



This form must be completed if the Company named below is a Beneficial Owner of another Company, a Trustee of a Trust or a Partner in a Partnership.

SECTION 1. COMPANY DETAILS

| | |
|--------------------------------------|------------|
| Company Name | COMPULSORY |
| Company Number | COMPULSORY |
| Country of Establishment | COMPULSORY |
| Country of Primary Place of Business | COMPULSORY |
| Registered Address | |
| Postal Address | |

Is the Company named above a Financial Institution? No Yes

Please refer to the "Financial Institution Worksheet" on the "Download Forms" page on the ANZ Securities website.

SECTION 2. COMPANY DIRECTORS

List all Directors below and complete Section 4. Please make extra copies of this page and attach them to your application if there are more than four Directors.

Name of Director

Name of Director

Name of Director

Name of Director

SECTION 3. BENEFICIAL OWNERS

For anti-money laundering regulations we need to establish the individuals who have a controlling interest in the Company. List all Beneficial Owners who have a **25% or more shareholding**, and complete either Section 4 or download the appropriate supplement for each Beneficial Owner. You do not need to repeat this section if the Beneficial Owner is also a Director-Shareholder. Please make extra copies of this page and attach them to your application if there are more than four Beneficial Owners.

Name of Beneficial Owner

If the Beneficial Owner is an individual, complete Section 4.

If the Beneficial Owner is an Entity, download and complete the appropriate supplement form from the "Download Forms" page on the ANZ Securities website.

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SECTION 4. ASSOCIATED INDIVIDUALS

Complete Section 4 for any Directors and/or Beneficial Owners who are individuals. Please make extra copies of this page and attach them to your application if there are more than four Directors and/or Beneficial Owners.

FIRST INDIVIDUAL

| | | | |
|--|--------------------------|-----------------------------|--|
| Title | Full legal name | | |
| Date of Birth | COMPULSORY | Country of Birth | COMPULSORY |
| Contact Phone | Email | | |
| Residential address | COMPULSORY | | |
| Occupation | COMPULSORY | | |
| Is the associated individual a US resident for tax purposes? | <input type="checkbox"/> | No <input type="checkbox"/> | Yes – refer to the “FAQs” page on the ANZ Securities website |
| Is the associated individual a US citizen? | <input type="checkbox"/> | No <input type="checkbox"/> | Yes – refer to the “FAQs” page on the ANZ Securities website |

SECOND INDIVIDUAL

| | | | |
|--|--------------------------|-----------------------------|--|
| Title | Full legal name | | |
| Date of Birth | COMPULSORY | Country of Birth | COMPULSORY |
| Contact Phone | Email | | |
| Residential address | COMPULSORY | | |
| Occupation | COMPULSORY | | |
| Is the associated individual a US resident for tax purposes? | <input type="checkbox"/> | No <input type="checkbox"/> | Yes – refer to the “FAQs” page on the ANZ Securities website |
| Is the associated individual a US citizen? | <input type="checkbox"/> | No <input type="checkbox"/> | Yes – refer to the “FAQs” page on the ANZ Securities website |

THIRD INDIVIDUAL

| | | | |
|--|--------------------------|-----------------------------|--|
| Title | Full legal name | | |
| Date of Birth | COMPULSORY | Country of Birth | COMPULSORY |
| Contact Phone | Email | | |
| Residential address | COMPULSORY | | |
| Occupation | COMPULSORY | | |
| Is the associated individual a US resident for tax purposes? | <input type="checkbox"/> | No <input type="checkbox"/> | Yes – refer to the “FAQs” page on the ANZ Securities website |
| Is the associated individual a US citizen? | <input type="checkbox"/> | No <input type="checkbox"/> | Yes – refer to the “FAQs” page on the ANZ Securities website |

FOUR INDIVIDUAL

| | | | |
|--|--------------------------|-----------------------------|--|
| Title | Full legal name | | |
| Date of Birth | COMPULSORY | Country of Birth | COMPULSORY |
| Contact Phone | Email | | |
| Residential address | COMPULSORY | | |
| Occupation | COMPULSORY | | |
| Is the associated individual a US resident for tax purposes? | <input type="checkbox"/> | No <input type="checkbox"/> | Yes – refer to the “FAQs” page on the ANZ Securities website |
| Is the associated individual a US citizen? | <input type="checkbox"/> | No <input type="checkbox"/> | Yes – refer to the “FAQs” page on the ANZ Securities website |

Turn to the next page for a list of the required documentation that must accompany this supplement form.

SECTION 5. FINAL CHECKLIST

- A clear copy of the Certificate of Incorporation for the Company
- A clear and certified or verified copy of photo identification for all Individuals who are named in Section 4
- An original, or a clear and certified or verified copy, of proof of the residential address for all Individuals who are named in Section 4
- Attach this supplement form to your Company/Trust/Partnership application form.