

TAX RESIDENCY AND FOREIGN TAX INFORMATION

ADDITIONAL CONTROLLING PERSON(S) SELF-CERTIFICATION



CONTROLLING PERSON(S) TAX RESIDENCE

Please provide the tax residency information for all controlling persons not already captured on the Entity Self Certification. We've included space for three, but if you need to provide details for additional controlling persons, complete another one of these forms.

Controlling Person (if applicable)

First Name(s)

Surname

Date of birth

Registered office address, your principal place of business or other physical address. (Do not provide a PO Box or in-care-of address)

Address

City/town

Province/state

Postal code/zip code

Country

- This controlling person is only tax resident in New Zealand **OR**
 I have included below all countries in which the controlling person is tax resident (other than New Zealand)

Country of tax residence 1 Country of tax residence 2 Country of tax residence 3

List all countries of tax residence
(other than New Zealand)

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List Tax Identification Number (TIN)
(or country equivalent)

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OR Reason if TIN is not provided

<input type="checkbox"/> A – Country doesn't issue TIN <input type="checkbox"/> B – Country doesn't require TIN collection <input type="checkbox"/> C – Applied for TIN, and will provide soon <input type="checkbox"/> Z – Cannot obtain TIN (explain below)	<input type="checkbox"/> A – Country doesn't issue TIN <input type="checkbox"/> B – Country doesn't require TIN collection <input type="checkbox"/> C – Applied for TIN, and will provide soon <input type="checkbox"/> Z – Cannot obtain TIN (explain below)	<input type="checkbox"/> A – Country doesn't issue TIN <input type="checkbox"/> B – Country doesn't require TIN collection <input type="checkbox"/> C – Applied for TIN, and will provide soon <input type="checkbox"/> Z – Cannot obtain TIN (explain below)
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AND If Reason Z, explanation for not being able to obtain TIN

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Controlling Person (if applicable)

First Name(s)

Surname

Date of birth

Registered office address, your principal place of business or other physical address. (Do not provide a PO Box or in-care-of address)

Address

City/town

Province/state

Postal code/zip code

Country

- This controlling person is only tax resident in New Zealand **OR**
 I have included below all countries in which the controlling person is tax resident (other than New Zealand)

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TAX RESIDENCY AND FOREIGN TAX INFORMATION

ADDITIONAL CONTROLLING PERSON(S) SELF-CERTIFICATION

CONTROLLING PERSON(S) TAX RESIDENCE (continued)

Controlling Person (if applicable)

First Name(s)

Surname

Date of birth

D D

M M

Y Y Y Y

Registered office address, your principal place of business or other physical address. (Do not provide a PO Box or in-care-of address)

Address

City/town

Province/state

Postal code/zip code

Country

- This controlling person is only tax resident in New Zealand **OR**
 I have included below all countries in which the controlling person is tax resident (other than New Zealand)

	Country of tax residence 1	Country of tax residence 2	Country of tax residence 3
List all countries of tax residence (other than New Zealand)			
List Tax Identification Number (TIN) (or country equivalent)			
OR Reason if TIN is not provided	<input type="checkbox"/> A – Country doesn't issue TIN <input type="checkbox"/> B – Country doesn't require TIN collection <input type="checkbox"/> C – Applied for TIN, and will provide soon <input type="checkbox"/> Z – Cannot obtain TIN (explain below)	<input type="checkbox"/> A – Country doesn't issue TIN <input type="checkbox"/> B – Country doesn't require TIN collection <input type="checkbox"/> C – Applied for TIN, and will provide soon <input type="checkbox"/> Z – Cannot obtain TIN (explain below)	<input type="checkbox"/> A – Country doesn't issue TIN <input type="checkbox"/> B – Country doesn't require TIN collection <input type="checkbox"/> C – Applied for TIN, and will provide soon <input type="checkbox"/> Z – Cannot obtain TIN (explain below)
AND If Reason Z, explanation for not being able to obtain TIN			

CONTROLLING PERSON DECLARATION AND SIGNATURE

I/We have the authority to provide the information in this form, which is true and complete. I/We understand that giving false information could be serious under New Zealand law. I/We will provide any extra information ANZ requests and will contact ANZ if the information given changes.

Signature

Signature

Name (Please print first and last name)

Name (Please print first and last name)

Date

D D

M M

2 0 Y Y

Date

D D

M M

2 0 Y Y

You may be required to provide documentary evidence of your authority to sign for this information.

We take your privacy seriously and understand the need to keep your information confidential and secure. You can access or correct information we have about you – we may charge you a fee for access. We can also collect, use, and disclose information about you. We do this, among other things, to manage accounts, products, or services we offer or to comply with laws. Talk to us if you need more information about our full rights to collect, use, and disclose information about you.