

Certificate of FATCA Status for Entities

Account Holder details (the Entity)

Enter the Entity's
full legal name

Please complete one of the following three sections (A, B or C), as applicable.

A. US Entity

If the Entity is a 'US Entity', please complete this section and proceed to the Declaration.

1. Please provide the US Entity's Taxpayer Identification Number (TIN):

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2. Does the US Entity qualify as exempt from FATCA reporting?

Yes No

B. Financial Institution

If the Entity is a 'Financial Institution' (and not a 'US Entity'), please complete this section by indicating the **first** applicable status (either 1,2, or 3), and proceed to the Declaration.

1. If the Financial Institution is a **Reporting Financial Institution**, please provide the Financial Institution's Global Intermediary Identification Number (GIIN) or check the box below, as applicable:

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The Entity is a Reporting Financial Institution but does not yet have a GIIN. (Please advise us of the GIIN as soon as it is available.)

2. If the Financial Institution is a **Deemed-Compliant Financial Institution**, please provide the Financial Institution's Global Intermediary Identification Number (GIIN), or check the box below, as applicable:

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The Entity is a Deemed-Compliant Financial Institution, and it does not have a GIIN. (If the Entity intends to register, please advise us of the GIIN as soon as it is available.)

3. If the Financial Institution is an **Exempt Beneficial Owner**, please indicate here:

The Entity is an Exempt Beneficial Owner.

C. Other type of Entity

If the Entity is neither a 'US Entity' nor a 'Financial Institution', please complete this section by indicating the **first** applicable status (either 1,2,3 or 4), and proceed to the Declaration.

1. If the Entity is an **Exempt Beneficial Owner**, please indicate here:

The Entity is an Exempt Beneficial Owner.

2. If the Entity is an **Active Non-Financial Foreign Entity (NFFE)**, please indicate here:

The Entity is an Active NFFE.

3. If the Entity has no **Beneficial Owners/Controlling Persons** who are US citizens or US residents for tax purposes, please indicate here:

The Entity has no US Beneficial Owners/Controlling Persons.

4. If the Entity has any **Beneficial Owners/Controlling Persons** who are US citizens or US residents for tax purposes, please indicate here and provide their details below:

The Entity has US Beneficial Owners/Controlling Persons, as per the details below.

Details of any US Beneficial Owners /Controlling Persons

You only need to provide these details if you have indicated in (4) above that the Entity has Beneficial Owners/Controlling Persons who are US citizens or US residents for tax purposes.

Person 1:

First name(s)

Surname

US Taxpayer Identification Number:

Residential address

City

State/Province/Region

ZIP/Postcode

Country

Person 2:

First name(s)

Surname

US Taxpayer Identification Number:

Residential address

City

State/Province/Region

ZIP/Postcode

Country

Person 3:

First name(s) | _____
 Surname | _____
 US Taxpayer Identification Number: | | | | | | | | | | | | | | | | | | | | | |
 Residential address | _____

 City | _____
 State/Province/Region | _____
 ZIP/Postcode | _____
 Country | _____

Person 4:

First name(s) | _____
 Surname | _____
 US Taxpayer Identification Number: | | | | | | | | | | | | | | | | | | | | | |
 Residential address | _____

 City | _____
 State/Province/Region | _____
 ZIP/Postcode | _____
 Country | _____

(If there are more than four US Persons, please provide their details on a separate sheet.)

Declaration

I/We (the signatory/ies) declare that:

- I/We are authorised to sign this form on behalf of the Entity Account Holder.
- All the information supplied is true and complete.
- I/We will immediately notify the Trust Account Holder, and/or the bank, maintaining the account(s) to which this form relates of any change to the information supplied.
- The Trust Account Holder, and/or the bank, maintaining the account(s) to which this form relates can make any enquiries it considers necessary to confirm the information supplied in this form.
- I/We acknowledge that the information contained in this form and information regarding the account holder and any account(s) will be provided to the bank maintaining the account and may be reported to the NZ Inland Revenue Department and exchanged with the US Internal Revenue Service.

Name | _____
 Position | _____
 Signature | _____
 D | D | M | M | Y | Y

Name | _____
 Position | _____
 Signature | _____
 D | D | M | M | Y | Y

CFS CUSTOMER TO COMPLETE:

NAME OF TRUST ACCOUNT HOLDER | _____
 CLIENT CFS ACCOUNT NUMBER | _____