacity

Mobile phone

Email

# Wholesale Term Deposit client application

## PART A



Please: • use CAPITAL letters • mark boxes with an X where applicable • use black pen. Please read the ING Wholesale General Terms & Conditions. Please forward completed documentation to your dedicated Middle Market relationship team: [middlemarket@ing.com.au](mailto:middlemarket@ing.com.au). Further enquiries please contact **1800 209 744**. Please ensure you provide the appropriate supporting documentation to verify the business and each authorised user.

### Step 1: Business type

To apply for a Term Deposit, please tell us the type of business you operate. **Note:** we are unable to accept bare or informal trusts.

<b>Company:</b> <input type="checkbox"/> Pty Company Part A + B <input type="checkbox"/> Public Part A + B	<b>Trust:</b> <input type="checkbox"/> Part A + C	<b>Association:</b> <input type="checkbox"/> Part A + D	<b>Cooperative:</b> <input type="checkbox"/> Part A + E	<b>Government:</b> <input type="checkbox"/> Part A
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### Step 2: Business details

Please enter your business details as requested below. We also need to verify your business. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents (you must supply these documents with your application).

**Helpful hint:** The name of the Term Deposit will be in the same name as the company/trust/association/government/cooperative, including the trading name/name of trust (if applicable). If a company, please use full company name as registered by ASIC.

Name of company/trustee/association/government/cooperative

  

Trading name or name of trust (if applicable)

**Registered business address** (PO Box not accepted)

Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Business mailing address** (if same as above, please mark this box with an X )

Unit number	Street number	Street name (or PO Box)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Business phone number** (for landline, please provide area code)

**Business identifier**

Please complete the relevant business identifier that is applicable to your business.

ABN (Australian Business Number)

ACN (Australian Company Number)

**Company:** ACN is mandatory

**Company as Trustee:** ABN of the Trust is mandatory

**Government:** ABN is mandatory

**Association and cooperative:** Registration Number is mandatory

Registration Number

Registration number issued by (e.g. ASIC, NSW Dept Fair Trading)

**Industry type (mandatory)** Please specify if you are not for profit.

Business activity



Country of establishment/registration

Country of business operations

Does the business have any cross-border activity? (e.g. products or services provided overseas)

Yes  No

If yes, please specify which countries

Source of funds

### Step 3: Government information (for government entity only)

**Government body is an entity**  
Please also fill out the relevant form for your entity type (Company: Part B, Trust: Part C, Association: Part D, Cooperative: Part D, Government: Part E).

**Is established under legislation of the Commonwealth** Please specify legislation

**Is established under legislation of a state or territory** Please specify legislation

### Step 4: Settlement instructions

Bank

Account name

BSB

Account number

Settlement method:

RTGS  EFT  Austraclear

Code

## Step 5: Authorised users

Authorised users are the people who are nominated to operate your Term Deposit.

For all new authorised users, we will need to verify their identity. ING can verify your identity electronically or alternatively refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

### Authorised user 1

Mr  Mrs  Ms  Other

First name

Middle name

Surname/Family name

Position (must be completed)

Personal residential address (must be completed. PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

Personal mailing address (if same as above, please mark this box with an X )

Unit number

Street number

Street name (or PO Box)

Suburb

State

Postcode

Contact details (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

#### Consent

**Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.

**No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature

Date (DD/MM/YY)

## Authorised user 2

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Position (must be completed)

**Personal residential address** (must be completed. PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

**Personal mailing address** (if same as above, please mark this box with an X )

Unit number

Street number

Street name (or PO Box)

Suburb

State

Postcode

**Contact details** (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

#### Consent

**Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.

**No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature

Date (DD/MM/YY)

### Authorised user 3

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Position (must be completed)

#### Personal residential address (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

#### Personal mailing address (if same as above, please mark this box with an X )

Unit number  Street number

Street name (or PO Box)

Suburb

State  Postcode

#### Contact details (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

#### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

#### Consent

**Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.

**No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature

Date (DD/MM/YY)

### Authorised user 4

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

**Position** (must be completed)

**Personal residential address** (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

**Personal mailing address** (if same as above, please mark this box with an X )

Unit number  Street number

Street name (or PO Box)

Suburb

State  Postcode

**Contact details** (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

**Consent**

**Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.

**No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature

Date (DD/MM/YY)

## Authorised user 5

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Position (must be completed)

Personal residential address (must be completed. PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

Personal mailing address (if same as above, please mark this box with an X )

Unit number

Street number

Street name (or PO Box)

Suburb

State

Postcode

Contact details (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

#### Consent

**Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.

**No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature

Date (DD/MM/YY)

## Authorised user 6

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Position (must be completed)

Personal residential address (must be completed. PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

Personal mailing address (if same as above, please mark this box with an X )

Unit number

Street number

Street name (or PO Box)

Suburb

State

Postcode

Contact details (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

#### Consent

**Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.

**No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature

Date (DD/MM/YY)

## Step 6: Primary Account contact (optional)

You can nominate one of your authorised users as the primary contact for the day-to-day running of the Term Deposit account.

All correspondence will be marked to the attention of this person (and sent to the business mailing address only). If you don't nominate an authorised user all written correspondence will be marked to the attention of the Financial Controller.

First name

Surname / Family name

## Step 7: Beneficial owners

Are there any individuals/entities who own or have direct control of the business? (If so, we will need to verify their identity.)

- Ownership (directly or indirectly) — ultimately owns more than 25% of the business
- Control — determines key financial/operating decisions about the business (e.g. CEO, General Director, etc.)

**Note for Trusts** - include details of appointor/custodian/principal/protector/guardian (if applicable).

Yes

No

**Person 1**

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Personal residential address** (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

**Person 2**

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Personal residential address** (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode



### Person 3

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Personal residential address** (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

### Person 4

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Personal residential address** (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

**Entity as Beneficial Owners**  
If an entity is a Beneficial Owner, please also fill out the relevant form for your entity type (Company: Part B, Trust: Part C, Association: Part D, Cooperative: Part E, Government: Part F) and if there are any additional Beneficial Owners of that entity not mentioned in Part A, please also provide details in Part G and mark the box with an X.

### Entity 1

Full name

Entity type

### Entity 2

Full name

Entity type

### Entity 3

Full name

Entity type

### Entity 4

Full name

Entity type



**Step 8: FATCA status**

Select only one of the following 3 categories and provide the information requested.

**Financial Institution**  
(A custodial or depository institution, an investment entity or a specified insurance company for FATCA 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 only one of the following)

- |   |  |
|---|--|
| <input type="checkbox"/> Deemed Compliant Financial Institution | <input type="checkbox"/> Non-Reporting IGA Financial Institution                     |
| <input type="checkbox"/> Excepted Financial Institution         | <input type="checkbox"/> Non-Participating Financial Institution                     |
| <input type="checkbox"/> Exempt Beneficial Owner                | <input type="checkbox"/> Other (describe the FATCA status in the box provided below) |

If the company is a Financial Institution this section is now complete.

**Non-Financial Australian Public Listed Company or a Corporate Australian Registered Charity**  
If the company is an Australian Public Listed Company or an Australian Registered Charity this section is now complete.

**Non-Financial Proprietary Company, Trust, Association, Cooperative, Government or an Unlisted Public Company that are not Financial Institutions as described above**

Are any of the company's Beneficial Owners US citizens or residents of the US for tax purposes?

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Yes</b> (only complete <b>A</b> below) | <input type="checkbox"/> <b>No</b> (only complete <b>B</b> below) |
|--|---|

**A: Provide their US Taxpayer Identification Number (TIN)**

Full name of Beneficial Owner

  
  

TIN

  
  

**B: Are there any individuals with an issued share capital of 25% or greater?**

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
|-------------------------------------|------------------------------------|

If **yes**, provide completed self certification forms of each individual.

If **no**, then provide completed self certification forms for each individual that has direct or indirect control\*

\* Direct or indirect control 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).



## Step 9: Declarations and application approval - by signing below

- I/We declare that all information provided in this Application Form and any supplements is true and correct
- I/We have received, read and agree to comply with the ING Wholesale Term Deposit General Terms and Conditions.
- I/We agree to ensure that all authorised users also comply with the terms and conditions of the ING Wholesale Term Deposit General Terms and Conditions
- I/we agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.
- I/We acknowledge that:
  - In the case of sole director company - I am the sole director and sole secretary and have full power and authority to open and operate the Term Deposit
  - In the case of cooperative/association - I/We have full power and authority to bind the cooperative/association and each of the members in accordance with its constituent documents or rules and I/we undertake to advise ING if the cooperative/association is dissolved or terminated, or the members of the cooperative/association change
  - In the case of trusts - I am/We are the only trustee(s) of the trust and I/we have full trust power and authority to open and operate the Term Deposit
  - In the case of government or a government entity - I/We have been delegated the full power and authority (including, where applicable, in accordance with the relevant legislation) to open and operate the Term Deposit.
  - Each person nominated as an authorised user in Step 5 has full power and authority to operate the Term Deposit
  - Each person nominated as an authorised user in Step 5 understands that personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.
- ING reserves the right to request evidence of authority to approve this Application and/or evidence that the business named as the account holder exists, is validly constituted and is capable of being bound by the ING Wholesale Term Deposit General Terms and Conditions.
- If I/we have provided, or have arranged for the provision of, information on this form about another person. I/we will ensure that they are aware that ING has collected their personal information and that personal information may be used, disclosed and held for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

### Third Party Authority

I / We have nominated and authorise the:

- Broker named below (and any other person authorised by the Broker);

("Broker")

to perform the following activities on our behalf:

- place money on term deposit;
- extend a term deposit;
- increase an amount on term deposit;
- cancel a term deposit;
- make enquiries in respect of the term deposit
- provide any other instructions in respect of the term deposit.
- This authority continues until we notify you in writing of the cancellation of the Broker's authority.
- We agree to release, discharge and indemnify you from and against any liability, cost or loss incurred by us or you in connection with any act or omissions of the Broker.
- We agree that neither us, nor any person claiming through us, has any claims against ING Bank (Australia) Limited for any transactions conducted by the Broker in accordance with the Broker's authority. However you remain liable for any loss or liability which by operation of law you cannot exclude, or if you have acted negligently, fraudulently or wilfully defaulted in your obligations to us.

Name of Broker

### Business signatory 1 (e.g. CEO, CFO, COO or equivalent)

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

Position (must be completed)

### Personal residential address (must be completed. PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

### Consent

- Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file. I acknowledge and agree that during electronic verification any identification document details provided will be verified with the document issuer.

- No** - I don't give consent to be electronically verified and will provide identification documents in accordance with (Appendix A).

Signature

Date (DD/MM/YY)

### Business signatory 2 (e.g. CEO, CFO, COO or equivalent)

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

### Business signatory 3 (e.g. CEO, CFO, COO or equivalent)

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

### Personal residential address (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

#### Consent

**Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.

**No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature  Date (DD/MM/YY)

### Personal residential address (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

#### Consent

**Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.

**No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature  Date (DD/MM/YY)

#### Business signatory 4 (e.g. CEO, CFO, COO or equivalent)

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

#### Business signatory 5 (e.g. CEO, CFO, COO or equivalent)

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

#### Personal residential address (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

#### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

#### Consent

- Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.
- No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature  Date (DD/MM/YY)

#### Personal residential address (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

#### By signing this form

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

#### Consent

- Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.
- No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature  Date (DD/MM/YY)

**Business signatory 6** (e.g. CEO, CFO, COO or equivalent)

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

Position (must be completed)

**Personal residential address** (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

**By signing this form**

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the ING Wholesale Term Deposit General Terms and Conditions.

**Consent**

- Yes** - I consent to ING electronically verifying my identity, and to the above personal information being disclosed to a credit reporting agency so that they can provide an assessment based on whether the information I provide matches the information on my credit information file.
- No** - I don't give consent to be electronically verified and will provide identification documents in accordance with **(Appendix A)**.

Signature  Date (DD/MM/YY)

**IMPORTANT:** Please outline the relevant additional parts as outlined in Step 1 as required.



As part of the application process, business and personal identities of the associated parties must be verified. You must select supporting documentation from the lists below and provide original or certified copies as directed.

### (i) Supporting documents

(please note that documents will not be returned)

#### Business:

If you are opening an account in the business name, you must provide a certified copy of **one** of the following:

- Certificate of incorporation or registration of business name

If you are opening an account for a trust, you will need to provide a certified copy of an extract of the Trust Deed Schedule. The extract should include the page which shows:

- The trust name
- Name(s) of trustee(s)
- Date of execution
- Name(s) of beneficiary and or class of beneficiaries
- Name(s) of settlor
- Details of appointor/custodian/principal/protector/guardian (if any)

If you are opening an account for an association or cooperative you will need to provide:

- Certified copy of the Articles of Association/cooperative or the rules governing the association/cooperative.

If you are opening an account for government or a government entity, that is not also a corporation or one of the other entity types referred to above, you will need to provide:

- Certified copy of any document(s) establishing the signatories relevant delegated authority and a copy of any enacting legislation.

#### Authorised users and Additional parties:

All authorised users and additional parties that have not consented to electronic verification in this form or who are unable to be electronically verified must provide a certified copy of **one** of the following identification documents:

- Australian Driver's Licence (must be current); or
- Proof of Age Card (must be current); or
- Australian Passport (either a current passport or a passport that expired within the last 2 years); or
- International Passport (must be issued by a foreign Government, the UN or related agency and must be accompanied by an official Government translation if not in English)

THE IDENTIFICATION DOCUMENT PROVIDED MUST DISPLAY YOUR FULL NAME AND DATE OF BIRTH.

### (ii) How to certify a document

#### Select a Certifier

Take the original and copy of your identification document to a document certifier from the list below.

- A Justice of the Peace
- A Bank Officer with 2 or more years continuous service
- An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership
- A Solicitor or Barrister
- A Police Officer
- An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet

**Note:** This is not the complete list of ING acceptable document certifiers. The complete list is available on [ingdirect.com.au](http://ingdirect.com.au) in the FAQ section. An acceptable document certifier is not able to certify their own documents or documents on behalf of their immediate family.

#### Document Certifier to complete

To certify the copy of the identification document to be a true copy of the original document, on the copied document complete the following:

1. Write these words: "I hereby certify this document is a true copy of the original document shown to me on [date]"
2. Sign the copy document
3. Provide Name and Certifier Classification. For example; John Smith, Accountant
4. Provide a work or residential address
5. Provide a contact number (this may be your work or residential landline or mobile number).

If ING has any questions regarding this verification, we may contact the document certifier about these details.

# Wholesale Term Deposit client application

## PART C—Trusts



### About this form:

Please: • use CAPITAL LETTERS • use black pen • mark boxes with an X.

### Step 1: Business details

Name of trust

  

**Settlor of trust** (person/entity establishing the trust/fund)

**Person 1** (we will need to verify their identity)

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Personal residential address** (must be completed. PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

### Entity as Settlor

If the settlor is an entity, please also fill out the relevant form for that entity type (Company: Part B, Trust: Part C, Association: Part D, Cooperative: Part E) and if there are any additional Beneficial Owners of that entity not mentioned in Part A, please also provide details in Part G and mark the box with an X.

### Entity

Full name

Entity type

### Step 2: Trust type

Please specify your trust type.

DIY Super  OR Other:

(e.g. Unit trust, Family trust, Discretionary trust)



### Step 3: Trust beneficiary details

Please provide details of all beneficiaries of the trust entitled to 25% or more of the assets. We will need to verify their identity.

#### Beneficiary 1

Mr  Mrs  Ms  Other

First name

Middle name

Surname/Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Personal residential address** (must be completed. PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

#### Beneficiary 2

Mr  Mrs  Ms  Other

First name

Middle name

Surname/Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Personal residential address** (must be completed. PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

### Beneficiary 3

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Personal residential address** (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

### Beneficiary 4

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Personal residential address** (must be completed. PO Box not accepted)

Unit number  Street number

Street name

Suburb

State  Postcode

**Entity as Beneficiary**  
If the beneficiary is an entity, please provide the name and type below and also fill out the relevant form for your entity type (Company: Part B, Trust: Part C, Association: Part D, Cooperative: Part E, Government: Part F) and if there are any additional Beneficial Owners of that entity not mentioned in Part A, please also provide details in Part G and mark the box with an X.

### Entity 1

Full name

Entity type

### Entity 2

Full name

Entity type

### Entity 3

Full name

Entity type

### Entity 4

Full name

Entity type

