

## CRS Self Certification

### Entity (Company/Trust/Partnership)

**Please read before completing this form:**

Regulations based on the OECD Common Reporting Standard ("CRS") require Financial Institutions such as Magellan, to collect and report certain information about an Account Holder's tax residence. We may be legally obliged to report the information provided in this form (and other financial information about the financial account(s) to which this form relates) to the Australian Tax Office ("ATO"). The ATO may exchange this information with tax authorities of other jurisdictions.

**All entities (Companies, Trusts, Partnerships) must complete this form except Australian Retirement Funds e.g. SMSFs and regulated super funds. Corporate Trustees must complete the form on behalf of the Trust only.**

Where the Account Holder is (1) a Passive Non-Financial Entity ("Passive NFE") or (2) an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution, please provide information on the natural person(s) who exercise control over the Account Holder by completing a 'Controlling Persons CRS Self-Certification Form' for each Controlling Person.

For CRS purposes, 'control' includes shareholders who own, hold or control 25% or more of the company's issued capital. For trusts, control includes ALL beneficiaries, trustees, the appointer and the settlor/protector of the Trust. In relation to other entities, control includes the partners of a partnership and the governing members of an association or cooperative.

To help you complete this form, please refer to the '[CRS Self Certification – Key Definitions](#)'.

### PART 1 – ACCOUNT HOLDER IDENTIFICATION

Legal name of Entity	<input type="text"/>
Country of incorporation	<input type="text"/>
Street Address	<input type="text"/>
Current Mailing Address (if different from above)	<input type="text"/>

### PART 2 – ENTITY TYPE *Please provide the Account Holder's Status by ticking one of the following boxes in Section 1.*

- 1 a) Financial Institution – Investment Entity
- i) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.   
*Note: if ticking this box please also complete Part 2(2) below.*
  - ii) Other Investment Entity
- b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company
- c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation.
- If you have ticked (c), please provide:
- i) the name of the established securities market on which the corporation is regularly traded:  

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  - ii) If you are a Related Entity of a regularly traded corporation, please provide the name of the corporation that the Entity in (c) is a Related Entity of:  

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- d) Active NFE – a Government Entity or Central Bank
- e) Active NFE – an International Organisation

- f) Active NFE – other than (c) - (e) such as a company operating an active trade or business that is not a financial institution, or another type of entity described in this section.
- g) Passive NFE (Note: if ticking this box, please also complete Sections 2(a) and 2(b) below.)

*Note: An entity is passive if the entity earns 50% or more of its revenue from investment activities (e.g. rent, dividend, interest) or 50% or more of the entity's assets are used to generate investment income.*

- h) A charitable organisation that is registered in Australia with the Australian Charities and Non-for-Profit Commission (ACNC).

*Note: Please provide the charity's ABN:* \_\_\_\_\_

2 Controlling Persons: If you have ticked Section 1(a)(i) or 1(g) above, then please:

- a) Indicate the name of any Controlling Person(s) of the Account Holder:

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- b) Complete a 'Controlling Persons CRS Self Certification Form' for each Controlling Person.

*Note: If there are no natural person(s) who exercise control of the Entity, then the Controlling Person will be the natural person(s) who hold(s) the position of senior managing official.*

### PART 3 – TAX RESIDENCE

Please indicate the Entity's jurisdiction of tax residence for CRS purposes (if resident in more than one jurisdiction, please detail all jurisdictions of tax residence and associated tax identification numbers ("TIN"). If the Entity is not tax resident in any jurisdiction (e.g. because it is fiscally transparent), please indicate that below and provide its place of effective management, or jurisdiction in which its principal office is located.

Jurisdiction of Tax Residence 1	Taxpayer Identification No. 1	TIN Unavailable <input type="checkbox"/>
Jurisdiction of Tax Residence 2	Taxpayer Identification No. 2	TIN Unavailable <input type="checkbox"/>
Jurisdiction of Tax Residence 3	Taxpayer Identification No. 3	TIN Unavailable <input type="checkbox"/>

TIN Unavailable Explanation(s) e.g. (1) The jurisdiction does not issue TINs to its residents (2) The Account Holder is unable to obtain a TIN or equivalent – please explain why (3) No TIN is required – only select if domestic law of the jurisdiction does not require the collection of TINs.

- I certify that the tax residence countries provided above represent all countries in which the Entity is considered a tax resident.  
*If the Account Holder has additional jurisdictions of tax residence, please attach a statement containing the Jurisdiction and TIN for each additional jurisdiction.*

### PART 4 – DECLARATION AND SIGNATURE

- I acknowledge and agree that information contained in this form and information regarding the account(s) may be provided to the ATO, and they may exchange this information with the country or countries in which I/the Account Holder am/is resident for tax purposes.
- I/We undertake to advise the recipient promptly of any change in circumstance which causes the information contained herein to become incorrect and to provide a suitably updated Certification within 30 days of such changes in circumstances.
- I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.
- **I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete.**

Name of Signer 1	Name of Signer 2
Signature 1	Signature 2
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)
Please indicate the capacity in which you are signing the form (for example "Authorised Officer").	
Capacity	Capacity

**Please send your completed form to our unit registry via email, fax or mail.**

**Email:** [airlie@linkmarketservices.com.au](mailto:airlie@linkmarketservices.com.au)  
**Fax:** (02) 9287 0353  
**Mail:** Links Fund Solutions – Airlie Australian Share Fund  
 PO Box 3753  
 Rhodes NSW 2138

For further information, please contact Link Fund Solutions on 1800 236 994 (Australia) or +61 1800 236 994 (international).

Your tax adviser may be able to assist you in answering specific questions on this form. Alternatively you can find further information on the [OECD Automatic Exchange of Information Portal](#).