

CRS TIN Exemption form

WealthHub Securities Limited

ABN 83 089 718 249 AFSI No. 230704 nabtrade Reply Paid 87762 Melbourne VIC 8060 Telephone 13 13 80 nabtrade.com.au

AFSL No. 230704 Melbourne VIC 8060	
Account number	Reference number
	WF
Section 1 About this form	
You have previously indicated that you are a tax resident of a able to quote your Taxpayer Identification Number (TIN). The reforeign tax residence.	country other than Australia, and provided a reason for not being reason code you have selected is not valid for your country of
We request that you complete the form below to provide a va	lid reason for not being able to quote your TIN.
Section 2 Individual Details	
Title	Middle name
Mr Mrs Miss Ms Other	
First name(s)	Family name
Section 3 Entity Details	
Entity name	
ACN, ABN, or other registration number	

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Section 4

Foreign Tax Residency Information

1st Country	3rd Country
Country of Tax Residence	Country of Tax Residence
TIN	TIN
au Danaur fau wat haira i iasuad with a TIN	an December for not being a journal with a TIN
or Reason for not being issued with a TIN Provide a tick against the applicable reason	or Reason for not being issued with a TIN Provide a tick against the applicable reason
Minor (under the age of 18)	Minor (under the age of 18)
Applied for	Applied for
Diplomat	Diplomat
International organisation	International organisation
Student/professor	Student/professor
No taxable income	No taxable income
Other	Other
2nd Country	
Country of Tax Residence	
TIN	
or Reason for not being issued with a TIN Provide a tick against the applicable reason	
Minor (under the age of 18)	
Applied for	
Diplomat	
International organization	
Student/professor	
No taxable income	
Other	

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Section 5	Declaration
	gning this declaration, I certify that the rovided is true and correct.
INDIVIDUAL DECLAR	ATION (The person named in this form)
Name	
Signature	
×	
Date	
/ /	
OR	
	N gning this declaration, I certify that the rovided is true and correct.
To be completed by Entity, such as a Dire	an authorised representative of the ector or Trustee
Given Name(s)/Family Name (PRINT)	
Signature	
×	
Date	
/ /	

Section 6

Send us your form

Please mail or fax your completed, signed and dated form to:

Email

forms@nabtrade.com.au

Post

nabtrade Reply Paid 87762 Melbourne VIC 8060

Need Help? If you need any assistance with completing this form, contact us on **13 13 80**. For more information about our opening hours visit **nabtrade.com.au**