

Business Optimiser application

PART A



About this form:

If you'd like to set up a Business Optimiser, this is the form for you. Note that other forms may be needed as part of the process, so see Step 1 below for details. Please read the Business Optimiser Terms & Conditions, available at ing.com.au or by calling 133 464 and consider whether the product is appropriate for you before making any decision in relation to it.

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



Step 1: Business type

BOPDF

To apply for a Business Optimiser, please tell us the type of business you operate. **Note:** we are unable to accept public companies, bare or informal trusts or unincorporated associations.

Sole Trader:

☐ PART A only

Partnership:

☐ PART A + B

Company:

☐ Pty Company - Sole Director
PART A + C

☐ Pty Company - Multiple Directors
PART A + C

Trust (including DIY Super):

☐ Company as Trustee - Sole Director
PART A + C + D

☐ Company as Trustee - Multiple Directors
PART A + C + D

☐ Individual(s) as Trustee(s)
PART A + D

Incorporated Association: (including Non-Profit)

☐ PART A + E

If you have an existing ING business account in the same entity name, you only need to complete **Part A**. For new ING business customers, you need to complete **Part A and the relevant Part(s)** as outlined above.

Step 2: Business details

Please enter your business details as requested below. If you are a new client to ING, 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 Business Optimiser will be in the same name as the sole trader/partnership/company/trust/association, including the trading name/name of trust (if applicable). If a company, please use full company name as registered by ASIC.

Name of sole trader/partnership/company/trustee/association (if sole trader or individual trustee: first name, surname)

Full business name/trading name and or name of trust (if applicable)

Registered business address (PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

Business 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

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)

Registration number

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

Sole Trader: ABN is mandatory

Partnership: ABN is mandatory

Company: ACN is mandatory, ABN is optional

Company as Trustee: ACN of the Trustee is mandatory, ABN of the Trust is optional

Individual(s) as Trustee(s): ABN of the Trust is optional

Association: Registration Number is mandatory

Tax section (optional) Please complete 1 of the following (providing this information is not compulsory, however, if not supplied, we may deduct tax from interest earned at the highest marginal tax rate plus the Medicare levy).

Tax File Number (TFN)

OR

ABN

(if same as quoted above, please mark this box with an X)

OR

Exemption:

Income tax return not required



Industry type (mandatory)

Select an industry, if applicable.

| | | |
|--|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Sanitary Services |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Mining | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Electric and Gas | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Other |
| <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Retail Trade | |

Step 3: Naming your Business Optimiser (optional)

You can give your Business Optimiser a name. Please mark one (x) or write your own name:

| | | | | |
|--------------------------------|--------------------------------------|------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Staff super | <input type="checkbox"/> GST | <input type="checkbox"/> Savings | <input type="checkbox"/> Investment |
|--------------------------------|--------------------------------------|------------------------------|----------------------------------|-------------------------------------|

Other

Step 4: Your opening deposit

Please select how you wish to make your opening deposit. You can nominate either: **(i)** electronic transfer, **(ii)** business cheque or **(iii)** bank cheque.

Note: There is no minimum deposit required to open the Business Optimiser. The combined total balance held in all Business Optimisers in the same account holder's name should not exceed \$5 million.

(i) By electronic transfer – Transfer the deposit from the linked bank account, nominated in Step 5.

Your opening deposit will be requested from your linked bank account on the day your Business Optimiser is opened (provided we are able to verify your bank account - refer Appendix A for external bank accounts). The Direct Debit Request in Step 5 must also be signed.

\$

OR

OR

(ii) By business cheque – The cheque must be drawn on the external bank account nominated in Step 5. Your business cheque must be made payable to the **full business name or to ING**.

\$

OR

OR

(iii) By bank cheque – The cheque must be made payable to the **full business name or to ING**. You must also verify your external bank account - refer Appendix A.

\$

Step 5: Linked bank account details

You must link an external Australian business bank account (must be in the same name(s) as the business in **Step 2**) to your new Business Optimiser.

Name of bank

Suburb of bank

BSB number (mandatory)

Account number (mandatory)

Name of bank account you wish to link to the Business Optimiser (must be in the same name(s) as the business in Step 2)



Direct Debit Request

If you wish to draw money from your external bank account, this section must be signed. Direct debiting is not available on some accounts (if in doubt, please contact your financial institution).

I/We request and authorise ING, a business name of ING Bank (Australia) Limited ABN 24 000 893 292 (user I.D. 123079) to draw money from the external bank account nominated above, through the Bulk Electronic Clearing System, as instructed by any authorised user of the Business Optimiser or any other amount as instructed or authorised to debit in accordance with the Business Optimiser Terms and Conditions. I/We understand and acknowledge that this Direct Debit arrangement is governed by the Direct Debit Request Service Agreement and Business Optimiser Terms and Conditions.

To authorise the drawing of money from the external bank account to the Business Optimiser, the following authorised signatories of the external bank account are required to sign below:

- **Sole trader or sole director company:** only one authorised signatory.
- **Partnership, company or association:** a minimum of two authorised signatories.
- **Trust:** all authorised signatories/trustees.

External bank account signatory 1

| | |
|-----------------------|----------------------|
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Signature | Date (DD/MM/YY) |
| <input type="text"/> | <input type="text"/> |

External bank account signatory 2

| | |
|-----------------------|----------------------|
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Signature | Date (DD/MM/YY) |
| <input type="text"/> | <input type="text"/> |

☐ If more than two signatures are required for this authority, please mark this box and attach a schedule of signatures (a separate sheet of paper listing additional names and signatures).

Step 6: Authorised users

Authorised users are the people who are nominated to operate your Business Optimiser.

A maximum of four persons can be nominated as authorised users to operate the Business Optimiser. Two authorised users can complete their details below. If you have more than two authorised users, please refer to Appendix C.

For new authorised users (i.e. do not currently have an ING client number), we also need to verify their identity. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

Who must be an authorised user?

Sole Trader: The owner must be an authorised user.

Partnerships: A minimum of two partners must be authorised users.

Companies: A minimum of two directors (except in the case of sole directorships) must be authorised users OR a director and company secretary.

Company as Trustee: A minimum of two directors (except in the case of sole directorships) must be authorised users OR a director and company secretary.

Individual(s) as Trustee(s): All trustees must be authorised users. No other authorised users are permitted.

Association: A minimum of two office bearers (e.g. treasurer or company secretary) must be authorised users.

Helpful hint: Employees may be authorised users, except in the case of body corporate and trusts (where only trustees can be authorised users).

Authorised user 1

| | |
|---|---|
| ING client number (if existing client) | <input type="text"/> |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> | <input type="text"/> |
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Position (must be completed) | |
| Director <input type="checkbox"/> | Company / Club Secretary <input type="checkbox"/> |
| Partner <input type="checkbox"/> | Treasurer <input type="checkbox"/> |
| Employee <input type="checkbox"/> | Chairperson / President <input type="checkbox"/> |
| Owner <input type="checkbox"/> | Trustee <input type="checkbox"/> |

Authorised user 2

| | |
|---|---|
| ING client number (if existing client) | <input type="text"/> |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> | <input type="text"/> |
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Position (must be completed) | |
| Director <input type="checkbox"/> | Company / Club Secretary <input type="checkbox"/> |
| Partner <input type="checkbox"/> | Treasurer <input type="checkbox"/> |
| Employee <input type="checkbox"/> | Chairperson / President <input type="checkbox"/> |
| Owner <input type="checkbox"/> | Trustee <input type="checkbox"/> |



Authorised user 1

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

Driver's Licence (if applicable)

Mandatory security details

Date of birth (DD/MM/YYYY)

Nationality

Mother's maiden name (mother's original surname / family name)

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 Business Optimiser Terms and Conditions.

Signature

Date (DD/MM/YY)

Authorised user 2

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

Driver's Licence (if applicable)

Mandatory security details

Date of birth (DD/MM/YYYY)

Nationality

Mother's maiden name (mother's original surname / family name)

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 Business Optimiser Terms and Conditions.

Signature

Date (DD/MM/YY)

Step 7: Primary account contact (optional)

You can nominate one of your authorised users as the primary contact for the day-to-day running of the Business Optimiser 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 8: Control and ownership

Excluding the people already named on this form — or others as outlined in Step 1 — are there any other individuals who own or have direct control of the business?

- Ownership (directly or indirectly) — ultimately owns more than 25% of the business
- Control — determines key financial/operating decisions about the business

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

☐

Yes

☐

No

Person 1

ING client number
(if existing client)

Mr ☐

Mrs ☐

Ms ☐

Other

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YYYY)

Nationality

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

Unit number

Street number

Street name

Suburb

State

Postcode

Person 2

ING client number
(if existing client)

Mr ☐

Mrs ☐

Ms ☐

Other

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YYYY)

Nationality

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

Unit number

Street number

Street name

Suburb

State

Postcode



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 Business Optimiser Terms and Conditions
- I/We agree to ensure that all authorised users also comply with the terms and conditions of the Business Optimiser 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 Business Optimiser
 - In the case of partnerships/association – I/We have full power and authority to bind the partnership/association and each of the partners/members in accordance with its constituent documents or rules and I/we undertake to advise ING if the partnership/association is dissolved or terminated, or the members of the partnership 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 Business Optimiser
 - Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) (or those existing authorised users on the linked Business Optimiser) has full power and authority to operate the Business Optimiser
 - Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) 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 Business Optimiser 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

Business Optimiser 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 Business Optimiser Terms and Conditions.

Who can approve and sign this Application?

Sole Trader: Owner of the business.

Partnerships: Minimum of two partners, one must be the managing partner (or general partner in the case of a limited partnership).

Company: Two directors OR a director and company secretary. For a sole director company must be a sole director/secretary.

Company as Trustee: Two directors OR a director and company secretary. For a sole director company must be a sole director secretary.

Individual(s) as Trustee(s): All trustees (those approving the Application must also be authorised users).

Association: Minimum of three office bearers e.g. treasurer/chairman/secretary (or equivalent officer) to sign in accordance with rules governing the association (a minimum of two of those approving the Application must also be authorised users).

Helpful hint: When filling in your position below, please choose from the following options – Chairperson, Company or Club Secretary, Director, Employee, Owner, Partner, President, Treasurer, Trustee.

Business signatory 1

| | |
|-----------------------|----------------------|
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Signature | Date (DD/MM/YY) |
| <input type="text"/> | <input type="text"/> |
| Position | |
| <input type="text"/> | |

Business signatory 3

| | |
|-----------------------|----------------------|
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Signature | Date (DD/MM/YY) |
| <input type="text"/> | <input type="text"/> |
| Position | |
| <input type="text"/> | |

Business signatory 2

| | |
|-----------------------|----------------------|
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Signature | Date (DD/MM/YY) |
| <input type="text"/> | <input type="text"/> |
| Position | |
| <input type="text"/> | |

Business signatory 4

| | |
|-----------------------|----------------------|
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Signature | Date (DD/MM/YY) |
| <input type="text"/> | <input type="text"/> |
| Position | |
| <input type="text"/> | |

IMPORTANT: Please complete the relevant additional Part(s) as outlined in Step 1 as required.

Adviser use only - Company name

Adviser name

Adviser number

Adviser - Please provide a copy of the records identifying your client's business, authorised users, additional parties and the external bank account.

► Go to Appendix B.



Step 10: What to do when you have completed this form

When you have completed and signed the application form, please send it with your supporting documents to us at:

ING

Reply Paid 3858

Sydney NSW 2001 (no stamp required)

Appendix A: Supporting documents

As part of the application process, the linked bank account, business and personal identities of the authorised users 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)

Linked bank account:

Please provide **one** of the following:

- A business cheque drawn on the external bank account; or
- An **original** encoded deposit slip for the external bank account; or
- A copy of a bank statement (less than 6 months old) for the external bank account

The supporting document must show the business name, BSB and account number of the external bank account. If providing a copy of a bank statement, the address must also be shown.

Business:

If you have an existing ING business account in the same entity name, we already have your business verified (go to authorised users).

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

- Certificate of Registration; or
- Tax File Number (TFN) advice; or (if you choose to provide one of the following documents, it must be issued within the last 12 months)
- Australian Tax Office Tax Assessment Notice; or
- Australian Tax Office Notice of Refund; or
- Business Activity Statement; or
- Instalment Activity Statement; or
- Annual or quarterly PAYG Instalment Notice

If you are opening an account for a trust, you will need to provide:

- Certified copy of a full Trust Deed and if applicable, a certified copy of any variation deed/s

If you are opening an account for a partnership you will need to provide:

- Certified full copy of the Partnership Agreement, showing the names of the partners

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

- Certified copy of the Articles of Association or the rules governing the association
- Certified copy of most recent Annual General Meeting (AGM) minutes of the association

Authorised users and Additional parties:

An authorised user does not need to provide an identification document if they are an existing ING customer.

All authorised users and additional parties (listed in Part A, B, C or E) who are new ING customers (i.e. do not currently have an ING client number) must provide a certified copy of one of the following photo identification documents:

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

Or, if you do not have one of the above photo identification documents, please provide a certified copy of one of the following identification documents:

- Birth Certificate or Birth Extract (issued by a State or Territory in Australia); or
- Pension Card (must be current and issued by Centrelink entitling financial benefits)

AND a certified copy of one of the following documents:

- Australian Tax Office Tax Assessment Notice (issued in the last 12 months and shows current residential address); or
- Utility Bill (gas/electricity/phone/water) or council rates notice (less than 3 months old)

THE IDENTIFICATION DOCUMENT MUST DISPLAY YOUR FULL NAME. Initials are not acceptable.

(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
- An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants
- A Solicitor or Barrister
- A Police Officer
- An agent in charge of, or a permanent employee of an Australia Post outlet

Note: This is not the complete list of ING acceptable document certifiers. The complete list is available on ing.com.au in the FAQ section. An acceptable document certifier is not able to certify their own documents, documents on behalf of their immediate family or any associated parties. e.g. relatives, de-facto or one director certifying another director from the same companies document.

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]"
 - If document has multiple pages, certifier needs to clearly state they are certifying the entire document on the first page and initial all other pages
2. Sign the copy document
3. Provide Name, Certifier Classification and Registration/badge number (If applicable). 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.



Appendix B (this section does not apply to Financial Advisers)

Please provide a copy of the following (if not previously supplied to ING):

- A copy of the record from which the business was verified (eg. a copy of the ASIC web search for a company)
AND
- A copy of the record from which each authorised user's and additional party's identity was verified
AND
- A copy of the document used to verify the external bank account.

Appendix C: Additional authorised users (complete if you have more than two authorised users)

For new authorised users, we need to obtain their details and verify their identity. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

Authorised user 3

ING client number
(if existing client)

Mr ☐ Mrs ☐ Ms ☐ Other

First name Middle initial

Surname / Family name

Position (must be completed)

Director ☐ Company / Club Secretary ☐ Partner ☐ Treasurer ☐
Employee ☐ Chairperson / President ☐ Owner ☐ Trustee ☐

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 (optional)

Driver's Licence (if applicable)

Authorised user 4

ING client number
(if existing client)

Mr ☐ Mrs ☐ Ms ☐ Other

First name Middle initial

Surname / Family name

Position (must be completed)

Director ☐ Company / Club Secretary ☐ Partner ☐ Treasurer ☐
Employee ☐ Chairperson / President ☐ Owner ☐ Trustee ☐

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 (optional)

Driver's Licence (if applicable)



Mandatory security details

Date of birth (DD/MM/YYYY)

Nationality

Mother's maiden name (mother's original surname / family name)

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 Business Optimiser Terms and Conditions.

Signature

Date (DD/MM/YY)

Mandatory security details

Date of birth (DD/MM/YYYY)

Nationality

Mother's maiden name (mother's original surname / family name)

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 Business Optimiser Terms and Conditions.

Signature

Date (DD/MM/YY)



Business Account application

PART C—Company



About this form:

This is Part C in the sign up process for Business Optimiser and/or Business Term Deposit accounts.
No need to complete this if you have an ING account in the same entity name – the Part A form will suffice.
Please: • use CAPITAL LETTERS • use black pen • mark boxes with an X.



Step 1: Business details

Name of company

Step 2: Shareholder details

Please complete this section for all individual shareholders who have a total of 25% or more shareholding in the company.

Shareholder 1

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Shares
beneficially
held

Yes

No

Nationality

OR

Name of sole trader/company/partnership/association/trust

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode

Shareholder 2

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Shares
beneficially
held

Yes

No

Nationality

OR

Name of sole trader/company/partnership/association/trust

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode



Shareholder 3

| | |
|--------------------------|--|
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Date of birth (DD/MM/YY) | Shares beneficially held |
| <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Nationality | |
| <input type="text"/> | |

OR

Name of sole trader/company/partnership/association/trust

Residential/Registered address

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

Shareholder 4

| | |
|--------------------------|--|
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Date of birth (DD/MM/YY) | Shares beneficially held |
| <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Nationality | |
| <input type="text"/> | |

OR

Name of sole trader/company/partnership/association/trust

Residential/Registered address

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

Step 3: Additional Director details

Please provide details of all directors who **are not** nominated as authorised users. These directors will not be granted access to operate the business account.

Additional Director 1

| | |
|---|----------------------|
| ING client number (if existing client) | <input type="text"/> |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> | <input type="text"/> |
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Date of birth (DD/MM/YY) | |
| <input type="text"/> | |
| Nationality | |
| <input type="text"/> | |

Residential/Registered address

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

Additional Director 2

| | |
|---|----------------------|
| ING client number (if existing client) | <input type="text"/> |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> | <input type="text"/> |
| First name | Middle initial |
| <input type="text"/> | <input type="text"/> |
| Surname / Family name | |
| <input type="text"/> | |
| Date of birth (DD/MM/YY) | |
| <input type="text"/> | |
| Nationality | |
| <input type="text"/> | |

Residential/Registered address

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



Additional Director 3

ING client number
(if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

/ /

Nationality

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Director 5

ING client number
(if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

/ /

Nationality

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Director 4

ING client number
(if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

/ /

Nationality

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Director 6

ING client number
(if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

/ /

Nationality

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode



Additional Director 7

ING client number
(if existing client)

Mr

Mrs

Ms

Other

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Director 9

ING client number
(if existing client)

Mr

Mrs

Ms

Other

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Director 8

ING client number
(if existing client)

Mr

Mrs

Ms

Other

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Director 10

ING client number
(if existing client)

Mr

Mrs

Ms

Other

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential/Registered address

Unit number

Street number

Street name

Suburb

State

Postcode



Business Account application

PART D—Trusts



About this form:

This is the Part D in the sign up process for Business Optimiser and/or Business Term Deposit accounts.
No need to complete this if you have an ING account in the same entity name – the Part A form will suffice.
Please: • use CAPITAL LETTERS • use black pen • mark boxes with an X.



Step 1: Business details

BTPDF

Name of trust

Settlor of trust (person establishing the trust/fund)

First name

Surname / Family name

Country in which the trust was established, if not in Australia

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.

Beneficiary 1

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR

Name of company/partnership/association/trust

Beneficiary 2

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR

Name of company/partnership/association/trust



Beneficiary 3

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR

Name of company/partnership/association/trust

Beneficiary 4

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR

Name of company/partnership/association/trust

Beneficiary 5

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR

Name of company/partnership/association/trust

Beneficiary 6

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR

Name of company/partnership/association/trust

Beneficiary 7

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR

Name of company/partnership/association/trust

Beneficiary 8

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR

Name of company/partnership/association/trust



Beneficiary 9

ING client number (if existing client)

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR
Name of company/partnership/association/trust

Beneficiary 10

ING client number (if existing client)

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

OR
Name of company/partnership/association/trust



Additional identification requirements — Company as Trustee application



Part 1: Organisation details

☐ Please tick this box if the entity's residential address (principal place of business) is the same as the registered address. If it is the same, then you will only need to fill out Business Activity Description.

If entity's residential address is different from the registered address, please provide Residential address (principal place of business):

Residential address (principal place of business)

This is the main location from which the business is conducted, decisions are made, and the company books and records are maintained.

Street address

Suburb

State

Country

Postal code

Business Activity Description

This can include nature and purpose of entity, products and services provided or type of investments etc.

Part 2: Customer type

Please select one or more of the following that is applicable to the entity:

- | | | |
|---|---|--|
| <input type="checkbox"/> Self Managed Super Fund (SMSF) | <input type="checkbox"/> Private Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Non-Profit Organisation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Fund as customer | <input type="checkbox"/> 100% Owned by Listed Company | <input type="checkbox"/> Financial Institution |

Part 3: For Trusts only

Inception of Trust

Date (DD/MM/YYYY)

 / /

Jurisdiction (state or territory trust is governed by)

Existence of Trust

Is the trust currently in existence?

- ☐ Yes, the Trust is still in existence and I will inform ING immediately in case of any changes
- ☐ No, the Trust is no longer in existence

Nature and purpose of Trust

Please select one or more of the following applicable to the entity:

- | | |
|--|--|
| <input type="checkbox"/> Investment | <input type="checkbox"/> Estate Planning |
| <input type="checkbox"/> Wealth Management | <input type="checkbox"/> Superannuation |



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

customerresolutions.au@ing.com

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
- Speak with a professional tax adviser
- See the CRS and FATCA FAQs and glossary - 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 > 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 and go to **My Profile > Foreign Tax Details**.

Part 1: Identification of account holder

ING client number for the entity:

☐ 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 or organisation

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

Residential address

Street address

Suburb

State

Country

Postal code

Postal address (if different from residential address)

Street address (or PO Box)

Suburb

State

Country

Postal code



Industry classification

Australian & New Zealand Standard Industrial Classification (ANZSIC)

Please provide the ANZSIC Class code most applicable to the entity, as published by the Australian Bureau of Statistics. The ANZSIC Class code and name for popular industries are provided in the table below. To search through the full list of ANZSIC Class codes available, visit www.abs.gov.au and select Statistics > Classifications > ANZSIC – Industry Classifications > Search ANZSIC. Further information is also available on our website under the ANZSIC FAQs at ing.com.au.

Class (4 digit code) Name

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Popular industries

| ANZSIC Class Name | Class Code | ANZSIC Class Name | Class Code |
|---|------------|--|------------|
| Superannuation Funds | 6330 | Computer System Design and Related Services | 7000 |
| Financial Asset Investing | 6240 | Religious Services | 9540 |
| Other Social Assistance Services | 8790 | Other Professional, Scientific and Technical Services n.e.c. | 6999 |
| Accounting Services | 6932 | Other Construction Services n.e.c. | 3299 |
| Management Advice and Related Consulting Services | 6962 | Residential Property Operators | 6711 |
| Other Health Care Services n.e.c. | 8599 | Engineering Design and Engineering Consulting Services | 6923 |
| Other Interest Group Services n.e.c. | 9559 | Non-Residential Property Operators | 6712 |

If applicable, please select any of the below industries that the entity operates in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Armament services | <input type="checkbox"/> Remittance | <input type="checkbox"/> Registered online gambling |
| <input type="checkbox"/> Unlicensed gambling | <input type="checkbox"/> Pornographic activities | <input type="checkbox"/> Non-profit organisations |
| <input type="checkbox"/> Non-regulated/unlicensed financial services | <input type="checkbox"/> Weapons | <input type="checkbox"/> Thermal coal-fired power plants |
| <input type="checkbox"/> Mountain top removal mining | <input type="checkbox"/> Shell or correspondent banks | |

Standard Economic Sector Classifications of Australia (SESCA)

Please select the SESCO classification most relevant to the entity by selecting one of the available options below. Options may vary depending on the business type. Further information is available on our website under the SESCO FAQs at ing.com.au.

| SESCA | Company | Company as Trustee | Individuals as Trustee | Partnerships | Incorporated Association |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Community service organisations | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| Private non-financial corporations | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Private unincorporated businesses | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Self Managed Superannuation Fund | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Other Superannuation Fund | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Special Purpose Vehicle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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 | |
| <input type="checkbox"/> Grant/Subsidy | <input type="checkbox"/> Royalties | |

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

If you select (a) or (b) proceed to Part 5.

- ☐ (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)



Please select one of the following options:

- ### 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):

- Entity's GIIN: [] [] [] [] [] [] . [] [] [] [] [] [] . [] [] . [] [] [] []

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

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

- ## 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.

- 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:

- Page 3 of 5 | ING 054 | 06/24
ING is a business name of ING Bank (Australia) Limited | ABN 24 000 893 292 | AFSL and Australian Credit Licence 229823



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](https://www.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](https://www.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;
- The information of Controlling Persons in Part 5 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 and/or the Controlling Persons in Part 5 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

customerresolutions.au@ing.com

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
- Speak with a professional tax adviser
- See the CRS and FATCA FAQs and glossary – 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 > 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 and go to **My Profile > Foreign Tax Details**.

Part 1: Identification of individual

Existing customer

Your ING client number:

☐ 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:

Given name

Family name

Middle name(s)

Date of birth (DD/MM/YYYY)

 / /

Place of birth

Town or city of birth

Country of birth

Citizenship(s)

Residential address

Street address

Suburb

State

Country

Postal code

Postal 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 (select only one from each column):

| | Source of wealth | Source of funds |
|--|--------------------------|--------------------------|
| Employment/Salary/Job | <input type="checkbox"/> | <input type="checkbox"/> |
| Dividends | <input type="checkbox"/> | <input type="checkbox"/> |
| Divorce settlement | <input type="checkbox"/> | <input type="checkbox"/> |
| Family trust or inheritance | <input type="checkbox"/> | <input type="checkbox"/> |
| Donation or gift | <input type="checkbox"/> | <input type="checkbox"/> |
| Grant/Scholarship/Subsidy | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance or settlement proceeds | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Employed/Investments/Superannuation account | <input type="checkbox"/> | <input type="checkbox"/> |
| Lottery win or gambling | <input type="checkbox"/> | <input type="checkbox"/> |
| Pension or social benefits (Centrelink payments) | <input type="checkbox"/> | <input type="checkbox"/> |
| Royalties | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of property | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse or partner/Parent or guardian | <input type="checkbox"/> | <input type="checkbox"/> |

Industry classification

Australian & New Zealand Standard Industrial Classification (ANZSIC) – only required to be completed if you are a sole trader

If you are a sole trader, please provide the ANZSIC Class code most applicable to your business, as published by the Australian Bureau of Statistics. The ANZSIC Class code and name for popular industries are provided in the table below. To search through the full list of ANZSIC Class codes available, visit www.abs.gov.au and select Statistics > Classifications > ANZSIC – Industry Classifications > Search ANZSIC. Further information is also available on our website under the ANZSIC FAQs at ing.com.au.

| | |
|----------------------|----------------------|
| Class (4 digit code) | Name |
| <input type="text"/> | <input type="text"/> |

Popular industries

| ANZSIC Class Name | Class Code | ANZSIC Class Name | Class Code |
|--|------------|--|------------|
| Other Social Assistance Services | 8790 | Residential Property Operators | 6711 |
| Accounting Services | 6932 | Engineering Design and Engineering Consulting Services | 6923 |
| Management Advice and Related Consulting Services | 6962 | Sports and Physical Recreation Instruction | 8211 |
| Other Health Care Services n.e.c. | 8599 | Legal Services | 6931 |
| Other Interest Group Services n.e.c. | 9559 | Adult, Community and Other Education n.e.c. | 8219 |
| Computer System Design and Related Services | 7000 | Creative Artists, Musicians, Writers and Performers | 9002 |
| Religious Services | 9540 | Electrical Services | 3232 |
| Other Professional, Scientific and Technical Services n.e.c. | 6999 | Plumbing Services | 3231 |
| Other Construction Services n.e.c. | 3299 | | |

If applicable, please select any of the below industries that the entity operates in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Armament services | <input type="checkbox"/> Remittance | <input type="checkbox"/> Registered online gambling |
| <input type="checkbox"/> Unlicensed gambling | <input type="checkbox"/> Pornographic activities | <input type="checkbox"/> Non-profit organisations |
| <input type="checkbox"/> Non-regulated/unlicensed financial services | <input type="checkbox"/> Weapons | <input type="checkbox"/> Thermal coal-fired power plants |
| <input type="checkbox"/> Mountain top removal mining | <input type="checkbox"/> Shell or correspondent banks | |



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

Are you a U.S. Person for tax purposes?

A U.S. Person generally includes a citizen or resident of the United States of America.

☐ 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](https://www.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 submit this form 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 submitting 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

Declarations

☐ By submitting this form, I agree to the above declarations

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 completing and submitting it (including the name of the entity). If completing and submitting under authority, please also attach supporting information.

Capacity

Mobile phone

Email

