

# Wholesale Term Deposit client application



## PART A

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

### Step 1: Business type

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

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

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

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

Full name of company/trustee/association/government/cooperative

  

Trading name or name of trust (if applicable)

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

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

#### Principle place of business (PO Box not accepted)

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

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

Is this address a:  Registered Office OR  Private Place of Business (PPOB)

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

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

#### Business identifier

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

ABN (Australian Business Number)

ACN (Australian Company Number)

Registration Number

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

**Company:** ACN is mandatory

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

**Government:** ABN is mandatory

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



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

Business activity

Country of business operations

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

Yes  No

If yes, please specify which countries

Source of funds

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

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

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

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

### Step 4: Settlement instructions

Bank

Account name

BSB

Account number

Settlement method:

RTGS  EFT  Austraclear

Code



## Step 5: Authorised Contacts

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

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

### Authorised Contacts 1

Mr  Mrs  Ms  Other

First name

Middle name

Surname/Family name

Position (must be completed)

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

Unit number

Street number

Street name

Suburb

State

Postcode

Country

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

Country

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

Mobile phone number

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

Email

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

### By signing this form

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

#### Consent

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

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

Signature

Date (DD/MM/YY)



## Authorised Contacts 2

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Position (must be completed)

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

Unit number

Street number

Street name

Suburb

State

Postcode

Country

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

Country

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

Mobile phone number

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

Email

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

### By signing this form

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

#### Consent

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

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

Signature

Date (DD/MM/YY)

## Step 6: Primary Account contact (optional)

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

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

First name

Middle name

Surname / Family name

## Step 7: Beneficial owners

Are there any individuals who own or have direct control of the business? (If so, please provide the ID documents.)

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

**Note:** If there are no individuals who own 25% or more, then you will need to provide details of all controllers (at least one individual)

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

Yes  No



### Person 1

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

### Person 2

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

#### By signing this form

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

##### Consent

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

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

Signature  Date (DD/MM/YY)

#### By signing this form

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

##### Consent

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

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

Signature  Date (DD/MM/YY)



### Person 3

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

### Person 4

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

### By signing this form

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

#### Consent

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

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

Signature

Date (DD/MM/YY)

### By signing this form

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

#### Consent

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

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

Signature

Date (DD/MM/YY)



### Entity as Beneficial Owners

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

#### Entity 1

Full name

Entity type

#### Entity 2

Full name

Entity type

#### Entity 3

Full name

Entity type

#### Entity 4

Full name

Entity type



Step 8: FATCA status

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

**Financial Institution**  
(A custodial or depository institution, an investment entity or a specified insurance company for FATCA purposes)

Provide the company's Global Intermediary Identification Number (GIIN) (if applicable)

If the company is a Financial Institution but does not have a GIIN, provide its FATCA status (select only one of the following)

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

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

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

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

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

- Yes** (only complete **A** below)       **No** (only complete **B** below)

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

Full name of Beneficial Owner

  
  

TIN

  
  

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

- Yes**       **No**

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

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

\* Direct or indirect control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).





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

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

### Third Party Authority

I / We have nominated and authorise the:

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

Name of Broker

Name of Custodian

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

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

Position (must be completed)

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

Unit number

Street number

Street name

Suburb

State

Postcode

Country

### By signing this form

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

#### Consent

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

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

Signature

Date (DD/MM/YY)



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

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

Position (must be completed)

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

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

Position (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

**By signing this form**

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

**Consent**

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

Signature

Date (DD/MM/YY)

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

**By signing this form**

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

**Consent**

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

Signature

Date (DD/MM/YY)



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

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

Position (must be completed)

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

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

Position (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

**By signing this form**

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

**Consent**

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

Signature

Date (DD/MM/YY)

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

**By signing this form**

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

**Consent**

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

Signature

Date (DD/MM/YY)



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

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

Position (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

**By signing this form**

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

**Consent**

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

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

Signature

Date (DD/MM/YY)

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

**Ultra-High-Risk Countries** (check the applicable box)

UHRC Nexus	Yes	No
Does your company have a direct presence and/or engagement involving Iran, Sudan, Syria, North Korea or Cuba?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have any indirect presence and/or engagements involving Iran, Sudan, Syria, North Korea or Cuba?	<input type="checkbox"/>	<input type="checkbox"/>
Are you providing products or services to a counterparty who is structurally involved in these products or services ending up (e.g. reselling) in Iran, Sudan, Syria, North Korea or Cuba?	<input type="checkbox"/>	<input type="checkbox"/>

**Should you answer one of these questions with 'Yes', then please refer to Relationship Manager.**



**NOTE:** 1. Please provide certified valid government ID of the identified Main Principals.

**Main Principal/s** (CEO or Chairman of the managing board or equivalent role, AND CFO or Treasurer or equivalent role)

The number of natural persons that qualify as main principals is at the **minimum two** natural persons.

Role/function within the company

First name

Middle name

Last name

Date of Birth (DD/MM/YYYY)

Country of residence

Role/function within the company

First name

Middle name

Last name

Date of Birth (DD/MM/YYYY)

Country of residence

**FATCA and CRS requirement**

Please provide us a completely signed [Self-Certification Form](#) to evidence client's FATCA and CRS status.

**KYC representative/authorised contact** is the person who either forwards the documentation to ING and/or signs the customer statement depending on his/her role and function:

- Persons that hold a function in the entity's management board
- Members of the compliance (either customer or the parent)
- Legal or treasury departments
- Official Legal Representatives
- Professional intermediaries like notaries, attorneys, accountants, agents and fund/investment managers.

**KYC Representative**

Full name

Role/function within the organisation

Full legal name of the organization in which this role/function is held

In case of Professional intermediaries: A customer statement or official document (e.g. Credit Agreement) indicating the relationship between the customer and the professional intermediary.

**NOTE:** Additional requirements may be requested upon receiving answers on the above questions.



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

### (i) Supporting documents

(please note that documents will not be returned)

#### Business:

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

- Certificate of incorporation or registration of business name

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

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

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

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

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

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

#### Authorised users and Additional parties:

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

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

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

### (ii) How to certify a document

#### Select a Certifier

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

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

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

#### Document Certifier to complete

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

1. Write these words: "I hereby certify this document is a true copy of the original document shown to me on [date] and registration number (if applicable)"
2. Sign the copy document
3. Provide Name and Certifier Classification. For example; John Smith, Accountant
4. Provide a work or residential address
5. Provide a contact number (this may be your work or residential landline or mobile number).
6. Date: DD/MM/YYYY
7. Registration Number (if applicable): (i.e. CPA membership No.)

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



## PART B—Company

### About this form:

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

### Step 1: Business details

Public  Private

Full name of company

### Step 2: Director details

Please provide details of all directors who **are not** nominated as authorised contacts. These directors will not be granted access to operate the business account. For publicly listed companies we will be able to verify their identity via publicly available information but in some cases we may request ID. For non-publicly listed companies, refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

#### Director 1

Mr  Mrs  Ms  Other

First name

Middle name

Surname/Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number

Street number

Street name

Suburb

State

Postcode

#### Director 2

Mr  Mrs  Ms  Other

First name

Middle name

Surname/Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number

Street number

Street name

Suburb

State

Postcode

**Director 3**

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode

**Director 4**

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode





### Director 5

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode

### Director 6

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode



**Director 7**

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode

**Director 8**

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode



**Director 9**

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode

**Director 10**

Mr  Mrs  Ms  Other

First name

Middle name

Surname / Family name

Date of Birth (DD/MM/YYYY)

Country and place of birth

Nationality

**Position** (must be completed)

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

Unit number  Street number

Street name

Suburb

State  Postcode



# 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

investorsolutions@ing.com.au

## Why this form must be completed

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

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

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

## If we don't receive your form

As we're bound by legislation, we may be required to treat you as a tax resident in a country outside of Australia (even if you aren't) and report the relevant details to the ATO. If you intend to open a new account, we won't be able to do this for you.

## Where to find more information

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

## If you're an individual

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

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

## Part 1: Identification of account holder

ING client number for the entity:

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](http://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](http://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](http://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              | Other (please specify)                                   |
| <input type="checkbox"/> Grant/Subsidy                     | <input type="checkbox"/> Royalties                      | <input type="text"/>                                     |

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

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](http://ing.com.au).

Given name	Middle name	Surname	Phone number	Client number (if existing ING customer)

## 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

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



## Part 7: For Trusts only

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

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

### Classes of Beneficiaries

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

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

## Part 8: Declarations

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

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

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

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

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

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

Full name

Signature

Date (DD/MM/YYYY)

 /  / 

Full name

Signature

Date (DD/MM/YYYY)

 /  / 

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

Capacity

Mobile phone

Email

Capacity

Mobile phone

Email





# Individual foreign tax residency self-certification form

## About this form

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

## Please return to

investorsolutions@ing.com.au

## Why this form must be completed

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

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

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

## If we don't receive your form

As we're bound by legislation, we may be required to treat you as a tax resident in a country outside of Australia (even if you aren't) and report the relevant details to the ATO. If you intend to open a new account, we won't be able to do this for you.

## Where to find more information

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

## If you're an entity

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

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

## Part 1: Identification of individual

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

## 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](http://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](http://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](http://ing.com.au)) which sets out how ING may collect, use and disclose the information supplied by me.

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

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

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

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

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

Full name

Signature

Date (DD/MM/YYYY)

 /  / 

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

Capacity

Mobile phone

Email

