## **Company Self-Certification**

Integral Master Trust



The Foreign Account Tax Compliance Act ('FATCA') is United States (U.S.) law which has effect in New Zealand under the Double Tax Agreements (United States of America – FATCA) Order 2014 ('FATCA Order'). We are required by law to obtain client information where funds are held by us. The FATCA information we require relates to the FATCA status of the Company. If any Company is a corporation organised in the U.S. or under the laws of the U.S. or is a passive NFFE (non-financial foreign entity) with any controlling person who is a U.S. citizen or U.S. tax resident, we must advise Inland Revenue, which will pass relevant information to the US Internal Revenue Service.

In addition to FATCA, New Zealand has endorsed the OECD's Standard for Automatic Exchange of Financial Account Information in TaxMatters ('AEOI') which incorporates the Common Reporting Standard ('CRS'). From 1 July 2017, CRS will facilitate the annual cross border automatic exchange of information on 'financial accounts' between the Competent Authority of each country with which New Zealand enters into a bi-lateral agreement to implement CRS. There are substantial similarities between the FATCA and CRS regimes. This form also applies to CRS information.

## 1. Account holder identification

Company name:  Country of incorporation:	
Registered off	ice address
Street:	
Suburb:	Postcode:
City:	Country:
Principal place	e of business address
Street:	
Suburb:	Postcode:
City:	Country:

Phone: +64 9 414 4215

Toll Free: 0800 500 811 (NZ only)

Email: investments@nzbritannia.co.nz Web: nzbritannia.co.nz 1/4



## 2. Tax information

2.1 Tax status Tick one of the tax status boxes below or on the next page (if the company is a financial institution, please provide all the requested information below)
A financial institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA/CRS purposes)
Provide the company's Global Intermediary Identification Number (GIIN), if applicable
If the company is a financial institution but does not have a GIIN, provide its FATCA status. Select one from:
Deemed compliant financial institution
Excepted financial institution
Exempt beneficial owner
Non reporting IGA financial institution
Nonparticipating financial institution
Other: describe the company's FATCA status
If the company is a financial institution, please proceed to Section 3.
New Zealand public listed company, majority owned subsidiary of a New Zealand public listed company or New Zealand registered charity.
If the company type is listed above, please proceed to Section 3.
An active non-financial entity (NFE). Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.
For other types of active NFEs, refer to section VIII in the annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at oecd.org).
If the company type is an active NFE, please proceed to Section 3.
Other (Entities that are not previously listed - passive non-financial entities). Please proceed to Section 2.2 (Foreign controlling persons/beneficial owners).
2.2 Foreign controlling persons/beneficial owners
Are any of the company's controlling persons or beneficial owners tax residents of Yes: No:
If yes, please provide the details of these individuals below and complete a separate Individual Self-Certification form for each controlling person/beneficial owner.

Phone: +64 9 414 4215 Toll Free: 0800 500 811 (NZ only)



Full given name(s)	Surname	Role (such as Director or Senior Managing Official)			
f there are more controlling person	n/beneficial owners, provide	details on a separate sheet and tick this box	x		
capital (through direct or indirect sor or indirectly exercises control thro or by means of trusts, agreements, or power of veto. If no such person	hareholdings). If no such pe ugh the capacity to determinal arrangements, understanding can be identified then the n	own 25% or more of the company's issued serson exists, then identify the person who dirne decisions about financial or operating poling & practices; voting rights of 25% or more; most senior managing official/s of the compad to sign on the company's behalf).	rectly licies; ;		
· · · · · · · · · · · · · · · · · · ·	f time a person spends in a	tax resident of a particular country is often country, the location of a person's residence t of citizenship or residency.			
2.3 Country of tax residency					
s the company a tax resident of N	ew Zealand?	Yes: No:			
s the company a tax resident of a	country other than New Zea	land? Yes: No:			
	•	and tax identification number (TIN) or equiva country, please list all relevant countries bel			
f no, please proceed to Section 3.					
A TIN is the number assigned by e of an IRD number in New Zealand (		es of administering tax laws. This is the equiven Number in the U.S.	⁄alent		
f a TIN is not provided, please list	one of the three reasons spe	ecified (A, B or C) for not providing a TIN.			
Country	TIN	A/B	/ C		
Country	TIN	A / B	/ C		
Country	TIN	A/B	/ C		
If there are more countries, provid	e details on a separate shee	t and tick this box			
Reason A The country of tax res	idency does not issue TINs	to tax residents			
Reason B The company has not	been issued with a TIN				
Reason C The country of tax res	dency does not require the	TIN to be disclosed			



## 3. Declaration and undertakings

,	t I am authorised to sign for the Company, for all the account(s) he which this form relates.	eld by the	Company	Account /
I declare the complete.	at all statements made in this declaration are, to the best of my kr	nowledge a	and belief	correct and
tax residen in a separa	to advise the recipient as soon as practicable of any change in circy status of the entity identified in this form (or any controlling peter form) or causes the information contained in this form to become ith a suitably updated self-certification and Declaration upon such	erson/bene ne incorrec	eficial owr et, and to	ner identified provide the
Signature:		Date:	/	/
Name:				

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