

Update business details for business accounts



About this form:

If you're a Business Optimiser or Business Term Deposit customer and need to change your authorised users or contact information, this is the form for you.

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

If you have any questions or need help completing this form, please call us on 133 464.

Step 1: Your account details

BTPDF

Business name

Nominated account

The changes that you request will be applied to the business account that you specify in this section.

Please note:

- If you are removing and/or adding authorised users, please complete one form for each account the changes apply to.
- If you are changing the business address and/or phone number only, you simply need to complete one form as the change will apply across all accounts held in the business name.

Account number 1

Account number 2

Account number 3

Account number 4

If you are only changing the business details... ▶Go to Step 4

Step 2: Removing an authorised user(s)

Before removing an authorised user, please ensure that you will continue to comply with the below.

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).

- The authorised user(s) being removed **must** sign this form in **Step 5**.
- **Trusts only:** If your ING business account is linked to an external bank account, please ensure you let us know if the name on that account changes e.g. if you are removing an authorised user whose name has been removed from the external bank account, please also complete a Business Accounts Linked Bank Account Change Form, available for download at ing.com.au or by calling a us on 133 464.

Note: If you are removing authorised users from a Business Optimiser and there is a Business Term Deposit linked to it, the same change will apply to the linked Business Term Deposit and vice versa.

Existing authorised user 1

Mark with an X to remove

ING client number

Mr Mrs Ms Other

First name

Middle initial

Surname / Family name

Position

Existing authorised user 2

Mark with an X to remove

ING client number

Mr Mrs Ms Other

First name

Middle initial

Surname / Family name

Position



Existing authorised user 3 Mark with an X to remove

ING client number

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Position

Existing authorised user 4 Mark with an X to remove

ING client number

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Position

Step 3: Adding an authorised user(s)

If you wish to add an authorised user(s), refer to Step 2 for **Who must be an authorised user?**
 For authorised users who do not currently have an ING client number, we also need to verify your identity. Refer to **Appendices A and B** for the types of documents you can provide and how to certify copies of documents.
Note: If you are adding authorised users to a Business Optimiser and there is a Business Term Deposit linked to it, the same change will apply to the linked Business Term Deposit and vice versa.

New authorised user 1

ING client number (if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Position
 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

New authorised user 2

ING client number (if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Position
 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



New authorised user 1 (continued)

Contact details (we need at least one phone number)

Mobile phone number

Other phone number (include area code for landline)

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)

Declaration

- I declare that all information provided in this form regarding my identity is true and correct.
- I declare that I have read the Terms and Conditions of the account(s) nominated in Step 1 and ING's Privacy Statement and agree that I will comply with these Terms and Conditions.
- 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 Terms and Conditions of the account(s) nominated in Step 1.

Signature

Date (DD/MM/YY)

New authorised user 3

ING client number
(if existing client)

Mr Mrs Ms Other

First name

Middle initial

Surname / Family name

Position

Director 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

New authorised user 2 (continued)

Contact details (we need at least one phone number)

Mobile phone number

Other phone number (include area code for landline)

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)

Declaration

- I declare that all information provided in this form regarding my identity is true and correct.
- I declare that I have read the Terms and Conditions of the account(s) nominated in Step 1 and ING's Privacy Statement and agree that I will comply with these Terms and Conditions.
- 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 Terms and Conditions of the account(s) nominated in Step 1.

Signature

Date (DD/MM/YY)

New authorised user 4

ING client number
(if existing client)

Mr Mrs Ms Other

First name

Middle initial

Surname / Family name

Position

Director 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



New authorised user 3 (continued)

State	Postcode	Personal mailing address <small>(if same as above, please mark this box with an X)</small>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unit number	Street number	
<input type="text"/>	<input type="text"/>	
Street name (or PO Box)		
<input type="text"/>		
Suburb		
<input type="text"/>		

State	Postcode
<input type="text"/>	<input type="text"/>

Contact details (we need at least one phone number)

Mobile phone number

Other phone number (include area code for landline)

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)

Declaration

- I declare that all information provided in this form regarding my identity is true and correct.
- I declare that I have read the Terms and Conditions of the account(s) nominated in Step 1 and ING's Privacy Statement and agree that I will comply with these Terms and Conditions.
- 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 Terms and Conditions of the account(s) nominated in Step 1.

Signature	Date <small>(DD/MM/YY)</small>
<input type="text"/>	<input type="text"/>

New authorised user 4 (continued)

State	Postcode	Personal mailing address <small>(if same as above, please mark this box with an X)</small>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unit number	Street number	
<input type="text"/>	<input type="text"/>	
Street name (or PO Box)		
<input type="text"/>		
Suburb		
<input type="text"/>		

State	Postcode
<input type="text"/>	<input type="text"/>

Contact details (we need at least one phone number)

Mobile phone number

Other phone number (include area code for landline)

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)

Declaration

- I declare that all information provided in this form regarding my identity is true and correct.
- I declare that I have read the Terms and Conditions of the account(s) nominated in Step 1 and ING's Privacy Statement and agree that I will comply with these Terms and Conditions.
- 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 Terms and Conditions of the account(s) nominated in Step 1.

Signature	Date <small>(DD/MM/YY)</small>
<input type="text"/>	<input type="text"/>



Step 4: Changing business details

Any changes to the business address and/or phone number, will apply across all accounts held in the business name.

New registered business address (PO Boxes not accepted)

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"/>

New mailing business address

(if same as registered business address, please mark this box with an X)

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

Contact details

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

Step 5: Authorisation

This section needs to be completed by all the existing authorised users of the account nominated in Step 1, including any authorised users who are being removed in Step 2.

New authorised users only need to sign Step 3. If a new authorised user does not currently have an ING client number, they need to provide a supporting document to verify their identity (refer to Appendices A and B).

Declaration

- I/We declare that all information provided in this form is true and correct.
- I/We acknowledge that each person nominated as an authorised user in Step 3 has full power and authority to operate the account(s) nominated in Step 1.
- ING reserves the right to request evidence of authority to approve this form.

Existing authorised user 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"/>	

Existing authorised user 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"/>	

Existing authorised user 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"/>	

Existing authorised user 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"/>	

Step 6: What to do when you have completed this form

When you've completed and signed this form, please send it with the supporting documentation (if new authorised users have been nominated in Step 3) to us at:

ING
Reply Paid 3858
Sydney NSW 2001 (no stamp required)



Appendix A: How to certify a document

To meet our verification requirements in Step 3, the following must be completed.

Step A. Select a Certifier	Step B. Document Certifier to complete
<p>Take the original and copy of your documents to an Acceptable Document Certifier from the list below.</p> <p>Ask them to follow the instructions in Step B.</p> <ul style="list-style-type: none"> • 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 Legal Practitioner • An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet <p>Note: A complete list of ING acceptable document certifiers is available on ing.com.au in the FAQ section.</p> <p>An Acceptable Document Certifier is not able to certify their own document(s) or documents on behalf of their immediate family.</p>	<p>To certify the copy of the supporting documentation to be a true copy of the original document, on the copied document complete the following:</p> <p>Write these words: "I hereby certify this document is a true copy of the original document shown to me on [date]"</p> <p>Signature: (refer Step A for examples of an Acceptable Document Certifier who is able to sign)</p> <p>Full name (printed): Mr John Sample</p> <p>Residential/Work address: 123 My Street, Sampleville NSW 1234</p> <p>Residential/Work phone number: (Mobile phone number or landline with area code)</p> <p>Qualification: i.e. JP, Solicitor, etc</p> <p>Registration number: xxxx (if applicable)</p> <p>Important Note: you must send us the original certified copy (signed in original ink).</p>

Note: It is an offence under the Anti-Money Laundering / Counter-Terrorism Financing Act 2006 to provide a false or misleading statement, produce a false or misleading document, to receive an ING product in a false name or to fail to disclose any other name or names you are commonly known by.

Appendix B: Identification document

The following list describes each of the identification documents in more detail. You need to choose documents from the following list. At least one of these must be from the Primary Identification Documents list. **Please note that the certified copy documents will not be returned.**

Primary identification documents	Secondary identification documents
<p>Does your primary document contain BOTH a photo AND your date of birth?</p> <p>YES - No additional identification is required.</p> <p>NO - You will also need to supply one secondary document that displays your current residential address.</p> <ul style="list-style-type: none"> • Australian Driver's Licence or Learner Permit (must be current, shows current residential address and photograph) • Australian Passport (either a current passport or a passport that expired within the last 2 years) • International Passport (current, containing a photo and signature and accompanied by a Professional Translator accredited by the National Accreditation Authority for Translators and Interpreters if not in English) • Proof of Age Card / NSW Photo Card (must be current and show date of birth and photograph) • Pension Card (must be current and issued by Centrelink entitling financial benefits) • Birth Certificate or Birth Extract (issued by a State or Territory in Australia) • Australian Citizenship Certificate. 	<ul style="list-style-type: none"> • Bank Statement (less than 12 months old, issued by an Australian bank, showing full name and residential address (not a PO Box), online statements not accepted) • Utility Bill (gas/electricity/phone/water), Council Rates or Land Valuation Notice (issued within the last 3 months and shows current residential address) • Australian Tax Office Tax Assessment Notice (issued in the last 12 months and shows current residential address) • Centrelink Statement (less than 12 months old) • Under 18's letter from a School Principal that states the attendance period (less than 3 months old).

THE IDENTIFICATION DOCUMENTS PROVIDED MUST DISPLAY YOUR FULL NAME.



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)**



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.

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) 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) 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

