

Non-Individual Entity Addendum Form

Please complete your details and return to BOQ Specialist
GPO Box 2539, Sydney, NSW, 2001 or fax to 1300 131 400



Please use **BLOCK LETTERS**

1. COMPANY / PARTNERSHIP / SOLE TRADER / OTHER ENTITY

Borrower Guarantor

Full name of Company / Partnership / Sole Trader or Other Entity.
Also include full business name if applicable

ACN / ABN

Type of Entity

Proprietary Company

Public Company Partnership

Other

Directors of Company (For Proprietary Company only)

a. Full Name of Director

b. Full Name of Director

c. Full Name of Director

d. Full Name of Director

Full Address of Registered Office (P.O Box is not acceptable)

If different to Registered Office please supply the principle place
of business (P.O Box is not acceptable)

Suburb State Postcode

Nature of Business Activity

Years Trading

Country of Incorporation / Formation

Is the entity a foreign company?

No Yes If yes, please complete the Entity Foreign Tax
Self Certification form.

If a foreign company what is the registration number

Is the foreign company registered in Australia? Yes No

If Yes, what is the ARBN

Is the entity's primary business activity investing?

No Yes

Beneficial Owners of Company/Partnership

Please collect and verify identification of shareholders of
company holding 25% or more of the issued capital (proprietary
companies only) or details of partners holding 25% or more of
the interests of the partnership. If the shareholder or partner
is not an individual, provide the details of the individual who
ultimately owns 25% or more of the company or partnership.
Where it is not applicable to identify majority shareholders,
collect and verify identification for any individual with 25%
or more voting power (including veto), if this isn't applicable,
collect and verify identification for any individual with a senior
management position. If the entity's primary business activity
is investing, please also confirm if any beneficial owners are a
resident of any foreign jurisdictions for tax purposes.

a. Full name of Shareholder / Partner / Senior Manager
(please circle one)

% interest / % Shareholding / % voting power

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

Suburb State Postcode

Resident of any foreign jurisdiction for tax purposes?

No Yes

If Yes, please complete the Foreign Tax Self Certification
Form

b. Full name of Shareholder / Partner / Senior Manager
(please circle one)

% interest / % Shareholding / % voting power

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

Suburb State Postcode

Resident of any foreign jurisdiction for tax purposes?

No Yes

If Yes, please complete the Foreign Tax Self Certification Form

d. Full name of Shareholder / Partner / Senior Manager
(please circle one)

% interest / % Shareholding / % voting power

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

Suburb State Postcode

Resident of any foreign jurisdiction for tax purposes?

No Yes

If Yes, please complete the Foreign Tax Self Certification Form

c. Full name of Shareholder / Partner / Senior Manager
(please circle one)

% interest / % Shareholding / % voting power

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

Suburb State Postcode

Resident of any foreign jurisdiction for tax purposes?

No Yes

If Yes, please complete the Foreign Tax Self Certification Form

2. TRUST (IF APPLICABLE)

Borrower Guarantor

Full name of Trust

Full Name of Trustee(s) (If a corporate trustee, complete section 1 of this Addendum)

Trust Registered Office Address

State Postcode

Suburb

Type of Trust

Discretionary Unit SMSF

Other

TFN / ABN of Trust or exemption category

Provision of a TFN is not mandatory. If you do not quote your TFN or claim an exemption, tax may be deducted from the interest paid to you at the highest tax rate plus the Medicare Levy. Please see refer to the product terms and conditions for more information

Nature of the business activities of the Trust

Please specify the Country in which the Trust was established.

Is the entity a foreign Trust?

No Yes If Yes, complete the Entity - Foreign Tax Self Certification Form.

Is the Trust's primary business activity investing?

No Yes

If yes, please confirm the tax residency for any controlling persons below.

Is the Settlor a resident of any foreign tax jurisdiction for tax purposes?

No Yes If Yes, complete the Trusts - Foreign Tax Self Certification Form.

Are any of the beneficiaries or unit holders a resident of any foreign tax jurisdiction for tax purposes?

No Yes If Yes, complete the Trusts - Foreign Tax Self Certification Form.

Is the appointer a resident of any foreign tax jurisdiction for tax purposes?

No Yes If Yes, complete the Trusts - Foreign Tax Self Certification Form.

Did the Settlor contribute AUD \$10,000 or more to the establishment of the Trust?

a. Yes No

b. Please provide Settlor details below:

Full Name of Settlor

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

List the details of the person(s) who have the powers to add or remove the trustees ("Appointer"), or for unit trusts/discretionary trusts, provide details on each unit holder/beneficiary who holds 25% or more. If the unit holder/beneficiary is not an individual, provide the details of the individual who ultimately owns 25% or more.

a. Full Name of Appointer Unit Holder Beneficiary

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

b. Full Name of Appointer Unit Holder Beneficiary

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

c. Full Name of Appointer Unit Holder Beneficiary

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

d. Full Name of Appointer Unit Holder Beneficiary

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

If there are other named beneficiaries or unit holders not listed above, please provide their full names (beneficiaries or unit holders who hold <25%)

a. Full Name of named Beneficiary / Unit Holder

b. Full Name of named Beneficiary / Unit Holder

c. Full Name of named Beneficiary / Unit Holder

d. Full Name of named Beneficiary / Unit Holder

If there are no named beneficiaries, please provide details of beneficiary class:

As Trustee, I declare that beneficiaries or unit holders as identified in the trust deed named and dated below are solely Australian tax residents unless identified as foreign tax residents in the Trusts - Foreign Tax Self Certification Form

Name of Trust as per Trust Deed

Date of Trust Deed / /

Account Opening Documentation Requirements for non-individual entities

Everyone who opens a new account and all signatories to and beneficial owners of the account are required by law to be identified. In the event that we are unable to identify you electronically, the below table outlines the identification documents you will be required to provide.

Australian Company (Listed and Unlisted)

- Each Signatory to be identified above as per individual identification requirements
- We require individual shareholders holding 25% or more (through one or more shareholdings) to be identified according to the above individual requirements. If no shareholder holds 25% or more we will require any individuals with 25% or more voting rights. If there are no individuals with 25% or more of voting rights we require a senior company official to be identified

Partnerships

- Certified copy of partnership agreement
- We require individual partners holding 25% or more of the partnership (either directly or indirectly) to be identified according to the above individual requirements. If no partner holds 25% or more, we will require the managing partner to be identified
- Each Signatory to be identified above as per individual identification requirements

Trusts and Superannuation Funds

- Certified copy of the current Trust Deed and any amendments thereto
- For SMSFs and Discretionary Trusts we require the persons who have the power to add or remove trustees to be identified
- For Unit Trusts we require individual unit holders who hold 25% or more (either directly or indirectly) to be identified.
- Each Signatory to be identified above as per individual identification requirements