COMPANY ACCOUNT APPLICATION FORM



INSTRUCTIONS FOR COMPLETING

In order for Saxo Capital Markets to comply with its obligations towards AML/CTF, FATCA and other due diligence requirements, <u>ALL</u> relevant sections must be completed accurately and truthfully and further supporting documents must be provided if requested to enable Saxo Capital Markets to fulfil its obligations.

SUPPORTING DOCUMENTS

Saxo Capital Markets is able to verify Australian registered companies and the identity of individuals who are residents of Australia via electronic verification, however supporting documents may still be requested anytime. If individuals wish to provide supporting documents with their application form, they are welcome to do so, please see below acceptable forms of supporting documents in order to verify the **FULL NAME**, **DATE of BIRTH** & **CURRENT RESIDENTIAL ADDRESS** of an individual and registration details of a company.

Directors & Ultimate Beneficial Owners / Controlling Owners:

In order to verify your FULL NAME, DATE of BIRTH & CURRENT RESIDENTIAL ADDRESS, please use options below.

- Drivers Licence
- National Photo Identity Card
- Passport
- Utility Bill (mailed out to the individual's current residential address, issued within the last 6 months)

Company:

- Australian Company registration certificates issued by ASIC
- Foreign Company registration certificates issued by their foreign registration body Verifying:
 - Full Name of the company
 - Whether the company is registered as a public or proprietary/private company
 - ACN or ARBN or Registered Company Identification Number

Acceptable foreign residents - Individuals residing outside of Australia are required to provide 2 separate forms of identification as listed above, and must be **NOTORIZED** by an official public notary in the residing jurisdiction.

Australian residents must ensure their identification is **CERTIFIED** as a true copy of the original document by an authorised agent, refer to www.home.saxo/en-au support > certifying identification for guidelines on certifying documents, and a list of acceptable certifying agents. Any identification document submitted must be valid and not expired.

If trading margined/leveraged financial products, the authorised dealer must complete a <u>CLIENT SUITABILITY ASSESSMENT</u>, prior to obtaining trading access. Available upon request via email: <u>ps@saxomarkets.com</u>.

Saxo Capital Markets does not offer its financial products and services to individuals residing in jurisdictions where such use would constitute a violation towards applicable laws and regulations, including but not limited to residents of the United States of America.

SUBMIT YOUR APPLICATION

Attention: New Accounts

Email: ps@saxomarkets.com.au

Fax: +61 2 8267 9050

Post: PO Box A839 Sydney South NSW 1235

COMPANY ACCOUNT APPLICATION FORM



PART 1A ACCOUNT	
Do you require a HIN (Holder Identification Number)?	
□Yes □No	
Note: By selecting Yes, the organization must have been registere	d in Australia. Completion of Part 10 is compulsory.
By selecting No, the account will not be CHESS sponsored.	
PART 1B SOLE DIRECTOR / DIRECTOR 1 PERSONA	L DETAILS
Title: (Mr. / Mrs. / MS / Miss / Other)	
Surname:	Given Names:
	siven raines.
Date of Birth:	
Residential Address:	
State: Dest Code:	Country
State: Post Code:	Country:
Time at current address:	
Previous Residential Address (if less than three years at the al	oove current residential address):
State: Post Code:	Country:
Drivers Licence:	Country.
	☐ Secretary ☐ Authorised Signatory
1 7	,
Provide a specimen for your signature on the declaration page	
Do you require Authorised Dealer Access to execute trades or	n this account?
If yes, please provide email:	Phone:
ii yes, pieuse provide ciriuii.	i none.
PART 2 DIRECTOR 2 PERSONAL DETAILS	THORE.
	THORE.
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other)	
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other)	Given Names:
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other)	
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname:	
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address:	
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth:	
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address:	Given Names:
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code:	Given Names: Country:
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address:	Country: ove current residential address):
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address: years months Previous Residential Address (if less than three years at the all State: Post Code:	Given Names: Country:
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address:	Country: Country: Country: Country:
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address: years months Previous Residential Address (if less than three years at the all State: Post Code:	Country: ove current residential address):
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address: months Previous Residential Address (if less than three years at the all State: Post Code: Drivers Licence:	Country: Country: Country: Country: Country: Country: Authorised Signatory
PART 2 DIRECTOR 2 PERSONAL DETAILS Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address:	Country: Country: Country: Country: Country: Country: Authorised Signatory
Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address: Previous Residential Address (if less than three years at the all State: Post Code: Drivers Licence: What is your title/role in the company? Director Provide a specimen for your signature on the declaration page Do you require Authorised Dealer Access to execute trades or	Country: Country: Country: Country: Country: Authorised Signatory this account?
Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address: Previous Residential Address (if less than three years at the address: State: Post Code: Drivers Licence: What is your title/role in the company? Do you require Authorised Dealer Access to execute trades on If yes, please provide email:	Country: Country: Country: Country: Country: Country: Authorised Signatory
Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address:	Country: Country: Country: Country: Country: Authorised Signatory this account?
Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address: years months Previous Residential Address (if less than three years at the all State: Post Code: Drivers Licence: What is your title/role in the company? Provide a specimen for your signature on the declaration page Do you require Authorised Dealer Access to execute trades on If yes, please provide email: PART 3 PRIMARY CONTACT DETAILS Email Address:	Country: Country: Country: Country: Country: Authorised Signatory this account?
Title: (Mr. / Mrs. / MS / Miss / Other) Surname: Date of Birth: Residential Address: State: Post Code: Time at current address:	Country: Country: Country: Country: Country: Authorised Signatory this account?

COMPANY ACCOUNT APPLICATION FORM



PART 4 COMPANY DETAILS
Complete this section for AUSTRALIAN or REGISTERED FOREIGN AUSTRALIAN COMPANY
Full name of the company as registered by ASIC:
Full address of company's registered office:
Full address of the company's principal place of business, if any:
ACN: for Australian registered company ABN: for Australian registered company ABN Exemption? Yes No *Note: By selecting Yes, the entity is not required to lodge a tax return. By selecting No, the entitiy is required to lodge for tax return. Please consult tax accountant for information.
ARBN: for registered foreign company
Is the company a registered foreign company, registered by a foreign registration body?
NoYes ► Name of foreign registration body:
Is the company registered as a public or proprietary/private company?
□ Public
Other, please specify
□ Proprietary/Private ► provide <u>Full Name</u> of any <u>additional</u> directors not already mentioned in Part 1 and Part 2:
Full Name Director 3:
Full Name Director 4:
Use a separate sheet if more space is required.
Complete this section for FOREIGN COMPANY
Full Name of the company:
Country in which the company was incorporated or registered:
Is the company registered by their relevant country's foreign registration body?
■ No ▶ provide full address of the principle place of business in its country of incorporation:
, , , , , , , , , , , , , , , , , , ,
☐ Yes ► complete the below
Registration or company identification number issued by the foreign registration body:
Full Address of the company as registered with foreign registration body:
FOREIGN COMPANY Details continues over next page





FOREIGN COMPANY continued		
Is the company registered as a public or propr	ietary/private company by the relevant registration be	ody?
☐ Public		
Other, please specify		
■ Proprietary/Private ▶ provide Full Nan	<u>me</u> of any <u>additional</u> directors not already mentioned i	in Part 1 and Part 2.
Full Name Director 3:		
Full Name Director 4:		
	PEALER ACCESS <u>of this company</u> requiring Authorised Dealer Access. npleted instead. Authorised Dealer Access is only rele	
FULL NAME	EMAIL ADDRESS	PHONE NUMBER
	essment must be completed by the Authorised Dealer	

COMPANY ACCOUNT APPLICATION FORM



PART 6 | ULTIMATE BENEFICIAL OWNERS / CONTROLLING OWNER (PROPRIETARY COMPANY ONLY)

Please list the names and details of any person who ultimately owns 25% or more (either directly or indirectly) of the issued capital of the company, OR any person who exercises controls through the capacity to determine decisions about financial and operating policies of the company.

Please attach a <u>certified</u> copy of a photographic identification revealing each beneficial owner's **Full Name**, **Date of Birth** & **Residential Address**. By completing the below, each beneficial owner consents to electronic verification unless notified to Saxo Capital Markets in writing advising otherwise. *Use a separate sheet if more space is required.*

If there are no individuals who qualify as an Ultimate Beneficial Owner/Controlling Owner, as defined above then please tick (🗸) this box

Beneficial Owner 1

Full Name: _____ Date of Birth: _____

Beneficial Owner 2

Full Name: _____ Date of Birth: _____

Residential Address: ______ Date of Birth: _____

Beneficial Owner 3

Full Name: _____ Date of Birth: ______

Residential Address: _______ Date of Birth: ______

Residential Address: _______ Date of Birth: _______

Residential Address: ________ Date of Birth: ________

COMPANY ACCOUNT APPLICATION FORM



PART 7	POLITICALLY EXPOSED PERSON
	I I OLITICALLI LAI OSLO I LISON

Are any of the directors, ultimate beneficial owners or controlling persons of this company a Politically Exposed Person (PEP),	or
closely associated with, or is an immediate family member to a Politically Exposed Person? Use a separate sheet if more space	e is
required.	

■ No
■ Yes ► provide full name below
PEP 1 Full Name:
PEP 2 Full Name:

A politically exposed person' (PEP) is an individual who holds a prominent public position or function in a government body or an international organisation, or is an immediate family member or close associate of an individual who holds a prominent public position or function in a government body or an international organisation.

PART 8 CHOICE OF PRIMARY ACCOUNT Please tick one currency box	T CURRENCY	
Australian Dollar	AUD	(default currency)
New Zealand Dollar	NZD	
Singapore Dollar	SGD	
US Dollar	USD	
Japanese Yen	JPY	
Hong Kong Dollar	HKD	
Euro	EUR	
Canadian Dollar	CAD	
Great British Pounds	GBP	
PART 9 NOMINATED BANK ACCOUNT		

PART 9 NOMINATED BANK ACCOUNT	
Bank Account Name	
BSB & Account Number	
Bank Name, Branch & Country	

Saxo Capital Markets may request for a bank statement at any time for the purposes of AML/CTF Regulations, in order to verify the origin or destination of funds in/out of your trading account with Saxo Capital Markets.

It is Saxo Bank Group policy to not accept third party transactions, therefore please ensure that any funds transferred in/out of your trading account is associated with a bank account under the same name as your trading account. Bank Cheques or Physical Cash Deposits are also not acceptable methods of payments.

COMPANY ACCOUNT APPLICATION FORM



PART 10 | CHESS SPONSORSHIP

If you indicated Yes in Part 1A, please read and agree to the terms and conditions below:

CHESS or Clearing House Electronic Sub-register System is a centralised electronic system that manages the settlement and registration of certain financial products traded on the Australian Securities Exchange (ASX). CHESS is operated by ASX Settlement Pty Limited, a wholly owned subsidiary of ASX. Only participants registered with ASX may control financial products on CHESS.

Saxo Capital Markets' execution, settlement and clearing participant for financial products traded on ASX is OpenMarkets Australia Ltd AFSL 245705 (OpenMarkets). OpenMarkets is a participant registered with ASX and will establish and administer CHESS Sponsored Accounts for clients of Saxo Capital Markets upon acceptance of the following terms and conditions.

I/We instruct OpenMarkets Australia Ltd AFSL 246705 (OpenMarkets) to establish a Chess Sponsored Account for me/us. I/ We acknowledge that I/We have received, read and agree to be bound by the OpenMarkets <hyperlink Client Agreement> including Part 2 CHESS Sponsorship. I/We also acknowledge that I/We have received, read and understood the OpenMarkets Financial Services Guide and Best Execution Policy. The documents referred to are available at <hyperlin to OpenMarkets documents>.

Upon the acceptance of this application, the opening of an account for the Applicant and the issue of a HIN by OpenMarkets, OpenMarkets will be taken to have agreed to be bound by and to have signed the OpenMarkets Client Agreement.

■ I confirm that I have read and agree to the above Terms and Conditions

COMPANY ACCOUNT APPLICATION FORM



PART 11 | CLIENT AGREEMENT DECLARATION

I/We consent by my/our signature(s) on behalf of the corporate entity:

- I/We have read and understood Saxo Capital Markets' Combined Financial Services Guide & Product Disclosure Statement and any Supplementary Product Disclosure Statement including the General Business Terms. I/We hereby agree to be bound by the General Business Terms and other relevant terms and conditions (as amended from time to time) that apply to my/our entire trading relationship with Saxo Capital Markets.
- I/We have read and understood the Risk Warning disclosure available via <u>www.home.saxo/en-au</u>
- I/We have read, understood and agree to the Privacy Policy, and consent to Saxo Capital Markets using my/our personal details provided in this application form to electronically verify my/our identity and any ultimate beneficial owner/controlling owner for the purpose of AML/CTF regulations. Further, I/we agree to provide Saxo Capital Markets with any additional information if requested in order for Saxo Capital Markets to comply with AML/CTF rules and regulations.
- I/We have read and understood the Best Execution Policy, Conflicts of Interest Policy, Market Conduct Information, the Commission Charges & Margin Schedule and any other terms and conditions (as amended from time to time) that apply to my/our entire relationship with Saxo Capital Markets.
- I/We confirm that the information provided by me/us in this application form is accurate, complete and up to date.
- I/We declare that I/we act on behalf of the named legal entity/corporation and not on behalf of a third party in respect of all matters related to this client relationship. Accordingly, all funds to be deposited and traded on the account with Saxo Capital Markets are the company's own funds.
- I/We agree to disclose the Privacy Policy to any individuals whose personal information is obtained by Saxo Capital Markets in connection with its provision of services to the corporate.
- I/We agree to give Saxo Capital Markets notice in writing of any change in particulars given above and to submit relevant documentary proof to Saxo Capital Markets.
- I/We consent to receive material information from Saxo Capital Markets regarding Saxo Capital Markets products and services.
- I/We indemnify Saxo Capital Markets in relation to the grant of Power of Attorney (if appointed) and accept full responsibility or liability of the power of attorney's instructions to Saxo Capital Markets.
- I/We agree that the Entity's FATCA and CRS Status and my/our tax residency status declaration as confirmed by me/us in this client application form is accurate, complete and up to date. I/We agree to notify Saxo Capital Markets immediately should the Entity's FATCA or CRS status and/or my/our tax residency status change at any time.
- I/We agree that only those persons specified in this application form, or otherwise notified to Saxo Capital Markets, as authorised dealers and who have submitted to Saxo Capital Markets a completed Client Suitability Assessment may execute trades on our account (unless Saxo Capital Markets otherwise accepts instructions in accordance with the General Business Terms). Any person who is not authorised to execute trades will be limited to receiving "view only" access to our account.

Signature of Sole Director/Director 1/ Authorised Signatory 1	Signature of Director 2/Authorised Signatory 2
Full Name of Sole Director/Director 1/ Authorised Signatory 1	Full Name of Director 2/ Authorised Signatory 2
Date:	Date:

COMPANY ACCOUNT APPLICATION FORM



CLIENT APPLICATION FORM CORPORATE CLIENTS

PART	11 PURPOSE AND SC	COPE OF CLIENT RELATIONSHIP (ALL FIELDS ARE MANDATORY)
Wh	at is your purpose for app	lying for an account at Saxo Capita	al Markets (Australia)? (Please tick only one option)
	Capital preservation / h	nedging (minimise the potential for	r any loss of principal)
		ment value over time while accep	
	-	e highest degree of risk for potent	
_	Speculation (assume the	e ingliest degree of risk for potent	and the recurrence
Hov	v much do you intend to i	nvest (AUD)?	What is approximately your level of investable assets (AUD)?
	< 5,000	500,001-750,000	a < 5,000
	5,001-10,000	T 750,001-1.000,000	5 ,000 - 50,000
	10,001-50,000	1 ,000,001 -1,500,000	5 0,001 - 500,000
	50,001-100,000	1 ,500,001 -2,000,000	5 00,001 - 1,500,000
	100,001-200,000	2 ,000,001-3.000,000	1 ,500,001 - 5,000,000
	200,001-300,000	3 .000,001 -4,000,000	a > 5,000,000
	300,001-400,000	4,000,001-5.000,000	
	400,001-500,000	a < 5,000,000	
Froi	m which country will you s	send the funds?	
To v	vhich countries do you int	end to withdraw funds?	
PUR	POSE OF BUSINESS		
Plea	se provide a brief business d	escription (elaborate on nature and e	xtent of the business, products and services offered etc.):
	•	, ,	,
SOI	JRCE OF FUNDS USED FO	R YOUR TRADING WITH SAXO CAI	PITAL MARKETS (AUSTRALIA)
	Inter-company payments	5	
_			
_		n fees etc. from other companies (C	
_		•	aroup, associated or others,
	Operating cash flow	ty (piease specify source).	
	Income from ongoing op	erations	
	Other (please specify):		

COMPANY ACCOUNT APPLICATION FORM



PART 12 | DEED OF GUARANTEE & INDEMNITY

Each director of the company must sign this Deed of Guarantee and Indemnity as a Guarantor for the company.

- This Deed of Guarantee and Indemnity is made by each Guarantor on the date first set out in the execution clause for that Guarantor and is in favour of Saxo Capital Markets (Australia) Limited ABN 32 110 128 286 (and its successors and assignees).
- The conditions governing this Deed of Guarantee and Indemnity are set in the General Business Terms, in particular at clause 27. The relevant provisions of the Terms are incorporated into this Deed of Guarantee and Indemnity as though set out in full.

n the presence of:	
Signature of witness	Guarantor 1 Signature
Print name of witness	Guarantor 1 Name
	_
Address of witness	
Please note: The witness must be over 18 and	not a family member of the Guarantor.
	not a family member of the Guarantor.
Please note: The witness must be over 18 and Signed, sealed and delivered by Guarantor 2	not a family member of the Guarantor. Guarantor 2 Signature
Please note: The witness must be over 18 and Signed, sealed and delivered by Guarantor 2 in the presence of:	

COMPANY ACCOUNT APPLICATION FORM



PART 13 | CORPORATE Client use of "Withdrawal Cash" & "Inter Account Transfer" Module

For customer convenience, Saxo Capital Markets (Australia) Pty Ltd ("Saxo") allows its Corporate Clients to access the "Withdraw Cash" and "Inter Account Transfer" modules ("Cash Withdrawal Module") in the Trading Platform. The Cash Withdrawal Module enables the transfer of funds between the Corporate Client's accounts held with Saxo as well as to facilitate the withdrawal of funds from the Corporate Client's account(s) to their nominated bank account.

Although the Cash Withdrawal Module may enable transfers of funds to be more convenient for the Corporate Client, they do entail some key risks which the Corporate Client must understand and accept by signing this document before being allowed to access the Cash Withdrawal Module on the Trading Platform.

RISK WARNING - USER-SPECIFIC ACCESS IS NOT POSSIBLE

The Cash Withdrawal Module are not user-specific. Therefore any user with access to the Corporate Client's account(s) through the Trading Platform will be able to withdraw funds from the account and carry out inter account transfers. As such, Saxo cannot verify the identity of the user executing transactions through the Cash Withdrawal Module and consequently, Saxo cannot verify the user's authority to effect the transfer of funds.

Therefore, the Corporate Client accepts and acknowledges by signing this document that controls are not available to validate user identity for transactions executed via the Cash Withdrawal Module in the Trading Platform and that Saxo shall be entitled to deem that any transfer requested through the Cash Withdrawal Module are effected by the Corporate Client's authorised personnel.

RESPONSIBILITY OF CORPORATE CLIENT

The Corporate Client shall have the full responsibility and liability to ensure that only authorised personnel are permitted to use the Trading Platform, including the Cash Withdrawal Module. If the Corporate Client wishes to disable the Cash Withdrawal Module from the Trading Platform, the Corporate Client must notify Saxo through a duly signed written notice. The modules shall not be considered to be disabled until the Corporate Client has received a written confirmation from Saxo to this effect.

EXCLUSION OF LIABILITY

Saxo shall not assume any responsibility and/or liability for any transactions executed by use of the Cash Withdrawal Module.

Saxo reserves the right to remove these modules from the Corporate Client's Trading Platform without prior notification.

By signing this document, I/We declare to have read, understood and accepted all of the above conditions:

This document is subject to Saxo's General Business Terms and any other business terms (as amended from time to time), which are entered into between Saxo and the Corporate Client.

entered into between Saxo and the Corporate Client.

COMPANY ACCOUNT APPLICATION FORM



FATCA & CRS HELP

PLEASE NOTE THAT SAXO CAPITAL MARKETS IS NOT A REGISTERED TAX SPECIALIST AND IS THEREFORE NOT IN A POSITION TO PROVIDE ANY TAX RELATED ADVICE. ANY INFORMATION CONTAINED HEREIN IS FOR YOUR GENERAL INFORMATION ONLY, AND DOES NOT CONSTITUTE TAX AND/OR LEGAL ADVICE, AND SHOULD NOT BE RELIED UPON AS SUCH. PLEASE SEEK INDEPENDENT TAX, LEGAL OR OTHER PROFESSIONAL ADVICE BEFORE COMPLETING ANY FATCA/US TAX/OECD CRS STATUTORY DECLARATION.

- 1. FATCA Instructions for W-8BEN-E www.irs.gov/pub/irs-pdf/iw8bene.pdf
- 2. CRS GUIDELINES www.oecd.org/tax/automatic-exchange/common-reporting-standard

FATCA & CRS STATUS	DESCRIPTION
FINANCIAL INSTITUTION	FATCA - Custodial Institution, Depository Institution, Specified Insurance Company or an *Investments Entity.
PINANCIAL INSTITUTION	*Investment Entity for the purposes of CRS is an Entity which is located in a Non-Participating Jurisdiction and managed by another Financial Institution
EXEMPT BENEFICIAL OWNER	Entities that are exempt beneficial owners or deemed-compliant FFI as per IGA ¹ . E.g. SMSF
PUBLICLY TRADED NFFE OR AFFILIATE OF A PUBLICLY TRADED CORPORATION	Non-financial public company listed/traded on one or more established stock exchanges, or an affiliate of a listed/traded non-financial public company
ACTIVE NFFE ²	FATCA – ACTIVE NFFE An non-financial company that has less than 50 percent of its gross income for the previous tax year consisting of passive income and less than 50 percent of the weighted average of its assets that produce or are held for the production of passive income
	Passive income: includes but is not limited to dividends, interest, rents, royalties, annuities.
ACTIVE NFE ³	CRS – ACTIVE NFE Active NFEs by reason of income and assets; publicly traded NFEs; Governmental Entities, International Organisations, Central Banks, or their wholly owned Entities; holding NFEs that are members of a nonfinancial group; start-up NFEs; NFEs that are liquidating or emerging from bankruptcy; treasury centres that are members of a nonfinancial group; or non-profit NFEs.
DIRECT REPORTING NFFE OR SPONSORED DIRECT REPORTING NFFE	An entity that elects to directly report information annually about its substantial US owners to the IRS, or engages another qualifying entity to act as the sponsoring entity and reports information about the NFFE's substantial US owners.
EXCEPTED NON-FINANCIAL START-UP COMPANY	Non-financial company with no operating history as yet.
EXCEPTED NON-FINANCIAL ENTITY IN LIQUIDATION OR BANKRUPTCY	Entities in liquidation or bankrupt.
NON-FINANCIAL GROUP ENTITY	Refer to Part XVIII of the W-8BEN-E form http://www.irs.gov/pub/irs-pdf/fw8bene.pdf and meet all the requirements for this FATCA status.
PASSIVE NFFE	An entity that is none of the above.

¹ Inter-Governmental Agreement (Australia-US)

² Non-Financial Foreign Entity

³ Non-Financial Entity

COMPANY ACCOUNT APPLICATION FORM



This form is only to be used if the Company has any intension to invest in any U.S. linked investments

STATUS (US FORFIGN ACCOUNT TAX COMPLIANCE ACT) STATUTORY DECLARATIO

isclaimer: This form is not intended for Financial Institutions neither financial license holding nor financial license exempherefore a legal entity with FATCA status of Foreign Financial Institution (FFI) cannot make status declara-tion here.		
behalf of the legal e	ntity/corporation:	
e declare our FATCA	status (Chapter 4 of the US Internal Revenue Code) to be:	
Publicly traded Non-F	Financial Foreign Entity (NFFE) or NFFE affiliate of publically traded Corporation	
• The entity is a	foreign corporation that is not a financial institution.	
	ne entity, the stock which is regularly traded on an established securities market,	
is	and ;	
The name of th	ne securities market on which the stock is regularly traded is	
	er of the shares regularly traded on the securities market is	
Active Non-Financial	Foreign Entity (NEEE)	
·	foreign corporation that is not a financial institution. of the entities gross income for the preceding income calendar year is Passive Income ¹ , and	
• Less than 50%	of the assets held by the entity are assets that produce or are held for the production of Passive Income as weighted average of the percentage of passive assets measured quarterly)	
Passive Non-Financia	Foreign Entity (NFFE)	
•	foreign corporation that is not a financial institution.	
□ The e		
	ntity has no substantial U.S. owners², or	
	ntity has no substantial U.S. owners ² , or ntity has the following substantial U.S. owners:	
☐ The e	ntity has the following substantial U.S. owners:	
	ntity has the following substantial U.S. owners: Direct or indirect holding percentage (above 25 percent):	
☐ The e	ntity has the following substantial U.S. owners:	
1. US Person:	Direct or indirect holding percentage (above 25 percent): Name: TIN: Address:	
☐ The e	Direct or indirect holding percentage (above 25 percent): Name: Address: Direct or indirect holding percentage (above 25 percent): Address: Direct or indirect holding percentage (above 25 percent):	
1. US Person:	Direct or indirect holding percentage (above 25 percent): TIN: Address:	
1. US Person: 2. US Person:	Direct or indirect holding percentage (above 25 percent): Name: Address: Direct or indirect holding percentage (above 25 percent): Address: TIN: Name: TIN: Address: TIN: Name: Name: Address:	
1. US Person:	Direct or indirect holding percentage (above 25 percent): Name: Address: Direct or indirect holding percentage (above 25 percent): Address: Direct or indirect holding percentage (above 25 percent): Name: Address: Direct or indirect holding percentage (above 25 percent):	
1. US Person: 2. US Person:	Direct or indirect holding percentage (above 25 percent): Name: Address: Direct or indirect holding percentage (above 25 percent): Address: TIN: Name: TIN: Address: TIN: Name: Name: Address:	

must be declared in a separately provided Form W-8BEN-E or in a FFI declaration.

- 1. Passive Income is generally defined as: dividends, interest, rents, royalties, annuities, and certain other forms of passive income, see Form W-8BEN-E for further definition. Substantial U.S. owners are generally defined as: a US owner with directly or indirectly, more than 25 percent of the entity stock (by vote or value), as defined in the U.S. Treasury FATCA.
- 2. Regulations section 1.1473-3(b). In some jurisdictions, the threhold for reportable holdings may exceed 25 percent. For that purpose the exact percentage shareholdings is needed.

COMPANY ACCOUNT APPLICATION FORM



PART 2 | CRS (COMMON REPORTING STANDARD IN OECD CONTEXT)

(Only for non-individual Entities/Corporates) Entities/corporations in jurisdictions that have concluded a tax treaty with the U.S. may under the provisions of such tax treaty be eligible for reduced rates on withholding taxes on income derived from sources in the U.S. The applicability of treaty benefits, however, depends on whether the recipient meets the provisions in the specific tax treaty, including any limitation of benefits provisions. It is your responsibility to ensure that such provisions are met. Please consult with your tax advisor on treaty benefit issues. Please tick off the below declaration if you want to claim tax treaty benefits: (Company name:) meets all the provisions of the Tax Treaty between US and (country) that are necessary to claim a reduced rate of withholding, including any limitation on benefits provision, and derives the income within the meaning of section 894 of the US Internal Revenue Code, and the regulations thereunder, as the beneficial owner. The following are types of limitation on benefits provisions that may be included in the applicable tax treaty (click only one): Government Company that meets the ownership and base erosion test Other tax exempt organization Publicly traded corporation Subsidiary of publicly traded corporation Company that meets the derivative benefits test Tax exempt pension trust or pension fund Company with an item of income that meets active trade or business test Favorable discretionary determination by the U.S. competent authority received Other (specify Article and paragraph)

For the purpose of CRS due diligence and reporting requirements imposed on Saxo Bank, please provide the entity's CRS information below. I/We declare that: The entity's/corporation's CRS classification is identical to the FATCA status. The entity's/ corporation's CRS classification is not identical to the FATCA status. The entity's CRS status is: If the entity's/corporation's CRS status is Passive NFE, please indicate the name of any Controlling Person(s) of the entity/corporation: Name Country of tax residence Address TIN

Please attach a separate document if further controlling persons.

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Only complete this section	if the entity is tax resident in more/other	countries than the country of registe	ered address:
Country of residency	Address	TIN	No TIN available (x)
Please attach a separate do	ocument if further countries of residency.	•	,
PART 4 CERTIFICATIO	N		
By signing this form I/we	consent to the below disclosure:		
-	be disclosed for the purposes of meeting nd other services offered by Saxo Capita nt relationship.		<u> </u>
declare under penalties correct and complete.	f perjury that the information given in p	art 1 and 2 of this form to the best	t of my knowledge is true,
I further certify under pen	alties of perjury that:		
The entity identify	ied in Part 2 is not a US person		
	nich this form relates is: (a) not connecto t is not subject to tax under an income t e		
a foreign corpora person. It also in	ctions or barter exchanges, the benefici ition, a foreign partnership, a foreign tru cludes a foreign branch or office of a U.S ied intermediary (QI). Generally, a paym	ist, a foreign estate, and any other b. financial institution or U.S. cleari	person that is not a U.S. ng organization if the foreign
Further, I agree that I will	submit a new form within 30 days if any	certification given in this form bec	comes incorrect.
Signature		Name	