

Invest in Trust

NATIONAL INVESTMENT TRUST LIMITED

CRS Tax Residency Self Certification Form For Corporate

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

Chapter XIIA of Income Tax Rules, 2002 and Regulations based on the OECD Common Reporting Standard (CRS) require NITL to collect and report certain information about an account holder's tax residency. If the account holder's tax residence is located outside Pakistan and/or United States of America (USA), we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Federal Board of Revenue (FBR) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution, please also complete "CRS Tax Residency Self Certification Form for Controlling Persons". You can find summaries of defined terms in the Glossary of Terms provided at page 7 of this form.

Please complete this form if account holder is entity i.e. legal person or a legal arrangement, such as a company, corporation, Organization, partnership, trust, foundation, NGO, NPO, etc.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other Information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.							
LEGAL NAME OF ENTITY	COUNTRY OF INCORPORATION OR ORGANIZATION						
Entity type please provide the Account Holder's status by selecting any of the following options;							
PART 1.(A) - FINANCIAL INSTITUTION							
i. An Investment entity located in Non-Participating Jurisdiction and Managed by another Financial Institution (Note: If selecting this option please complete Part 2 of mentioned below;)							
ii. Other Investment Entity							
1.(B) - FINANCIAL INSTITUTION							
i. Depository Institution							
ii. Custodial Institution							
iii. Specified Insurance Company (Note: If you have selected (A) or (B) above, please provide the Account Holder's Global Inter	rmediary Identification Number if held						
(Note: If you have selected (A) of (B) above, please provide the Account Floride is Global inter-	Theday identification rumber, it read.)						
1.(C) - ACTIVE NFE (NON-FINANCIAL ENTITY)							
i. 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. (Note: If you have selected this option, please provide the name of regularly traded.)							
(If you are a related entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the entity in (c) is a related entity of;)							
1. (D) - ACTIVE NFE - A GOVERNMENT ENTITY OR CENTRAL BANK							
1. (E) - ACTIVE NFE - AN INTERNATIONAL ORGANIZATION							
1. (F) - ACTIVE NFE - OTHER THAN (C) - (E) (FOR EXAMPLE A START-UP NFE OR NON-PROFIT NFE)							
(i) - Active NFE by reason of income and assets							
(ii) - Active NFE holding NFE that are member of a non-Financial Group							
☐ (iii) - Active start-up NFE ☐ (iv) - Active NFE that are liquidating or emerging from bankruptcy							
(iv) - Active NFE treasury Centers that are members of a non-Financial Group							
(vi) - Active NFE non-profit NFE							
1. (G) - PASSIVE NFE (NOTE: IF TICKING THIS BOX, PLEASE COMPLETE PART 2 ALSO);)						
PART 2. IF YOU HAVE TICKED 1(A) (i) OR 1(G), THEN PLEASE;							
2. (A) Indicate the name of Controlling Person(s) of the Account Holder							
2. (B) Complete Part 3 and 4 for each Controlling Person.							



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PART 3- COUNTRY OF RESIDENCE FOR TAX PURPOSE

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number (TIN) or functional equivalent for each country indicated. Please refer to the OECD website for more information on tax residency http://www.oecd.org/tax/automatic-exchange/crsimplementation-and-assistance/tax-residency / If Tax Identification Number (TIN) is not available, please tick () the appropriate box with reason A, B or C as defined below and provide Supporting Evidence:

- $\textbf{Reason A -} \ \textbf{The country / jurisdiction where the Account Holder is resident does not issue TINs to its residents$
- Reason B The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please provide reasons if this is selected)

Reason C - No TIN is required. (Note: Only select this reason, along-with evidence, if the domestic law of the relevant country does not require the collection of the TIN issued by such country)								
S.No	Country(ies) of Tax Residence	TIN or	r Equivalent	Tick (√) (Reason A	ONE only (If TIN is not Reason B	available) Reason C		
1								
2								
3								
If Reason B selected, please explain in the following box(es) why entity is unable to obtain a TIN or Functional Equivalent								
1								
2								
3								
PAF	RT 4 DECLARATION AND SIGNA	TURE						
I / We understand that the information supplied by us / me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with NITL setting out how NITL may use and share the information supplied by us / me. We / I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country / jurisdiction in which this account(s) is / are maintained and exchanged with tax authorities of another country / jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. I / We declare that all statements made in this declaration are, to the best of our / my knowledge and belief, correct and complete. We / I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status or where any information contained herein to become incorrect. Company Secretary / Authorized Signatories Name:								
Nam	ie:			Signature:				
FOF	R BRANCH USE ONLY							
DAT	E (DD / MM / YY)://				TIME:	:AM / PM		
	ich / Distributor Name:		Acc	count No(s):				
Forn	n reviewed and checked by:							
Bran	ich Stamp & Signature of the Branch Manage	/ Authorized Official:						