

# CRS TIN Exemption form

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Reply Paid 87762  
Melbourne VIC 8060

Telephone 13 13 80  
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Account number

Reference number

WF

## Section 1

### About this form

You have previously indicated that you are a tax resident of a country other than Australia, and provided a reason for not being able to quote your Taxpayer Identification Number (TIN). The reason code you have selected is not valid for your country of foreign tax residence.

We request that you complete the form below to provide a valid reason for not being able to quote your TIN.

## Section 2

### Individual Details

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Middle name

First name(s)

Family name

## Section 3

### Entity Details

Entity name

ACN, ABN, or other registration number

## Section 4

## Foreign Tax Residency Information

### 1st 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 organisation
- ☐ Student/professor
- ☐ No taxable income
- ☐ 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

### 3rd 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 organisation
- ☐ Student/professor
- ☐ No taxable income
- ☐ Other

## Section 5

### Declaration

By completing and signing this declaration, I certify that the information I have provided is true and correct.

#### INDIVIDUAL DECLARATION (The person named in this form)

Name

Signature

Date

OR

#### ENTITY DECLARATION

By completing and signing this declaration, I certify that the information I have provided is true and correct.

**To be completed by an authorised representative of the Entity, such as a Director 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**