Business Optimiser application PART A



About this form:

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



Step 1: Business	type						BOPDF
	ness Optimiser, pleas rated associations.	se tell us th	e type of business you op	perate. Note: we are	unable to accept p	ublic comp	anies, bare or informo
Sole Trader:	Partnership:	Comp	any:	Trust (including D	IY Super):	Incorpo	prated Association: Non-Profit)
PART A only	PART A + B		y Company - Sole Director RT A + C	Company as Tru PART A + C + D	ıstee - Sole Director		RT A + E
			y Company - Multiple Directors IRT A + C	Company as Tru PART A + C + D Individual(s) as PART A + D	ustee - Multiple Directo Trustee(s)	ors	
	ting ING business ac		e same entity name, you Itlined above.		olete Part A . For nev	v ING busin	ess customers, you ne
tep 2: Business							
			elow. If you are a new clier certify copies of documer				
			will be in the same name mpany, please use full co			ny/trust/as	sociation, including th
Iame of sole trade	er/partnership/comp	any/truste	e/association (if sole trade	er or individual trus	tee: first name, surr	name)	
radina namo or na	amo of trust /if anniling	-hla)					
rading name or no	ame of trust (if applica	ible)					
egistered busines	ss address (PO Box not	accepted)					
Init number	Street number		Street name				
Suburb					Stat	•	Postcode
abarb					Stat	.e	rosicode
Business mailing a	ddress (if same as above	e, please mark	this box with an X)				
Init number	Street number		Street name (or	PO Box)			
bvb					Ctat	•	Doctoodo
uburb					Stat	e	Postcode
usiness phone nu	ımber (for landline, pleas	se provide area	code)				
•	•						
Business identifier		: .l . : C	hatta aaaltaabla ta caasab		Sole Trader: AB		2
•			hat is applicable to your b		Partnership: AE Company: ACN	is mandatory	
BN (Australian Bu	siness Number)	A(CN (Australian Company I	Number)	ABN of the Trus Individual(s) as	t is optional • Trustee(s): A	the Trustee is mandatory, BN of the Trust is optional
egistration Numb	er	L	egistration number issued	hii (e.a. ASIC NSW Dent		gistration Nur	mber is mandatory
egistration (various	Ci		egistration narriber issued	t by (e.g. Asic, NSW bept	Tull fluulig/		
ax section (op	otional) Please coi	mplete 1 o	f the following (providing t	his information is not co he highest marginal tax			e may deduct tax from inte
ax File Number (TF	-N)	Al	BN	gese marginar tax	•	emption:	
					(if same as quoted		Income tax return
		OR			above, please mark this box with an X)	OR	not required

	ustry typ ct an indus		andatory) applicable.									
	Agriculture, Forestry and Fishing							Sanitary Services				
Communications				Mining					Transportation			
	Construc	tion					Public Adm	inistro	ution			Wholesale Trade
Electric and Gas					Real Estate					Other		
	Finance o	and Ins	surance				Retail Trade	9				
Ste	p 3: Nami	ng yo	ur Business C	ptim	ser (option	al)						
You	can give yo	our Bus	siness Optimiser	a nar	ne. Please m	ark on	e (x) or writ	e you	r own name:			
	Wages		Staff super		GST		Savings		Investment			
Oth	er											
			ng deposit									
(i)	By electro Your opening Business O	onic tı ng dep ptimis	ransfer - Trans posit will be requ	fer the ested ovided	deposit from from your lin we are able t	the li ked bo to veri	nked bank o ank account fy your ban	iccoun on the	nt, nominated in Step 5 e day your unt - refer Appendix A			t holder's name should not exceed \$5 million.
				OR								OR
(ii)									ccount nominated name or to ING.	\$		•
		_		OR								OR
(iii)			e – The cheque r rify your externo					ness n	ame or to ING.	\$		•
Cin	n F. Linko	مرب دا ام	la manageria	e di la								
			k account de		es hank acco	unt (n	oust bo in th	no can	oo namo(s) as the bus	inoss in S	Stop 3	e) to your new Business Optimiser.
	ne of bank	II exte	mai Australian	Dusirie	55 DUTIK UCCO	runt (n	nust be in ti	ie sui	nie name(s) as the bas		step 2	.) to godi flew busiless Optimisei.
Sub	urb of bank							BS	B number (mandatory)	A	ccour	nt number (mandatory)
Nan	ne of bank o	accour	nt you wish to li	nk to t	he Business (Optim	iser (must be i	n the so	me name(s) as the business i	in Step 2)		

Direct Debit Request

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

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

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

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

External bank account signatory 1	External bank account signatory 2			
First name Middle initial	First name Middle initial			
Surname / Family name	Surname / Family name			
Signature	Signature			
Date (DD/MM/YY)	Date (DD/MM/YY)			
If more than two signatures are required for this authority, please m	nark this box and attach a schedule of signatures (a separate sheet of			
paper listing additional names and signatures).				
Step 6: Authorised users				
Authorised users are the people who are nominated to operate your Busine	ess Optimiser.			
A maximum of four persons can be nominated as authorised users to oper below. If you have more than two authorised users, please refer to Append	rate the Business Optimiser. Two authorised users can complete their details ix C			
For new authorised users (i.e. do not currently have an ING client number),				
documents you can provide and how to certify copies of documents.	3 3 11 31			
Who must be an authorised user?	Company as Trustee: A minimum of two directors (except in the case			
Sole Trader: The owner must be an authorised user.	of sole directorships) must be authorised users OR a director and			
Partnerships: A minimum of two partners must be authorised users.	company secretary. Individual(s) as Trustee(s): All trustees must be authorised users.			
Companies: A minimum of two directors (except in the case of	No other authorised users are permitted.			
sole directorships) must be authorised users OR a director and company secretary.	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 bo	dy corporate and trusts (where only trustees can be authorised users).			
Authorised user 1	Authorised user 2			
ING client number (If existing client)	ING client number (if existing client)			
(ii existing citerity	(il existing clients)			
Mr Mrs Ms Other	Mr Mrs Ms Other			
First name Middle initial	First name Middle initial			
Surname / Family name	Surname / Family name			
Position (must be completed)	Position (must be completed)			
Company /	Company /			

Treasurer

Trustee

Director

Employee

Club Secretary

Chairperson /

President

Partner

Owner

Club Secretary

Chairperson /

President

Director

Employee

Treasurer

Trustee

Partner

Owner

Authorised user 1		Authorised user 2	
Personal residential address (must be a Unit number	completed. PO Box not accepted) Street number	Personal residential address (n Unit number	nust be completed. PO Box not accepted) Street number
treet name		Street name	
uburb		Suburb	
tate Postcode	Personal mailing address (if same as above, please mark this box with an X)	State Postcode	Personal mailing address (if same as above, please mark this box with an X)
nit number	Street number	Unit number	Street number
treet name (or PO Box)		Street name (or PO Box)	
uburb		Suburb	
tate	Postcode	State	Postcode
ontact details (you must provide at leas lobile phone number	t one phone number)	Contact details (you must provid Mobile phone number	e at least one phone number)
·		·	
ther phone number (for landline, please p	provide area code)	Other phone number (for landline,	, please provide area code)
a:1		Francil	
mail		Email	
Oriver's Licence (if applicable)		Driver's Licence (if applicable)	
Mandatory security details Date of birth (DD/MM/YYYY)		Mandatory security details Date of birth (DD/MM/YYYY)	5
lationality		Nationality	
lother's maiden name (mother's original	surrame / familu name)	Mother's maiden name (mother's	c original surname / familiu name)
outer 3 marach marine (mothers original	surfurite / furfing flurite)	Motrer's malacrimatic (motiers	s original surname / running nume)
agree that my personal information isclosed in the manner and for the p tatement contained in the Business	ourposes set out in the Privacy	disclosed in the manner and fo	nation may be collected, used and or the purposes set out in the Privacy siness Optimiser Terms and Conditions
ignature	Date (DD/MM/YY)	Signature	Date (DD/MM/YY)
	, , , , , , , , , , , , , , , , , , ,		
tep 7: Primary account contact	•		
All correspondence will be marked to t	rised users as the primary contact fo the attention of this person (and sent e marked to the attention of the Find	to the business mailing address onl	isiness Optimiser account. ly). If you don't nominate an authorised
irst name		Surname / Family name	

Step 8: Control and ownership

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

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

 $\textbf{Note for Trusts} - include \ details \ of \ appoint or \ / custodian/principal/protector/guardian \ (if \ applicable).$

Yes No			
Person 1		Person 2	
ING client number (if existing client)		ING client number (if existing client)	
Mr Mrs Ms Other		Mr Mrs Ms Other	
First name	Middle initial	First name	Middle initial
Surname / Family name		Surname / Family name	
Date of birth (DD/MM/YYYY)		Date of birth (DD/MM/YYYY)	
Nationality		Nationality	
Personal residential address (must be a Unit number	completed, PO Box not accepted) Street number	Personal residential address (must be co Unit number	mpleted, PO Box not accepted) Street number
Share the same a		Character and a	
Street name		Street name	
Suburb		Suburb	
State	Postcode	State	Postcode
State	rosicode	State	rosicode

Step 9: Declarations and application approval - by signing below

- I/We declare that all information provided in this Application Form and any supplements is true and correct
- I/We have received, read and agree to comply with the Business Optimiser Terms and Conditions
- I/We agree to ensure that all authorised users also comply with the terms and conditions of the Business Optimiser Terms and Conditions
- I/We acknowledge that:
 - In the case of sole director company I am the sole director and sole secretary and have full power and authority to open and operate the Business Optimiser
 - In the case of partnerships/association I/We have full power and authority to bind the partnership/association and each of the partners/members in accordance with its constituent documents or rules and I/we undertake to advise ING if the partnership/association is dissolved or terminated, or the members of the partnership change
 - In the case of trusts I am/We are the only trustee(s) of the trust and I/we have full trust power and authority to open and operate the Business Optimiser
 - Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) (or those existing authorised users on the linked Business Optimiser) has full power and authority to operate the Business Optimiser
 - Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) understands that personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Optimiser Terms and Conditions.
- ING reserves the right to request evidence of authority to approve this Application and/or evidence that the business named as the account holder exists, is validly constituted and is capable of being bound by the

Business Optimiser Terms and Conditions.

If I/we have provided, or have arranged for the provision of, information on this form about another person, I/we will ensure that they are aware that ING has collected their personal information and that personal information may be used, disclosed and held for the purposes set out in the Privacy Statement contained in the Business Optimiser Terms and Conditions.

Who can approve and sign this Application?

Sole Trader: Owner of the business.

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

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

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

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

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

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

Business signatory 1 First name	Middle initial	Business signatory 2 First name	Middle initial
Surname / Family name		Surname / Family name	
Signature Position	Pate (DD/MM/YY)	Signature Position	Date (DD/MM/YY)
Business signatory 3 First name	Middle initial	Business signatory 4 First name	Middle initial
Surname / Family name		Surname / Family name	
Signature Position	Pate (DD/MM/YY)	Signature Position	Date (DD/MM/YY)
IMPORTANT: Please con	nplete the relevant add	itional Part(s) as outlined in Step 1	as required.
Adviser use only - Company name	Adviser name	Adviser nu	mber

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

• Go to Appendix B.

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

When you have completed and signed the application form, please send it with your supporting documents to us at: ING Reply Paid 3858 Sydney NSW 2001 (no stamp required)

Appendix A: Supporting documents

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

(i) Supporting documents (please note that documents will not be returned)

Linked bank account:

Please provide one of the following:

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

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

Business:

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

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

- Certificate of Registration; or
- Tax File Number (TFN) advice; or (if you choose to provide one of the following documents, it must be issued within the last 2 years)
- Australian Tax Office Tax Assessment Notice; or
- Australian Tax Office Notice of Refund; or
- Business Activity Statement; or
- Instalment Activity Statement; or
- Annual or quarterly PAYG Instalment Notice

If you are opening an account for a trust, you will need to provide 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
- · Name(s) of settlor
- Details of appointor/custodian/principal/ protector/guardian (if any)

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

Certified copy of an extract of the Partnership Agreement, showing the names of the partners.

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

Certified copy of the Articles of Association or the rules governing the association.

Authorised users and Additional parties:

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

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

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

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

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

AND a certified copy of one of the following documents:

- Australian Tax Office Tax Assessment Notice (issued in the last 12 months and shows current residential address): or
- Utility Bill (gas/electricity/phone/water) or council rates notice (less than 3 months old)
 THE IDENTIFICATION DOCUMENT MUST DISPLAY YOUR FULL NAME.

(ii) How to certify a document

Select a Certifier

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

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

Note: This is not the complete list of ING acceptable document certifiers. The complete list is available on ing.com.au in the FAQ section. An acceptable document certifier is not able to certify their own documents 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:

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

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



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

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

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

Appendix C: Additional authorised users (complete if you have	more than two authorised users)
For new authorised users, we need to obtain their details and verify their identity. Refer to Appendix A for the	
Authorised user 3	Authorised user 4
ING client number (if existing client)	ING client number (if existing client)
Mr Mrs Ms Other	Mr Mrs Ms Other
First name Middle initi	al First name Middle initial
Surname / Family name	Surname / Family name
Position (must be completed)	Position (must be completed)
Director Club Secretary Partner Treasurer	Company / Partner Treasurer
Chairperson / The Chairperson	Chairperson / Ch
Employee President Owner Trustee Personal residential address (must be completed, PO Box not accepted)	Employee President Owner Trustee Personal residential address (must be completed, PO Box not accepted)
Unit number Street number	Unit number Street number
Street name	Street name
Suburb	Suburb
State Postcode	State Postcode
State	State
Personal mailing address (if same as above, please mark this box with an X Unit number	Personal mailing address (if same as above, please mark this box with an X Unit number Street number
Street name (no nu)	Street name (
Street name (or PO Box)	Street name (or PO Box)
Suburb	Suburb
State Postcode	State Postcode
Contact details (you must provide at least one phone number)	Contact details (you must provide at least one phone number)
Mobile phone number	Mobile phone number
Other phone number (for landline, please provide area code)	Other phone number (for landline, please provide area code)
Email (optional)	Email (optional)
Driver's Licence (if applicable)	Driver's Licence (if applicable)



Mandatory security details		
Date of birth (DD/MM/YYYY)		
Nationality		
Mother's maiden name (mother's original surname / family name)		
I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy		
Statement contained in the Business Optimiser Terms and Conditions.		
Signature		
Date (DD/MM/YY)		

Business Account application PART C—Company



About this form:

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



Step 1: Business details			
Name of company			
Step 2: Shareholder details			
Please complete this section for all individual sho	areholders who have a tota	l of 25% or more shareholding in	the company.
Shareholder 1 First name	Middle initial	Shareholder 2 First name	Middle initial
Surname / Family name		Surname / Family name	
Date of birth (DD/MM/YY) Nationality		Date of birth (DD/MM/YY) Nationality	
OR Name of sole trader/company/partnership/assoc	ciation/trust	OR Name of sole trader/company	/partnership/association/trust
Residential/Registered address Unit number Street nu	umber	Residential/Registered addre Unit number	ss Street number
Street name		Street name	
Suburb		Suburb	
State Postcode	9	State	Postcode

Shareholder 3 First name	Middl	le initial	Shareholder 4 First name M	iddle initial
THEFTAINC	Middle		THIS HAITE	
Surname / Family name			Surname / Family name	
Date of birth (DD/MM/YY)			Date of birth (DD/MM/YY)	
Nationality			Nationality	
OR .			OR	
Name of sole trader/company/partners	nip/association/trust		Name of sole trader/company/partnership/association/trust	
Residential/Registered address Unit number	Ctraat number		Residential/Registered address Unit number Street number	
Offic number	Street number		Offic Humber Street Humber	
Street name			Street name	
Street Harrie			Street name	
Suburb			Suburb	
State	Postcode		State Postcode	
Step 3: Additional Director details				
Please provide details of all directors who	are not nominated as author	orised use	ers. These directors will not be granted access to operate the busines	s account.
Additional Director 1			Additional Director 2	
ING client number (if existing client)			ING client number (if existing client)	
Mr Mrs Ms Other			Mr Mrs Ms Other	
First name	Middl	le initial	First name M	iddle initial
Surname / Family name			Surname / Family name	
Surfame / running nume			Surfame / Turning name	
Date of birth (DD/MM/YY)			Date of birth (DD/MM/YY)	
dute of birtif (bb/MM/YY)			Date of Dirth (DD/MM/YY)	
Nationality			Nationality	
reactionates			redionality	
Residential/Registered address Unit number	Street number		Residential/Registered address Unit number Street number	
Street name			Street name	
Suburb			Suburb	
State	Postcode		State Postcode	



Additional Director 3 ING client number (if existing client)	Additional Director 4 ING client number (if existing client)
Mar Mar Other	Mar Mar Other
Mr Mrs Ms Other Middle initial	Mr Mrs Ms Other Middle initial
This trume Middle middle	riist name middle initial
Surname / Family name	Surname / Family name
Date of birth (DD/MM/YY)	Date of birth (DD/MM/YY)
Nationality	Nationality
Residential/Registered address Unit number Street number	Residential/Registered address Unit number Street number
Street name	Street name
Suburb	Suburb
State Postcode	State Postcode
Additional Director 5 ING client number	Additional Director 6 ING client number
(if existing client)	(if existing client)
Mr Mrs Ms Other	Mr Mrs Ms Other
First name Middle initial	First name Middle initial
Surname / Family name	Surname / Family name
Date of birth (DD/MM/YY)	Date of birth (DD/MM/YY)
Nationality	Nationality
Residential/Registered address Unit number Street number	Residential/Registered address Unit number Street number
Unit number Street number	Unit number Street number
Street name	Street name
Street name	Street name
Suburb	Suburb
Subuit	Subulo
State Postcode	State Postcode
Fosicode	rosicode



Additional Director 7 ING client number (if existing client)	Additional Director 8 ING client number (if existing client)
Mr Mrs Ms Other	Mr Mrs Ms Other
Mr Mrs Ms Other Middle initial	First name Middle initial
The state with the state of the	The control of the co
Surname / Family name	Surname / Family name
Date of birth (DD/MM/YY)	Date of birth (DD/MM/YY)
Nationality	Nationality
Residential/Registered address Unit number Street number	Residential/Registered address Unit number Street number
Street name	Street name
Street name	Siccernance
Suburb	Suburb
State Postcode	State Postcode
Additional Director 9	Additional Director 10
ING client number (if existing client)	ING client number (if existing client)
Mr Mrs Ms Other	Mr Mrs Ms Other
First name Middle initial	First name Middle initial
Surname / Family name	Surname / Family name
Date of birth (DD/MM/YY)	Date of birth (DD/MM/YY)
Date of Direct (DD/MM/YY)	Date of birth (bb/mm/yy)
Nationality	Nationality
Residential/Registered address Unit number Street number	Residential/Registered address Unit number Street number
	56
Street name	Street name
Suburb	Suburb
State Peetende	State Destands
State Postcode	State Postcode



Additional identification requirements



Part 1: Organisation residence address					
Please tick this box if the entity's residential address (principal place of business) is the same as the registered address (please proceed to Part 2)					
If the entity's residential address is different from	the registration address, please complete the foll	lowing:			
Residential address (principal place of bus	iness)				
Street address					
Suburb					
State Country	Postal code				
Part 2: Customer type					
Please select one or more of the following that is	applicable to the entity:				
Self Managed Super Fund (SMSF)	Private Company	Sole Proprietorship			
Trust	Non-Profit Organisation	Partnership			
Fund as customer	100% Owned by Listed Company	Financial Institution			
Part 3: For Trusts only					
Existence of Trust Is the trust currently in existence?					
Yes, the Trust is still in existence and I will inform ING immediately in case of any changes					
No, the Trust is no longer in existence					

Entity foreign tax residency self-certification form



About this form

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

Please return to:

customer.resolutions@ing.com.au

Why this form must be completed

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

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

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

If we don't receive your form

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

Where to find more information

- Visit the ATO website ato.gov.au/crs
- · 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 inq.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: Identifica	ation of account holder				
	,			n or after 1 July 2017 and there ho	ave been no
General information					
If the entity is new t	to ING or you need to provide a ne	w self-certification, ple	ase complete the fol	lowing:	
Legal name of entit	у				
Country of incorpore	ation of organisation				
Does the entity only operate in Australia? Yes No If no, please list the countries that the entity also operates in					
Registered addre	SS		Mailing address	(if different from residential addre:	ss)
Street address			Street address (or F	PO Box)	
Suburb			Suburb		
State	Country	Postal code	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						
Popular Industries ANZSIC Class Name		lass Code	ANIZCIC	Class Name		Class Code
Superannuation Funds	C	6330		ter System Design a	nd Related Services	7000
Financial Asset Investing		6240		s Services	na Neiatea Services	9540
Other Social Assistance Services		8790	Other Professional, Scientific and Technical Service			
Accounting Services		6932	Other Construction Services n.e.c.			3299
Management Advice and Related Consultin	g Services	6962	Residen	tial Property Operat	ors	6711
Other Health Care Services n.e.c.		8599			gineering Consulting Se	rvices 6923
Other Interest Group Services n.e.c.		9559	Non-Re	sidential Property O	perators	6712
If applicable, please select any of the belo	ow industries that th	ne entity ope	rates in:			
Armament services	Remitte	ance			Registered online gar	nbling
Unlicensed gambling	Pornog	raphic activit	ies		Non-profit organisati	ions
Non-regulated/unlicensed financial se	rvices Weapo	ns			Thermal coal-fired po	ower plants
Mountain top removal mining	Shell or	corresponde	ent banks		_	
Standard Economic Sector Classifications	of Australia (SESCA)				
Please select the SESCA classification most	-		a one of t	he available ontions	helow Ontions may ve	aru depending on the
business type. Further information is availa					below. options mag w	and debending on the
3.						
SESCA	Company	Compa	ny as	Individuals as	Partnerships	Incorporated
	Company	Trust	tee	Trustee	ruitileisilips	Association
Community service organisations						
Private non-financial corporations						
Private unincorporated businesses						
Self Managed Superannuation Fund						
Other Superannuation Fund						
Special Purpose Vehicle						
Source of funds (please select one main	source of funds)					
Dividends or income from business	Insura	nce/Settleme	ent procee	eds	Sale of property or in	nvestments
Donation/Gift	Invest	ment income		Ot	— her (please specify)	
Doriddon/ dire	IIIVCSCI	THETH HICOTHE			rier (pieuse speerig)	
Grant/Subsidy Royalties						
Non-reportable entities (please select If you select (a) or (b) proceed to Part 5.	one of the following	options)				
(a) The entity is an Australian Superar	nnuation Fund (which	n includes SM	SFs) (plea	se proceed to Part !	5)	
(b) The entity: (please proceed to Par	t 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						
Less than 50% of the entity's gro produced passive income for the		sive income (e	e.g. divider	nds, interests and ro	yalties) and less than 5	50% of assets held
(c) None of the above (please proceed	-					

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) Depositary, 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

п	Double E.	Control	lim a Da	WC-010-0

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, Settlors 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.

				Client number
Given name	Middle name	Surname	Phone number	(if existing ING customer)
	_			
Part 6: Country of foreign tax	residence and relat	ed Taxpayer Identificatio	n Number ("TIN")	
Is Australia the sole tax residence of	of the entity?	es No		
If you answered No above, please of	complete the table belo	w indicating:		
 each country of tax resider 	ncy for the account hold	ler (other than Australia)		
 the account holder's TIN or 	-			
- the account notaer's fin or	equivalent for each col	antig/junsaiction indicated.		
Country TIN				

 $\textbf{Note:} \ \textbf{A TIN} \ \textbf{is always required (unless in the rare case the country does not issue TINs)}.$

Part 7: For Trusts only				
Do you know any additional information (a	part from full name) for the Set	tlor 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	c and controlling to 550.1 mm are s	ana complete an in	aa.a 5.6.ga	A Nosiacinag com continuation i cinii
Are any of the beneficiaries who received a in the last year, or beneficiaries who are other.				
If you answered Yes to the above please lis	t the Controlling Person(s) in Pa	rt 5 and complete an	Individual Foreign	Tax Residency Self-Certification Form.
Part 8: Declarations				
I understand that the information supplied ING. This includes the relevant product tern and disclose the information supplied by m	ns and conditions and our Priva			
I confirm that I am authorised to provide th	iis Self-Certification on behalf of	the entity identified	in Part 1 of this fo	rm.
I confirm that where I have provided inform that I will, within 30 days of signing this for		any other person (su	ich as a Controlling	Person or other Reportable Person)
 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 of this form or causes the information prov				
Full name		Full name		
Signature	rate (DD/MM/YYYY)	Signature		Date (DD/MM/YYYY)
Note: If you aren't an authorised user for the under authority, please also attach support		art 1, please indicate	the capacity in wh	nich you're signing the form. If signing
Capacity		Capacity		
Mobile phone	1	Mobile phone		
Email		Email		

Individual foreign tax residency self-certification form



About this form

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

Please return to:

customer.resolutions@ing.com.au

Why this form must be completed

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

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

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

If we don't receive your form

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

Where to find more information

- Visit the ATO website—ato.gov.au/crs
- 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					
Your ING client number: Please tick this box if you've already completed a foreign tax residency details (please proceed to F General information	Part 3).	•	e been no changes to your		
If you are new to ING or you need to provide a new self	-certification, please complete the fo	ollowing:			
	Residential	address			
Given name	Street addres	SS			
Family name	Suburb				
Middle name(s)	State	Country	Postal code		
Thate Harrie(3)					
Date of birth (DD/MM/YYYY)					
	Postal addr	'ess (if different from above)			
	Street addres	Street address (or PO Box)			
Place of birth					
Town or city of birth	Suburb				
-					
Country of birth	State	Country	Postal code		
Country or birti	Sittle	Country	r ostat 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 So	urce of funds		
Salary/Wages				
Dividends or income from business				
Divorce settlement				
Family trust/Inheritance				
Donation/Gift				
Grant/Subsidy				
Insurance/Settlement proceeds				
Investment income				
Lottery/Gambling				
Pension/Social benefits payment(s)				
Royalties				
Sale of property or investments				
Spouse/Partner				
Other (please specify)				
Australian & New Zealand Standard Industrial Classification (ANZSIC) – only required to be cor If you are a sole trader, please provide the ANZSIC Class code most applicable to your business, a ANZSIC Class code and name for popular industries are provided in the table below. To search thrwww.abs.gov.au and select Statistics > Classifications > ANZSIC – Industry Classifications > Search website under the ANZSIC FAQs at ing.com.au Class (4 digit code) Name	s published by the Australian Bureau o ough the full list of ANZSIC Class codes	available, visit		
Popular Industries				
ANZSIC Class Name Other Social Assistance Services Accounting Services Accounting Services Management Advice and Related Consulting Services Other Health Care Services n.e.c. Other Interest Group Services n.e.c. Class Code ANZSIC Class Nam Residential Proper 6932 Engineering Desig Sports and Physica Legal Services Adult, Community	ty Operators n and Engineering Consulting Services al Recreation Instruction g and Other Education n.e.c. usicians, Writers and Performers	Class Code 6711 6923 8211 6931 8219 9002 3232 3231		
If applicable, please select any of the below industries that the entity operates in:				
Armament services Remittance	Registered online gambling			
Unlicensed gambling Pornographic activities	Non-profit organisations			
Non-regulated/unlicensed financial services Weapons	Thermal coal-fired power pl	ants		

Shell or correspondent banks

Mountain top removal mining

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 lo	dentification Number ("TIN")
You'll need to complete this part if Australia is not your sole country of tax r	esidence 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 Austrathe account holder's TIN or equivalent, such as your Social Security Num	
Country TIN Note: A TIN is always required (unless in the rare case the country does not	issue TINs).
Part 3: Declarations	
	able Terms and Conditions governing the account holder's relationship with cy Policy (available at ing.com.au) which sets out how ING may collect, use
	any other person (such as a Controlling Person) that I will, within 30 days of
I have provided the information to ING, and	
 the information may be provided to the ATO and later disclosed by the may be tax resident pursuant to intergovernmental agreements to exch 	e ATO to tax authorities of another country or countries in which the person nange financial account information.
I declare that all the statements made and information provided in this fo	rm 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 in Part 1 of this form or causes the information provided in this form to be self-certification.	
Full name	
Signature Date (DD/MM/YYYY)	
Note: If you aren't the individual specified in Part 1 or you are completing which you're signing the form (including the name of the entity). If signing Capacity	this form for a Controlling Person of an entity, please indicate the capacity in gunder authority, please also attach supporting information. Mobile phone
Email	