

Business Optimiser application

PART A



About this form:

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



Step 1: Business type

BOPDF

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

Sole Trader: <input type="checkbox"/> PART A only	Partnership: <input type="checkbox"/> PART A + B	Company: <input type="checkbox"/> Pty Company - Sole Director PART A + C <input type="checkbox"/> Pty Company - Multiple Directors PART A + C	Trust (including DIY Super): <input type="checkbox"/> Company as Trustee - Sole Director PART A + C + D <input type="checkbox"/> Company as Trustee - Multiple Directors PART A + C + D <input type="checkbox"/> Individual(s) as Trustee(s) PART A + D	Incorporated Association: (including Non-Profit) <input type="checkbox"/> PART A + E
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If you have an existing ING business account in the same entity name, you only need to complete **Part A**. For new ING business customers, you need to complete **Part A and the relevant Part(s)** as outlined above.

Step 2: Business details

Please enter your business details as requested below. If you are a new client to ING, we also need to verify your business. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents (you must supply these documents with your application).

Helpful hint: The name of the Business Optimiser will be in the same name as the sole trader/partnership/company/trust/association, including the trading name/name of trust (if applicable). If a company, please use full company name as registered by ASIC.

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

Trading name or name of trust (if applicable)

Registered business address (PO Box not accepted)

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

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

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

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

Business identifier

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

ABN (Australian Business Number) <input type="text"/>	ACN (Australian Company Number) <input type="text"/>	Sole Trader: ABN is mandatory Partnership: ABN is mandatory Company: ACN is mandatory Company as Trustee: ACN of the Trustee is mandatory, ABN of the Trust is optional Individual(s) as Trustee(s): ABN of the Trust is optional Association: Registration Number is mandatory
Registration Number <input type="text"/>	Registration number issued by (e.g. ASIC, NSW Dept Fair Trading) <input type="text"/>	

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

Tax File Number (TFN) <input type="text"/>	OR	ABN <input type="text"/>	(if same as quoted above, please mark this box with an X)	Exemption: <input type="checkbox"/>	OR	Income tax return not required <input type="checkbox"/>
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Industry type (mandatory)

Select an industry, if applicable.

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

Step 3: Naming your Business Optimiser (optional)

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

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.

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

\$

OR

OR

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

\$

OR

OR

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

\$

Step 5: Linked bank account details

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

Name of bank

Suburb of bank

BSB number (mandatory)

Account number (mandatory)

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

Direct Debit Request

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

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

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

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

External bank account signatory 1

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

External bank account signatory 2

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

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

Step 6: Authorised users

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

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

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

Who must be an authorised user?

Sole Trader: The owner must be an authorised user.

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

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

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

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

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

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

Authorised user 1

ING client number (if existing client)	<input type="text"/>
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	
First name	Middle initial
<input type="text"/>	<input type="text"/>
Surname / Family name	
<input type="text"/>	

Position (must be completed)

Director	<input type="checkbox"/>	Company / Club Secretary	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>
Employee	<input type="checkbox"/>	Chairperson / President	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Trustee	<input type="checkbox"/>

Authorised user 2

ING client number (if existing client)	<input type="text"/>
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	
First name	Middle initial
<input type="text"/>	<input type="text"/>
Surname / Family name	
<input type="text"/>	

Position (must be completed)

Director	<input type="checkbox"/>	Company / Club Secretary	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>
Employee	<input type="checkbox"/>	Chairperson / President	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Trustee	<input type="checkbox"/>

Authorised user 1

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

Unit number	Street number
<input type="text"/>	<input type="text"/>

Street name

Suburb

State	Postcode	Personal mailing address (if same as above, please mark this box with an X)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Unit number	Street number
<input type="text"/>	<input type="text"/>

Street name (or PO Box)

Suburb

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

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

Mobile phone number

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

Email

Driver's Licence (if applicable)

Mandatory security details

Date of birth (DD/MM/YYYY)

Nationality

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

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Optimiser Terms and Conditions.

Signature

Date (DD/MM/YY)

Authorised user 2

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

Unit number	Street number
<input type="text"/>	<input type="text"/>

Street name

Suburb

State	Postcode	Personal mailing address (if same as above, please mark this box with an X)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Unit number	Street number
<input type="text"/>	<input type="text"/>

Street name (or PO Box)

Suburb

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

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

Mobile phone number

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

Email

Driver's Licence (if applicable)

Mandatory security details

Date of birth (DD/MM/YYYY)

Nationality

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

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Optimiser Terms and Conditions.

Signature

Date (DD/MM/YY)

Step 7: Primary account contact (optional)

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

First name

Surname / Family name

Step 8: Control and ownership

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

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

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

Yes No

Person 1

ING client number (if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YYYY)

Nationality

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

Unit number Street number

Street name

Suburb

State Postcode

Person 2

ING client number (if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YYYY)

Nationality

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

Unit number Street number

Street name

Suburb

State Postcode

Step 9: Declarations and application approval - by signing below

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

Business Optimiser Terms and Conditions.

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

Who can approve and sign this Application?

Sole Trader: Owner of the business.

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

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

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

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

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

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

Business signatory 1

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

Business signatory 2

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

Business signatory 3

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

Business signatory 4

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

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

Adviser use only - Company name	Adviser name	Adviser number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 (this section does not apply to Financial Advisers)

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** (ie. do not currently have an ING client number) must provide a certified copy of **one** of the following identification documents:

- Australian Driver's Licence (must be current, shows current residential address and photograph); or
- Birth Certificate or Birth Extract (issued by a State or Territory in Australia); or
- Proof of Age Card (must be current, shows current residential address and photograph); or
- Pension Card (must be current and issued by Centrelink entitling financial benefits); or
- Australian Tax Office Tax Assessment Notice (issued in the last 12 months and shows current residential address); 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)

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

Note: This is not the complete list of ING acceptable document certifiers. The complete list is available on 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

ING client number (if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Position (must be completed)

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

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

Unit number Street number

Street name

Suburb

State Postcode

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

Unit number Street number

Street name (or PO Box)

Suburb

State Postcode

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

Mobile phone number

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

Email (optional)

Driver's Licence (if applicable)

Authorised user 4

ING client number (if existing client)

Mr Mrs Ms Other

First name Middle initial

Surname / Family name

Position (must be completed)

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

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

Unit number Street number

Street name

Suburb

State Postcode

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

Unit number Street number

Street name (or PO Box)

Suburb

State Postcode

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

Mobile phone number

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

Email (optional)

Driver's Licence (if applicable)

Mandatory security details

Date of birth (DD/MM/YYYY)

Nationality

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

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Optimiser Terms and Conditions.

Signature

Date (DD/MM/YY)

Mandatory security details

Date of birth (DD/MM/YYYY)

Nationality

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

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Optimiser Terms and Conditions.

Signature

Date (DD/MM/YY)

Business Account application

PART B—Partnerships



About this form:

This is Part B in the sign up process for Business Optimiser and/or Business Term Deposit accounts.

No need to complete this form if you have an ING account in the same entity name.

No need to complete this form if there are no partners in addition to the authorised users listed in the Part A form, and the partnership was established in Australia.

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



Step 1: Business details

Name of partnership

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

Step 2: Additional Partner details

Please provide full name and residential address of all partners who are not nominated as authorised users. Any persons not nominated as an authorised user will not be granted access to the business account.

Additional Partner 1

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 2

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 3

ING client number (if existing client)

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number Street number

Street name

Suburb

State Postcode

Additional Partner 5

ING client number (if existing client)

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number Street number

Street name

Suburb

State Postcode

Additional Partner 4

ING client number (if existing client)

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number Street number

Street name

Suburb

State Postcode

Additional Partner 6

ING client number (if existing client)

First name Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number Street number

Street name

Suburb

State Postcode

Additional Partner 7

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 8

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 9

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 10

ING client number
(if existing client)

First name

Middle initial

Surname / Family name

Date of birth (DD/MM/YY)

Nationality

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Entity foreign tax residency self-certification form



About this form

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

Please return to:

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 account holder

ING client number for the entity if applicable:

Please tick this box if you've already completed a valid ING self-certification for the entity on or after 1 July 2017 and there have been no changes to the entity's foreign tax residency details (**please proceed to Part 7**).

General information

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

Legal name of entity

Country of incorporation of organisation

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

Registered address

Street address

Suburb

State

Country

Postal code

Mailing address (if different from registered address)

Street address (or PO Box)

Suburb

State

Country

Postal code

Industry classification (please select **one** industry)

<input type="checkbox"/> Agriculture, Forestry and Fishing	<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Sanitary services
<input type="checkbox"/> Armament manufacturer, dealer or intermediary	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation
<input type="checkbox"/> Cash or cash equivalent intensive business	<input type="checkbox"/> Mining	<input type="checkbox"/> Unregulated charity or 'non-profit' organisation
<input type="checkbox"/> Casino, betting or other gambling	<input type="checkbox"/> Money service business (remittance house, bureaux de change, money transfer)	<input type="checkbox"/> Wholesale trade
<input type="checkbox"/> Communications	<input type="checkbox"/> Public administration	Other (please specify)
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	<input type="text"/>
<input type="checkbox"/> Dealer in high value goods (incl. estate agent, broker), precious metals or stones	<input type="checkbox"/> Superannuation fund	
<input type="checkbox"/> Electric and Gas	<input type="checkbox"/> Retail trade	

Source of funds (please select **one** main source of funds)

<input type="checkbox"/> Dividends or income from business	<input type="checkbox"/> Insurance /Settlement proceeds	<input type="checkbox"/> Sale of property or investments
<input type="checkbox"/> Donation /Gift	<input type="checkbox"/> Investment income	Other (please specify)
<input type="checkbox"/> Grant/Subsidy	<input type="checkbox"/> Royalties	<input type="text"/>

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

- (a) The entity is an Australian Superannuation Fund (which includes SMSFs) **(please proceed to Part 5)**.
- (b) The entity: **(please proceed to Part 5)**
1. Is incorporated in Australia; and
 2. Has a registered address in Australia; and
 3. Is not a Financial Institution, Listed Corporation or Government Entity; and
 4. Less than 50% of the entity's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income for the last financial year
- (c) None of the above **(please proceed to Part 2)**

Part 2: Specified U.S. Person under FATCA

Please select one of the following options:

- (a) The entity is a specified U.S. Person **(please proceed to Part 4)**
- (b) The entity is a non-specified U.S. Person **(please proceed to Part 4)**
- (c) None of the above **(please proceed to Part 3)**

Part 3: Entity's classification under FATCA

Your entity's FATCA classification may differ from its CRS classification in Part 4.

1. If the entity is a financial institution—please select its classification and provide the entity's Global Intermediary Identification Number (GIIN):

- (a) U.S. Financial Institution or a Partner Jurisdiction Financial Institution
- (b) Registered Deemed Compliant Foreign Financial Institution
- (c) Participating Foreign Financial Institution

Entity's GIIN:

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

- (a) Exempt Beneficial Owner
- (b) Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)
- (c) Non-Participating Foreign Financial Institution
- (d) Owner Documented Foreign Financial Institution (Non-US Owned)
- (e) Owner Documented Foreign Financial Institution (US Owned)

3. If the entity is not a financial institution—please select its classification:

- (a) Active Non-Financial Foreign Entity
- (b) Passive Non-Financial Foreign Entity (Non-US Owned)
- (c) Passive Non-Financial Foreign Entity (US Owned)
- (d) Excepted Non-Financial Foreign Entity



Part 4: Entity type under CRS

Your entity's CRS classification may differ from its FATCA classification in Part 3. Please select the appropriate CRS classification for your entity.

- (a) Financial Institution – Investment Entity
- i. A professionally managed investment entity located in a Non-Participating Jurisdiction
 - ii. Other Investment Entity

- (b) Depository, Custodial or Specified Insurance Company Financial Institution

- (c) Listed Corporation

i. Please provide the name of the established securities market on which the corporation is regularly traded:

ii. If you are a Related Entity of a regularly traded corporation, please provide their name:

- (d) Governmental Entity

- (e) International Organisation

- (f) Central Bank

- (g) Active Non-Financial Entity

- (h) Passive Non-Financial Entity

Part 5: Controlling Persons

A Controlling Person means any natural person(s) who directly or indirectly exercises control over an entity. For a company, this includes any beneficial owners in the company. For a Trust, this includes Trustees, Settlers and Beneficiaries. For a Partnership this includes all partners. For Charities and for Unincorporated/Incorporated Organisations; this includes Chairman, Secretary, Treasurer or equivalent.

Please provide the name and contact details for each of the entity's Controlling Person(s) in the table below. If not relevant to you, be sure to note 'Not applicable' - e.g. Controlling Person(s) may not apply to Listed Corporations and Government Entities.

Note: Complete and attach an individual foreign tax residency self-certification form for each Controlling Person—available for download at ing.com.au.

Given name	Middle name	Surname	Phone number	Client number (if existing ING customer)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6: Country of foreign tax residence and related Taxpayer Identification Number ("TIN")

Is Australia the sole tax residence of the entity? Yes No

If you answered 'no' above, please complete the table below indicating:

- each country of tax residency for the account holder (other than Australia)
- the account holder's TIN or equivalent for each country/jurisdiction indicated.

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

Part 7: For Trusts Only

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

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

Classes of Beneficiaries

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

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

Part 8: Declarations

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

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

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

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

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

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

Full name

Signature

Date (DD/MM/YYYY)

 / /

Full name

Signature

Date (DD/MM/YYYY)

 / /

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

Capacity

Mobile phone

Email

Capacity

Mobile phone

Email

Individual foreign tax residency self-certification form



About this form

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

Please return to:

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 if applicable:

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:

Family name

Given name

Middle name(s)

Date of birth (DD/MM/YYYY)

 / /

Place of birth

Town or city of birth

Country of birth

Residential address

Street address

Suburb

State

Country

Postal code

Mailing address (if different from above)

Street address (or PO Box)

Suburb

State

Country

Postal code

Source of wealth and funds

Please select your main source of wealth (i.e. assets and property) **AND** funds from the table below (you must select one from each column).

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

Are you a U.S. Person for tax purposes?
 A U.S. Person generally includes people born in the U.S., a citizen or resident of the United States of America.

Yes No

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

Part 2: Country of foreign tax residence and related Taxpayer Identification Number (“TIN”)

You’ll need to complete this part if Australia is not your sole country of tax residence or you are a US Person for tax purposes. Otherwise, proceed to Part 3.

Please complete the table below indicating:

- each country of tax residency for the account holder (other than Australia)
- the account holder’s TIN or equivalent, such as your Social Security Number for each country/jurisdiction indicated.

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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



Part 3: Declarations

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

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

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

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

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

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

Full name

Signature

Date (DD/MM/YYYY)

 / /

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

Capacity

Mobile phone

Email