

FOREIGN TAX LIABILITY SELF CERTIFICATION DECLARATION form

- This form is to be completed for all non-individual accounts.
- For further details regarding Common Reporting Standards (CRS), please visit www.ato.gov.au
- FATCA can be further explained by visiting <https://www.cmcmarkets.com/en-au/fatca>
- Return completed and signed forms to:
 Mail: CMC Markets Stockbroking, GPO Box 5351, Sydney NSW 2001
 Email: stockbroking.forms@cmcmarkets.com

Section A – Entity Details

Please provide the details of the Entity in this section, please complete all fields.
 All details provided must be as per ASIC records.

Full Entity Name (as registered with ASIC) _____

Is the Entity entity a tax resident of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Is the Entity entity a tax resident anywhere other than Australia? Yes No

If you answered 'Yes', please specify below:

Country of tax residency	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Proceed to SECTION B >

Section B – Tax status of entity

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Please select your tax entity classification:

- U.S. (An entity incorporated in the United States of America)
- Financial Institution (A custodial or depository entity, an investment entity or a specified insurance entity for FATCA/CRS purposes)

Provide the entity's Global Intermediary Identification Number (GIIN), if applicable: _____

- Non-Financial Entity (Not a U.S. or Financial Entity, is further sub categorised into either Active or Passive. Active is defined as entities that generate less than 50% of gross income from passive income such as dividends and interest For the full definition of an Active NFE, visit www.cmcmarkets.com/en-au/fatca).

If you selected Non-Financial Entity above, please state if the entity is "Active" or "Passive": Active Passive

Please email your completed and signed form to stockbroking.forms@cmcmarkets.com

Proceed to SECTION C >

Section C – Controlling Person Details 1

Mr Mrs Miss Ms Dr Other: _____

Surname _____ Given Name(s) _____

Residential Address _____
(PO Box not allowed)

Suburb/Town _____ State _____ Postcode _____

Date of Birth _____ / _____ / _____

Are you a US citizen or US resident for tax purposes? Yes No

If the answer above is 'Yes', please provide your US Taxpayer Identification Number (TIN): _____

Are you a resident of any other country for tax purposes? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country of tax residency	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

If the Entity has multiple Controlling person/s proceed to SECTION D >
If the Entity has only one Controlling person proceed to SECTION E >

Section D – Additional Controlling Person/s Details

CONTROLLING PERSON DETAILS 2:

Mr Mrs Miss Ms Dr Other: _____

Surname _____ Given Name(s) _____

Residential Address _____
(PO Box not allowed)

Suburb/Town _____ State _____ Postcode _____

If this account has multiple Controlling persons, trade confirmations will be sent to the postal address for Controlling person 1.

Date of Birth _____ / _____ / _____

Are you a US citizen or US resident for tax purposes? Yes No

If the answer above is 'Yes', please provide your US Taxpayer Identification Number (TIN): _____

Are you a resident of any other country for tax purposes? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country of tax residency	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

SECTION D continued overleaf >

Section D - Additional Controlling Persons Details (continued)

CONTROLLING PERSON DETAILS 3:

Mr Mrs Miss Ms Dr Other: _____

Surname _____ Given Name(s) _____

Residential Address _____
(PO Box not allowed)

Suburb/Town _____ State _____ Postcode _____

If this account has multiple Controlling persons, trade confirmations will be sent to the postal address for Controlling person 1.

Date of Birth _____ / _____ / _____

Are you a US citizen or US resident for tax purposes? Yes No

If the answer above is 'Yes', please provide your US Taxpayer Identification Number (TIN): _____

Are you a resident of any other country for tax purposes? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country of tax residency	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

CONTROLLING PERSON DETAILS 4:

Mr Mrs Miss Ms Dr Other: _____

Surname _____ Given Name(s) _____

Residential Address _____
(PO Box not allowed)

Suburb/Town _____ State _____ Postcode _____

If this account has multiple Controlling persons, trade confirmations will be sent to the postal address for Controlling person 1.

Date of Birth _____ / _____ / _____

Are you a US citizen or US resident for tax purposes? Yes No

If the answer above is 'Yes', please provide your US Taxpayer Identification Number (TIN): _____

Are you a resident of any other country for tax purposes? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country of tax residency	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Proceed to SECTION D >

Section E – Declaration

I/we declare (as an authorised signatory to the entity) that the information provided in this form is, to the best of my knowledge and belief, accurate and complete

I/we undertake to advise the recipient immediately and provide an updated Self Certification Declaration form where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

I/we acknowledge the information contained in this form and information regarding the account, controlling person and any reportable accounts may be reported to the tax authorities of the country/jurisdiction in which the account or controlling person may be tax resident pursuant to the intergovernmental agreements to exchange financial information.

	Controlling Person 1	Controlling Person 2
Print Name	_____	_____
Capacity in which declaration is made	_____	_____
Authorised Signature	_____	_____
Date	____ / ____ / 20____	____ / ____ / 20____