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

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

trusts or unincorpo	rated associations.					
Sole Trader:	Partnership:	Cor	npany:	Trust (including DI	Y Super):	Incorporated Association: (including Non-Profit)
PART A only	PART A + B		Pty Company - Sole Director PART A + C	Company as Trus PART A + C + D	stee - Sole Director	PART A + E
			Pty Company - Multiple Directors PART A + C	Company as Trus PART A + C + D	stee - Multiple Directo	ors
				Individual(s) as Tr	rustee(s)	
	ting ING business ac and the relevant P			only need to compl	ete Part A . For nev	v ING business customers, you nee
Step 2: Business		urt(s) us				
Please enter your b	ousiness details as re		l below. If you are a new clier to certify copies of documen			usiness. Refer to Appendix A for the with your application).
Helpful hint: The n	ame of the Business	s Optimis	-	as the sole trader/p	artnership/compa	ny/trust/association, including the
Name of sole trade	er/partnership/comp	any/trus	stee/association (if sole trade	er or individual truste	ee: first name, surr	name)
Trading name or p	amo of truct (if any line					
	ame of trust (if applice	1DIE)				
De sistered busines						
Unit number	ss address (PO Box not Street number	accepted)	Street name			
Suburb	<u></u>				Stat	e Postcode
Business mailing a	ddress (if same as above	e, please m	ark this box with an X 🔹)			
Unit number	Street number		Street name (or l	PO Box)		
Suburb					Stat	e Postcode
Business phone nu	mber (for landline, pleas	se provide o	area code)			
Business identifier		identifie	r that is applicable to your b	usiness	Sole Trader: AB Partnership: AB	N is mandatory BN is mandatory
ABN (Australian Bu			ACN (Australian Company N		Company: ACN Company as Tri	is mandatory one of the Trustee is mandatory ,
						Trustee(s): ABN of the Trust is optional
Registration Numb	er		Registration number issued	by (e.g. ASIC, NSW Dept F		gistration Number is mandatory
L						
Tax section (op	otional) Please co	mplete 1		nis information is not con ne highest marginal tax ro		ot supplied, we may deduct tax from inter evy).
Tax File Number (TF	N)		ABN		Exe	emption:
		OR			(if same as quoted above, please mark this box with an X)	OR Income tax return not required

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68A

this box with an X)

ING is a business name of ING Bank (Australia) Limited | ABN 24 000 893 292 | AFSL and Australian Credit Licence 229823



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BOPDF

Industry type (mandatory)

Select an industry, if applicable.

Agriculture, Forestry and Fishing	Manufacturing	Sanitary Services
Communications	Mining	Transportation
Construction	Public Administration	Wholesale Trade
Electric and Gas	Real Estate	Other
Finance and Insurance	Retail Trade	
Step 3: Naming your Business Optimiser (optio	onal)	

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

	Wages	Staff super	GST	Savings	Investment
Other					

Step 4: Your opening deposit

Please select how you wish to make your opening deposit. You can nominate either: (i) electronic transfer, (ii) business cheque or (iii) bank cheque. Note: There is no minimum deposit required to open the Business Optimiser. The combined total balance held in all Business Optimisers in the same account holder's name should not exceed \$5 million.

\$

\$

\$

OR

OR

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

OR

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

OR

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

Step 5: Linked bank account details

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

Suburb of bank	BSB number (mandatory)	Account number (mandatory)
Name of bank account you wish to link to the Business Optimiser (must be in	the same name(s) as the business in Step 2	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 initia				
Surname / Family name		Surname / Family name					
Signature		Signature					
	Date (DD/MM/YY)		Date (DD/MM/YY)				
		and the factor and a structure of a state of the					

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

Step 6: Authorised users

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

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

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

Who must be an authorised user?

Sole Trader: The owner must be an authorised user.

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

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

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

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

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

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

Authorised user 2

Authorised user 1

t number _{ient)}							r					
Mrs	Ms Oth	er			Mr	Mrs	Ms	Other				
e			Middle	initial	First name	5					Middle	initial
/ Family n	ame				Surname	/ Family	name					
must be com	pleted)				Position (r	nust be co	mpleted)					
CI	Company / ub Secretary	Partner	Treasurer		Director				Partner		Treasurer	
0	Chairperson / President	Owner	Trustee		Employee				Owner		Trustee	
[i	ent) Mrs e / Family n must be com	must be completed) Club Secretary Chairperson /	must be completed) Company / Club Secretary Partner Chairperson /	Mrs Ms Other Middle Middle Middle Middle Company / Partner Treasurer Chairperson /	mrs Ms Other Middle initial Mrs Ms Other Middle initial Middle initial / Family name Middle completed) Company / Partner Treasurer Chairperson / Middle initial	ent) ((f existing cli Mrs Ms Other Mr	ent) (if existing client) (if existing client) (if existing client) (if existing client) Mrs	ent) (if existing client) (if	ent) (if existing client) Mrs Ms Other Mr Mr Mrs Mr Mrs Mr Mrs Mr Mrs Other First name / Family name / Family name Surname / Family name Imust be completed) Company / Company / Partner Treasurer Director Club Secretary Partner Chairperson /	ent) (if existing client) Mrs Ms Other Mr Mr Mrs Mr Ms Other First name First name Surname / Family name / Family name Surname / Family name must be completed) Position (must be completed) Company / Club Secretary Partner Chairperson / Other	ent) (if existing client) Mrs Ms Other Mrs Mrs Ms Other First name / Family name Surname / Family name / Family name Surname / Family name must be completed) Position (must be completed) Company / Club Secretary Partner Chairperson / Other	ent) (if existing client) Mrs Ms Other Middle initial / Family name First name / Family name Surname / Family name must be completed) Position (must be completed) Company / Club Secretary Partner Chairperson / Treasurer



Authorised user 1

Authorised user 2 Personal residential address (must be completed. PO Box not accepted) 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 Personal mailing address State Postcode Personal mailing address (if same as above, please mark (if same as above, please mark this box with an X) this box with an X) Unit number Street number Unit number Street number 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 Email Driver's Licence (if applicable) Driver's Licence (if applicable) Mandatory security details Mandatory security details Date of birth (DD/MM/YYYY) Date of birth (DD/MM/YYYY) Nationality Nationality Mother's maiden name (mother's original surname / family name) Mother's maiden name (mother's original surname / family name) I agree that my personal information may be collected, used and I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Optimiser Terms and Conditions. Statement contained in the Business Optimiser Terms and Conditions. Signature Signature Date (DD/MM/YY) Date (DD/MM/YY)

Step 7: Primary account contact (optional)

You can nominate one of your authorised users as the primary contact for the day-to-day running of the Business Optimiser account. All correspondence will be marked to the attention of this person (and sent to the business mailing address only). If you don't nominate an authorised user all written correspondence will be marked to the attention of the Financial Controller. First name Surname / Family name



Step 8: Control and ownership

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

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

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

	Yes		No												
Pers	on 1						Pe	erson	12						
	lient num ing client)	ber						G clier	nt numbe client)	er					
٩r	Mrs		Ms	Other			Mr		Mrs	Ms	Other				
First r	name					Middle in	itial Fir	st nar	ne					Middle	e initia
·									- <i>(</i> Fara il						
surno	ıme / Fam	niy no	ime				Su	rname	e / Famili	y name					
Date	of birth (D	D/MM/Y	YYY)				Do	te of l	birth (DD/	MM/YYYY)					
		/	,						/	/					
Vatio	nality						No	ationa	litu						
	-														
Perso Jnit r	nal resid	ential	address (must be co	mpleted, PO Box not Street number	accepted)	Pe Ur	rsona nit nur	l resider nber	itial addre:	SS (must be co	ompleted, P Street r	D Box not acc iumber	epted)	
Stree	t name						Sti	reet n	ame						
Subui	ъ						Su	burb							
State					Postcode		Ste	ate				Postcoc	le		



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 signatory 1

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Middle initial	First name	Middle
	Surname / Family name	
	Signature	
YY)		Date (DD/MM/YY)
	Position	
	Business signatory 4	
Middle initial	First name	Middle
	Surname / Family name	
	Signature	
YY)		Date (DD/MM/YY)
	Position	
	YY)	Surname / Family name Surname / Family name Signature YY) / Position Middle initial Business signatory 4 First name Surname / Family name Surname / Family name Signature YY)

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

 Adviser use only - Company name
 Adviser name
 Adviser number

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



initial

initial

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 2

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:

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

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



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

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

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

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

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

Authorised user 3	Authorised user 4
ING client number	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
Position (must be completed)	Position (must be completed)
Director Company / Partner Treasurer	Director Company / Partner Treasurer
Chairperson /	Chairperson /
Employee President Owner Trustee	Employee President Owner Irustee
Personal residential address (must be completed, PO Box not accepted) Unit number Street number	Personal residential address (must be completed, PO Box not accepted) Unit number Street number
Street name	Street name
Suburb	Suburb
State Postcode	State Postcode
Personal mailing address (if same as above, please mark this box with an X) Unit number Street number	Personal mailing address (if same as above, please mark this box with an X) Unit number Street number
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)
	Conter priorite marrister (for languine, please provide died 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 origina	l surname / family name)
l agree that my personal information disclosed in the manner and for the p Statement contained in the Business	ourposes set out in the Privacy

Signature

Date (DD/	MM/YY)	
	/	1
	/	/

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)		
	/	

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 ING is a business name of ING Bank (Australia) Limited | ABN 24 000 893 292 | AFSL and Australian Credit Licence 229823



Business Account application PART C—Company



6

About this form:

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

Step 1: Business details

Name of company

Step 2: Shareholder details

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

Shareholder 1		Shareholder 2	
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	
OR		OR	
Name of sole trader/company/partnership/associa	ition/trust	Name of sole trader/company/partne	ership/association/trust
Residential/Registered address Unit number Street nun		Residential/Registered address Unit number	
Unit number Street nun	nber	Unit number	Street number
Street name		Street name	
Suburb		Suburb	
State Postcode		State	Postcode



Shareholder 3		Shareholder 4	
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)	
OR Name of sole trader/company/partnership/association/trust	:	OR Name of sole trader/company/partnership/associati	on/trust
Residential/Registered address Unit number Street number		Residential/Registered address Unit number Street numb	er
Street name		Street name	
Suburb		Suburb	
State Postcode		State Postcode	

Step 3: Additional Director details

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

Additional Director 1 ING client number (if existing client)	Additional Director 2 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) / Nationality	Date of birth (DD/MM/YY)
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)				
Mr Mrs Ms Other	Mr 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				
Street name	Street name				
Suburb	Suburb				
State Postcode	State Postcode				
Additional Director 5	Additional Director 6				
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)				
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				



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	,			 ٦			(,,				
Mr	Mrs	M	5	Other			Mr	Mrs	Ms	Other		
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Date of	f birth (DI	D/MM/YY)					Date of	f birth (DD	/MM/YY)			
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Nation	ality						Nation	ality				
Reside	ntial/Re	gistered	addres	s			Reside	ntial/Rea	istered addre	255		
Unit nu	umber				Street number		Unit nu	imber			Street number	
Street	name						Street	name				
Culture							Culture					
Suburb							Suburb)				
State					Postcode	,	State				Postcode	
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	ent num		5					ent numb				
(if existin							(if existin	g client)				
												
Mr	Mrs	M	5	Other			Mr	Mrs	Ms	Other		
First no	ime					Middle initial	First no	ime				Middle initial
Surnan	ne / Fam	ily name					Surnan	ne / Fami	ly name			
Date of	f birth (DI)/MM/YY)					Date of	f birth (DD	/MM/YY)			
	/	/						/	/			
	/	/										
Nation	ality						Nationality					
Decide	ntial/Do	gistered	addror	~			Pacida	ntial/Dog	istered addre			
Unit nu	imber	ustered	uuures	5	Street number		Unit nu	imber		222	Street number	
Street	namo						Street	namo				
	nume						Sueet	nume				
Suburb							Suburb)				
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 following:

Residential address (principal place of business)

Street	address	
Street	adaress	

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 ing.com.au > Individual foreign tax residency self-certification form.

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

Part 1: Identification of acco	unt holder		
ING client number for the entity:	1		

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 ir	ncorporation of organisation				
Does the ent	ity only operate in Australia?	Yes No If no	, please list the cou	untries that the entity also o	perates in
Registered			-	dress (if different from resid	ential address)
Street address			Street addre	ss (or 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	Class Code	ANZSIC Class Name
Superannuation Funds	6330	Computer System Design and Related Services
Financial Asset Investing	6240	Religious Services
Other Social Assistance Services	8790	Other Professional, Scientific and Technical Services n.e.c.
Accounting Services	6072	Other Construction Services n.e.s.

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:

Armament services	Remittance	Registered online gambling
Unlicensed gambling	Pornographic activities	Non-profit organisations
Non-regulated/unlicensed financial services	Weapons	Thermal coal-fired power plants
Mountain top removal mining	Shell or correspondent banks	

Standard Economic Sector Classifications of Australia (SESCA)

Please select the SESCA 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 SESCA FAQs at ing.com.au.

SESCA	Company	Company as Trustee	Individuals as Trustee	Partnerships	Incorporated 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	Insurance / Settlement proceeds	Sale of property or investments
Donation/Gift	Investment income	Other (please specify)
Grant/Subsidy	Royalties	

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

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

(a) The entity is an Australian Superannuation Fund (which includes SMSFs) (please proceed to Part 5)

(b) The entity: (please proceed to Part 5)

- 1. Is incorporated in Australia; and
- 2. Has a registered address in Australia; and
- 3. Is not a Financial Institution, Listed Corporation or Government Entity; and
- 4. Less than 50% of the entity's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income for the last financial year

(c) None of the above (please proceed to Part 2)



Class Code 7000 9540

6999

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
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



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, 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.

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?

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

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

Part 8: Declarations

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

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

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		Full name	
Signature	Date (DD/MM/YYYY)	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	Capacity
Mobile phone	Mobile phone
Email	Email



Yes No

No

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.

Why this form must be completed

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

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

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

If we don't receive your form

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

Where to find more information

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

If you're an entity

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

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

Part 1: Identification of individual

Existing customer

Your ING client number:

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

General information

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

	Residential	address	
Given name	Street addres	SS	
Family name	Suburb		
Middle name(s)	State	Country	Postal code
Date of birth (DD/MM/YYY)	Postal addı	r ess (if different from above)	
		ss (or PO Box)	
Place of birth			
Town or city of birth	Suburb		
Country of birth	State	Country	Postal code



Please return to: customer.resolutions@ing.com.au

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		
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)		

Industry classification

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

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

Class (4 digit code)	Name

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:

Armament services	Remittance	Registered online gambling
Unlicensed gambling	Pornographic activities	Non-profit organisations
Non-regulated/unlicensed financial services	Weapons	Thermal coal-fired power plants
Mountain top removal mining	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
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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	

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

Part 3: Declarations

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

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

Mobile phone

Capacity
Email

