

NATIONAL INVESTMENT TRUST LIMITED

CRS Tax Residency Self Certification Form For Corporate

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:

Reason A - 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 Equivalent	Tick (✓) ONE only (If TIN is not available)		
			Reason A	Reason B	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	

PART 4 DECLARATION AND SIGNATURE

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: _____

Signature: _____

Name: _____

Signature: _____

FOR BRANCH USE ONLY

DATE (DD / MM / YY): ____ / ____ / _____

TIME: ____ : ____ AM / PM

Branch / Distributor Name: _____

Account No(s): _____

Form reviewed and checked by: _____

Branch Stamp & Signature of the Branch Manager / Authorized Official: _____