

**DIVERSIFIED INVESTMENTS  
UNIFIED MANAGEMENT**

SINCE 1962



NATIONAL INVESTMENT TRUST LIMITED  
**Account Opening Booklet**  
- For Individuals

Registration ID: \_\_\_\_\_



Call: 0800-00648  
E-mail: [care@nit.com.pk](mailto:care@nit.com.pk)  
Website: [www.nit.com.pk](http://www.nit.com.pk)

NBP Building, 6<sup>th</sup> Floor, I.I. Chundrigar Road,  
Karachi - 74000, Pakistan.



# NATIONAL INVESTMENT TRUST LIMITED

Customer Due Diligence (CDD) / Know Your Customer (KYC) & Registration Form  
For Individual Investors

## 2-JOINT UNIT HOLDER INFORMATION

**Name of Applicant as per CNIC**  
Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ :  
PLEASE FILL OUT IN CAPITAL LETTERS

**Father / Spouse Name as per CNIC:**  
PLEASE FILL OUT IN CAPITAL LETTERS

**Mother's Maiden Name:**  
PLEASE FILL OUT IN CAPITAL LETTERS

**CNIC No:** \_\_\_\_\_ **Nationality:**  Resident Pakistani  Non - Resident Pakistani / Others (Specify): \_\_\_\_\_

**Date of Issue:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_ **Passport No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_  
(In case non - resident / foreign national)

**Date of Birth (DD/MM/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **City:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Current Residential Address:** \_\_\_\_\_  
\_\_\_\_\_ **City:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_ **Cell No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Gender:**  Male  Female **Marital Status:**  Single  Married **Religion:**  Muslim  Non-Muslim

**Occupation / Profession:**  Private Service  Government Service  Business  Retired  Housewife  Student / Minor  Unemployed  Self Employed

**Others (specify):** \_\_\_\_\_ **Source(s) of Income:**  Salary  Business  Savings / Investments  Inheritance  Pension  Rental Income  
 Agriculture Income **Others (specify)** \_\_\_\_\_ **Approx Monthly Income (Individual):** \_\_\_\_\_ **Filer?**  Yes  No

**Annual Income:**  Up to Rs. 1 M  Rs. 1 M to Rs. 3 M  Rs. 3 M to Rs. 6 M  Rs. 6 M to Rs. 8 M  Rs. 8 M to Rs. 10 M  Above Rs. 10M

**Name & Address of Employer / Business:** \_\_\_\_\_

**Relationship with Principal Unit Holder:** \_\_\_\_\_ **%Share in Investment:** \_\_\_\_\_ **Registration ID:** \_\_\_\_\_

## 3-JOINT UNIT HOLDER INFORMATION

**Name of Applicant as per CNIC**  
Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ :  
PLEASE FILL OUT IN CAPITAL LETTERS

**Father / Spouse Name as per CNIC:**  
PLEASE FILL OUT IN CAPITAL LETTERS

**Mother's Maiden Name:**  
PLEASE FILL OUT IN CAPITAL LETTERS

**CNIC No:** \_\_\_\_\_ **Nationality:**  Resident Pakistani  Non - Resident Pakistani / Others (Specify): \_\_\_\_\_

**Date of Issue:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_ **Passport No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_  
(In case non - resident / foreign national)

**Date of Birth (DD/MM/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **City:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Current Residential Address:** \_\_\_\_\_  
\_\_\_\_\_ **City:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_ **Cell No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Gender:**  Male  Female **Marital Status:**  Single  Married **Religion:**  Muslim  Non-Muslim

**Occupation / Profession:**  Private Service  Government Service  Business  Retired  Housewife  Student / Minor  Unemployed  Self Employed

**Others (specify):** \_\_\_\_\_ **Source(s) of Income:**  Salary  Business  Savings / Investments  Inheritance  Pension  Rental Income  
 Agriculture Income **Others (specify)** \_\_\_\_\_ **Approx Monthly Income (Individual):** \_\_\_\_\_ **Filer?**  Yes  No

**Annual Income:**  Up to Rs. 1 M  Rs. 1 M to Rs. 3 M  Rs. 3 M to Rs. 6 M  Rs. 6 M to Rs. 8 M  Rs. 8 M to Rs. 10 M  Above Rs. 10M

**Name & Address of Employer / Business:** \_\_\_\_\_

**Relationship with Principal Unit Holder:** \_\_\_\_\_ **%Share in Investment:** \_\_\_\_\_ **Registration ID:** \_\_\_\_\_

# NATIONAL INVESTMENT TRUST LIMITED

Customer Due Diligence (CDD) / Know Your Customer (KYC) & Registration Form  
For Individual Investors

## GUARDIAN INFORMATION (in case of minor applicant)

**Name of Applicant as per CNIC:** \_\_\_\_\_  
Mr. Mrs. Ms. Dr. Other \_\_\_\_\_  
PLEASE FILL OUT IN CAPITAL LETTERS

**Father / Spouse Name as per CNIC:** \_\_\_\_\_  
PLEASE FILL OUT IN CAPITAL LETTERS

**Mother's Maiden Name:** \_\_\_\_\_  
PLEASE FILL OUT IN CAPITAL LETTERS

**CNIC No:** \_\_\_\_\_ **Nationality:**  Resident Pakistani  Non - Resident Pakistani / Others (Specify): \_\_\_\_\_

**Date of Issue:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_ **Passport No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_  
(In case non - resident / foreign national)

**Date of Birth (DD/MM/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Country of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **City:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Current Residential Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_ **Cell No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Gender:**  Male  Female **Marital Status:**  Single  Married **Religion:**  Muslim  Non-Muslim

**Occupation / Profession:**  Private Service  Government Service  Business  Retired  Housewife  Student / Minor  Unemployed  Self Employed

Others (specify): \_\_\_\_\_ **Source(s) of Income:**  Salary  Business  Savings / Investments  Inheritance  Pension  Rental Income

Agriculture Income Others (specify): \_\_\_\_\_ **Approx Monthly Income (Individual):** \_\_\_\_\_ **Expected Amount of Investment:**  upto Rs. 2.5 M

Rs. 2.5 M to Rs. 5 M  Rs. 5 M to Rs. 10 M  Above Rs. 10 M **Filer?**  Yes  No

**Preferred Modes of Transactions:**  Online  Physical  Both **Expected No. of Transactions (Monthly):** \_\_\_\_\_

**Expected Turnover in Account:**  Monthly Rs. \_\_\_\_\_ or  Annually Rs. \_\_\_\_\_

**Annual Income:**  Up to Rs. 1 M  Rs. 1 M to Rs. 3 M  Rs. 3 M to Rs. 6 M  Rs. 6 M to Rs. 8 M  Rs. 8 M to Rs. 10 M  Above Rs. 10M

**Name & Address of Employer / Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Registration ID:** \_\_\_\_\_

## DECLARATION

	Principal Holder	1st Joint Holder	2nd Joint Holder	3rd Joint Holder
Are you acting on behalf of another person/entity? [If yes, please provide supporting document(s)]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you holding a senior position in any Govt./Public office or political party? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any financial connections to offshore tax havens? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you dealing in high value items (e.g. precious metals/stones)? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any financial institution ever refused to open your account? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

## STATEMENT OF ACCOUNT DELIVERY INSTRUCTIONS

Please select any () ONE nature of correspondence as per your convenience

**By Email** (Statement of Account will be send on transactions, Monthly and Semi-annually) OR

**By Post** (Statement of Account will be send on transactions and Semi-annually)

**NOTE:** If no option is selected, Statement of Account will be send Semi-annually through Email and if Email is not available, Statement will be send through Post.

## OTHER INSTRUCTIONS

Facility of Web Portal & Mobile App  Yes  No

Zakat Deduction: (to be made on a stamp paper of Rs. 50/-)  Yes  No (If No, in case of Muslim please attach valid declaration of Principal and Joint Holders)

## DECLARATION FOR CALL & SMS TRANSACTION FACILITY

Is the mobile number registered on CNIC of principal account holders?  Yes  No

If No, please fill the below mentioned declaration and attach valid copy of CNIC of the person on whose name the number is registered in:

I confirm that the mobile number registered in my NITL Funds account / Folio is being used by me and is registered under the name of

\_\_\_\_\_

(Name of the person on whose name the mobile number is registered) holding CNIC number

\_\_\_\_\_

I represent and confirm that above individual is my Father / Husband / Mother / Wife / Son / Brother / Other (blood relation compulsory)

(Please circle the relationship or mention the relationship in other) and he/she has given me permission to use the above-mentioned mobile number to manage my account with NITL Funds.

I / We would like to opt for the Call and SMS Transaction facility.

Note: In case of information mismatch - investor will not be able to avail associated services.

Principal Unit Holder

1 - Joint Unit Holder

2 - Joint Unit Holder

3 - Joint Unit Holder

## INVESTMENT DETAILS

Risk Profile Category	Fund Names & Codes	Sales Load	Risk of Principal Erosion
<b>EQUITY SCHEMES</b>	• National Investment Unit Trust - NI(U)T	3%	High
<b>MONEY MARKET SCHEME</b>	• NIT Money Market Fund (NIT-MMF)	Nil	Low
<b>ASSET ALLOCATION SCHEME</b>	• NIT Asset Allocation Fund (NIT-AAF)	0% - 2.5%	High
<b>INCOME SCHEMES</b>	• NIT Government Bond Fund (NIT - GBF)	1%	Medium
	• NIT Income Fund (NIT - IF)	1%	Medium
	• NIT Social Impact Fund (NIT - SIF)*	0% - 2%	Medium
<b>SHARIAH COMPLIANT (ISLAMIC) EQUITY SCHEME</b>	• NIT Islamic Equity Fund (NIT - IEF)	0% - 3%	High
<b>SHARIAH COMPLIANT (ISLAMIC) MONEY MARKET SCHEME</b>	• NIT Islamic Money Market Fund (NIT-IMMF)	0% - 1.0%	Low
<b>SHARIAH COMPLIANT (ISLAMIC) INCOME SCHEME</b>	• NIT Islamic Income Fund (NIT - IIF)	Nil	Medium

## SELECT INVESTMENT OPTION(S)

OPTION(S) : Tick (✓) whichever is applicable

EQUITY SCHEME	SHARIAH COMPLIANT EQUITY SCHEME	INCOME SCHEMES		SECTOR SPECIFIC INCOME SCHEME
<input type="checkbox"/> NI(U)T	<input type="checkbox"/> NIT-IEF	<input type="checkbox"/> NIT-GBF	<input type="checkbox"/> NIT-IF	<input type="checkbox"/> NIT-SIF
MONEY MARKET SCHEME	SHARIAH COMPLIANT INCOME SCHEME	ASSET ALLOCATION SCHEME	SHARIAH COMPLIANT MONEY MARKET SCHEME	
<input type="checkbox"/> NIT-MMF	<input type="checkbox"/> NIT-IIF	<input type="checkbox"/> NIT-AAF	<input type="checkbox"/> NIT-IMMF	

## NOTES TO THE INVESTOR:

**Risk Disclaimer:** Prices of units of the funds, and income from them may go up or down. In Fixed Periodic Payment Plan, the principal amount may be reduced in case sufficient returns are not earned by the Fund to cover the amount required by the Unit Holder. Therefore, the resulting payment may lead to erosion of principal. Investors are advised in their own interest to carefully read the contents of the Offering Document and Trust Deed of the respective funds, in particular the Investment Policy, Risk Disclosure, Disclaimers and Warnings before making any investment decision.

**Product Information:** Read the offering document and product information carefully and consult your Investment Advisor before making investment decisions. **Account Opening:** Please note that as required by the SECP, NIT reserves the right to refuse to open or terminate any Account at its discretion for reasons including unsatisfactory completion of CDD / KYC measures. CDD/KYC information is sought in compliance with Rules & Regulations governing NBFC's and NE's, which shall be applicable as amended from time to time.

## DECLARATION:

I/we hereby confirm that I/we have read and understood the instructions mentioned herein which apply to National Investment Trust Limited (NIT) and its funds National Investment (Unit) Trust Fund, NIT Government Bond Fund, NIT Income Fund, NIT Social Impact Fund, NIT Islamic Equity Fund, NIT Islamic Money Market Fund, NIT Asset Allocation Fund, NIT Money Market Fund, NIT Islamic Income Fund and any other fund(s) offered by NIT from time to time, for compliance of Customer Due Diligence (CDD) and Know Your Client (KYC) procedures for transaction in Funds' units issued by NIT. I/we agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable to NIT and respective Funds. I/we hereby declare that the particulars given herein are true, correct and complete to the best of my/ our knowledge and belief; the relevant documents submitted along with this application are genuine. I/we hereby undertake to promptly inform NIT of any changes to the information provided herein and agree and accept that NIT is not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by NIT on the basis of the information provided by me/us and also due to my/our not intimating/delay in intimating such changes. I/we hereby authorize NIT to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us relating to the respective Funds in which I/we may transact/have transacted including all changes, updates to such information as and when provided by me/us if such required to be submitted under the laws. I/we hereby agree to provide any additional information/Documentation that may be required by the NIT, in connection with this Application Form. I/we further confirm to have read the Trust Deed and Offering Documents of the Fund I/we wish to invest in and I/we hereby bind ourselves and agree to the contents of the same.

## DOCUMENTS REQUIRED (INDIVIDUAL):

Copy of valid CNIC or Passport of principal & joint unit holder(s)  
Business / Employment proof of principal & joint unit holder(s)  
Copy of Valid Zakat Declaration (CZ-50) on Rs. 50 Stamp paper, separately from principal and joint unit holder(s)  
In case of minor account please provide Guardian ship Certificate  
Declaration for Self Employed, House Wife / Student (Independent), Dependent Individuals (on Rs.100 Stamp paper for non-resident)  
Copy of Declaration, in case of Non-Muslim  
One Year Bank Statement (For non-resident and PEP)  
Income Tax & Wealth Tax Return (For non-resident and PEP)  
Proof of Investment (in case income declared on NIT-R does not commensurate with investment amount)

## AUTHORIZATION:

I/we hereby authorize National Investment Trust Limited to verify any/all of the submitted information related to KYC, CNIC (using NADRA Verisys), IBAN & Mobile Number.

\_\_\_\_\_  
Principal Unit Holder

\_\_\_\_\_  
1 - Joint Unit Holder

\_\_\_\_\_  
2 - Joint Unit Holder

\_\_\_\_\_  
3 - Joint Unit Holder

## FOR BRANCH USE ONLY

DATE (DD / MM / YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TIME: \_\_\_\_ : \_\_\_\_ AM / PM

Branch / Distributor Name:

Registration ID (System Generated):

Account No(s):

Form reviewed and checked by:

Data entered by:

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

## FOR UHRS RECORD SECTION USE

CNIC(s) Verification from NADRA:  Yes  No

Remarks:

# NATIONAL INVESTMENT TRUST LIMITED

Investment Form  
For Individual Investors

DATE (DD / MM / YYYY):  -  -

## UNIT HOLDER INFORMATION :

I / We request NIT to sell Me / Us units as detailed below

Title of Account   
PLEASE FILL OUT IN CAPITAL LETTERS

FP / Distributor Code:  Account No.:  Type of Account:  Single  Joint  Minor

Branch: \_\_\_\_\_

## PLEASE SELECT APPROPRIATE FUND:

<b>Equity Scheme</b> <input type="checkbox"/> NI(U)T (Sales Load: 3%)	<b>Income Scheme</b> <input type="checkbox"/> NIT-GBF (Sales Load: 1%) <input type="checkbox"/> NIT-IF (Sales Load: 1%)	<b>Money Market Scheme</b> <input type="checkbox"/> NIT-MMF (Sales Load: 0%)	<b>Shariah Compliant Money Market Scheme</b> <input type="checkbox"/> NIT-IMMF (Sales Load: 0% - 1.0%)	<b>Shariah Compliant Equity Scheme</b> <input type="checkbox"/> NIT-IEF (Sales Load: 0% - 3%)
<b>Shariah Compliant Income Scheme</b> <input type="checkbox"/> NIT-IIF (Sales Load: 0%)	<b>Asset Allocation Scheme</b> <input type="checkbox"/> NIT-AAF (Sales Load: 0% - 2.5%)	<b>Sector Specific Income scheme</b> Specific by Unit Class <input type="checkbox"/> NIT-SIF	<input type="checkbox"/> Class "A" Units: Front End Load: NIL Back End Load: 1 <sup>st</sup> year - 3% 2 <sup>nd</sup> year - 1.5% After 2 years - NIL Initial Investment: Rs. 500,000 /- Subsequent Investment: Rs. 2,500/-	<input type="checkbox"/> Class "B" Units: Front End Load: 2%** Back End Load: NIL Initial Investment: Rs. 500 /- Subsequent Investment: Rs. 250/- **At the discretion of management company

## DIVIDEND MANDATE

Re-invest Or  Cash dividend

Note: If no option is selected dividends option will be treated as CIP (re-investment).

## PAYMENT DETAILS (Investment in cash and third-party transaction is not allowed) :

Mode of Payment:  Cheque  Demand Draft  Pay Order  Others: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ City: \_\_\_\_\_

Cheque/PO No.: \_\_\_\_\_ Date: \_\_\_\_\_ Amount in Figures: \_\_\_\_\_

Amount in Words: \_\_\_\_\_

## DECLARATION:

I/we acknowledge the disclosure of applicable sales load on above mentioned fund and also understand that a Sales Load \_\_\_\_\_% will be charged on the Investment. This is also to acknowledge that I/we have read, understood and agree with all the terms and conditions stipulated under the offering documents for funds under management of National Investment Trust Limited which are available on company's website www.nit.com.pk and I/we abide by the above appended terms.

## COOLING-OFF RIGHT:

All individual unit holders can exercise a cooling-off right for refund of their first time investment in a collective investment scheme managed by NITL, by providing a written request within 3 business days from date of issuance of investment report. The refund (including sales load, if any) pursuant to the exercise of a cooling-off right shall be paid to the unit holder within six business days of receipt of written request from the unit holder in accordance with the Direction No. 31 of 2016 issued by SECP. The refund for every unit held by the unit holder should be an amount equal to NAV per unit applicable on the date the cooling-off right is exercised.

## RISK CATEGORIZATION OF COLLECTIVE INVESTMENT SCHEMES (CIS)

Fund Name	Category of CIS	Risk Profile	Risk of Principal Erosion	Title of Account
NI(U)T Fund	Equity	High	Principal at high risk	CDC-Trustee National Investment (Unit) Trust
NIT-GBF	Income	Medium	Principal at medium risk	CDC -Trustee NIT Government Bond Fund
NIT-IF	Income	Medium	Principal at medium risk	CDC -Trustee NIT Income Fund
NIT-SIF	Income	Medium	Principal at medium risk	CDC -Trustee NIT Social Impact Fund
NIT-MMF	Money Market	Low	Principal at low risk	CDC -Trustee NIT Money Market Fund
NIT-IEF	Shariah Compliant Equity	High	Principal at high risk	CDC -Trustee NIT Islamic Equity Fund
NIT-IMMF	Shariah Compliant Money Market	Low	Principal at low risk	CDC -Trustee NIT Islamic Money Market Fund
NIT-IIF	Shariah Compliant Income	Medium	Principal at medium risk	CDC - Trustee NIT Islamic Income Fund
NIT-AAF	Asset Allocation	High	Principal at high risk	CDC - Trustee NIT Asset Allocation Fund

\* Payment instrument must be made in favor of the Trustee of the respective Fund, as title mentioned above:

Date of delivery / dispatch of Account Statement to Unit Holder by **Branch:** \_\_\_\_\_

Principal Unit Holder

1-Joint Unit Holder

2-Joint Unit Holder

3-Joint Unit Holder

## FOR BRANCH USE ONLY

DATE (DD / MM / YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_ : \_\_\_\_ AM / PM Sale No.: \_\_\_\_\_

Transaction ID: \_\_\_\_\_

Investment Amount(Rs.)	Rate Per Unit (Rs.)	Total Electronic Units Allocated
_____	_____	_____

Form reviewed and checked by: \_\_\_\_\_ Data entered by: \_\_\_\_\_

Branch Stamp & Signature of the Manager / Authorized Official:

# NATIONAL INVESTMENT TRUST LIMITED

Risk Profiling Questionnaire  
For Individual Investors

Title of Account: \_\_\_\_\_

DATE (DD / MM / YYYY):

		-			-				
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CNIC No.: \_\_\_\_\_

Registration ID: \_\_\_\_\_

(For existing customer)

Please fill this form for us to better understand your investment goals according to your needs. On the basis of the information you provide, we can suggest you a customized solution. Please tick the boxes as per your choice.

1.	Age (in Yrs.)	2.	Marital Status	3.	No. of Dependents
<input type="checkbox"/>	Below 40	6 Points	<input type="checkbox"/>	Single	6 Points
<input type="checkbox"/>	41-50	3 Points	<input type="checkbox"/>	Married	2 Points
<input type="checkbox"/>	51-60	1 Points	<input type="checkbox"/>	Divorced/Widow	0 Points
<input type="checkbox"/>	Above 60	0 Points			
<input type="checkbox"/>			<input type="checkbox"/>	Zero	6 Points
<input type="checkbox"/>			<input type="checkbox"/>	Below Four	3 Points
<input type="checkbox"/>			<input type="checkbox"/>	Four to Seven	1 Points
<input type="checkbox"/>			<input type="checkbox"/>	Above Seven	0 Points
4.	Occupation	5.	Qualification	6.	Your Risk Appetite
<input type="checkbox"/>	Retired/Unemployed	0 Points	<input type="checkbox"/>	Matriculation or Below	0 Points
<input type="checkbox"/>	Student/House Wife	1 Points	<input type="checkbox"/>	Intermediate	1 Points
<input type="checkbox"/>	Salaried	3 Points	<input type="checkbox"/>	Graduate	2 Points
<input type="checkbox"/>	Business/Self Employed	6 Points	<input type="checkbox"/>	Post Graduate	3 Points
<input type="checkbox"/>			<input type="checkbox"/>	Doctorate	4 Points
<input type="checkbox"/>			<input type="checkbox"/>	Very High	12 Points
<input type="checkbox"/>			<input type="checkbox"/>	High	10 Points
<input type="checkbox"/>			<input type="checkbox"/>	Moderate	6 Points
<input type="checkbox"/>			<input type="checkbox"/>	Low	4 Points
<input type="checkbox"/>			<input type="checkbox"/>	Very Low	0 Points
7.	Your Investment Objective	8.	Your Investment Horizon		
<input type="checkbox"/>	Capital Preservation	4 Points	<input type="checkbox"/>	Short-term (Less than 1 Year)	4 Points
<input type="checkbox"/>	Capital Preservation & Income	8 Points	<input type="checkbox"/>	Medium-term (1 to 5 Years)	6 Points
<input type="checkbox"/>	Income and long-term Growth	12 Points	<input type="checkbox"/>	Medium to Long-term (5 to 10 Years)	10 Points
<input type="checkbox"/>	Capital Growth	14 Points	<input type="checkbox"/>	Long-term (More than 10 Years)	12 Points
9.	Your current level of Investment Knowledge	10.	Your current financial position: In a year or so, how secure do you feel your finances will be?		
<input type="checkbox"/>	Little or no knowledge	0 Points	<input type="checkbox"/>	Very Secure	0 Points
<input type="checkbox"/>	Some Knowledge	2 Points	<input type="checkbox"/>	Somewhat Secure	-2 Points
<input type="checkbox"/>	Both Knowledgeable and Experienced in investing	4 Points	<input type="checkbox"/>	Not Sure	-4 Points
<input type="checkbox"/>			<input type="checkbox"/>	Likely Worse	-8 Points

## 11. Scoring Of Risk Profiling Results

Question #	1	2	3	4	5	6	7	8	9	10	Total
Your Score											
Your Portfolio	Score	Type of Investor	Risk Profile/ Risk of Principal Erosion	Suitable Investment in Scheme							
	Score 0-25	Safety-Oriented	Low / Principal at low risk	Money Market Schemes							
	Score 26-43	Balanced	Medium/ Principal at medium risk	Income Schemes							
	Score 44+	Growth-oriented	High/ Principal at high risk	Equity & Asset Allocation Schemes							

I/We declare that I/We understand that this risk profiling questionnaire will help me/us assess my/our risk appetite based on the information provided by me/us. I am/we are aware that my/our financial needs may change over time depending on my/our personal and situation objectives. I/We also understand that this questionnaire does not constitute, in any manner, advice given by the Company. I/We shall be solely/jointly responsible for all my/our current and future investment, conversion and transfer transactions if these transactions are not in accordance with my/our above-mentioned risk profiling results. I/We will not hold the Company liable or responsible for these transactions in any manner. Further, I/We hereby confirm that all information provided in this form is true to the best of my/our knowledge.

نوٹ: میں اس بات کو سمجھتا ہوں اور متفق ہوں کہ اہل آئی ٹی نے مندرجہ بالا انفورمیشن کی میری رسک پروفائل کے مطابق تجویز کی ہے۔ لیکن میں اپنی مرضی کے مطابق کسی بھی دوسری فنڈ کیلنگری میں انویسٹمنٹ کر سکتا/کر سکتی ہوں۔

Fund decided by Investor: \_\_\_\_\_

Principal Unit Holder

1 - Joint Unit Holder

2 - Joint Unit Holder

3 - Joint Unit Holder

Name of Sales Person	Name of Branch Manager
Signature	Signature



# NATIONAL INVESTMENT TRUST LIMITED

## Declaration Form For FATCA (Foreign Account Tax Compliance Act, USA) For Individual Investors

Invest in Trust

This form must be completed by every individual who wishes to open an account. In case of joint account, this should be filled by all joint account holders separately. In case of minor account, this form should be filled by both minor and guardian separately, however, both forms should be signed off by guardian.

### UNIT HOLDER INFORMATION :

I/We request NIT to sell Me/Us units as detailed below

Title of Account

CNIC/Passport Number: \_\_\_\_\_ CNIC/Passport Expiry Date: \_\_\_\_\_

Nationality:  Pakistani  USA  Other: \_\_\_\_\_  Dual Nationality: 1): \_\_\_\_\_ 2): \_\_\_\_\_

US Taxpayer Identification Number (in case of US Person):

### PLEASE TICK APPROPRIATE CHECK BOX:

#### SECTION - A

	Yes		No	
1. Are you a US Citizen?	<input type="checkbox"/>	If 'Yes', Form W-9 to be provided.	<input type="checkbox"/>	If 'No', please move on to Section B.
2. Are you a US resident/alien?	<input type="checkbox"/>		<input type="checkbox"/>	
3. Do you hold a US permanent resident card (Green Card)?	<input type="checkbox"/>		<input type="checkbox"/>	
4. Were you born in US? (If you are not a US resident and were born in the US but have renounced your citizenship)	<input type="checkbox"/>	If 'Yes', Form W-9, Certificate / Written Explanation of Revocation of U.S. Nationality, A non U.S. Passport and Form W-8BEN to be provided.	<input type="checkbox"/>	
5. Standing instructions to transfer funds to an account maintained in US.	<input type="checkbox"/>	If yes, Form W-8BEN to be provided (in case of non-US citizen).	<input type="checkbox"/>	
6. Do you have any Power of Attorney/Authorized Signatory/Mandate holder having US address?	<input type="checkbox"/>		<input type="checkbox"/>	
7. Do you have US residence /mailing / Sole Hold Mail address	<input type="checkbox"/>		<input type="checkbox"/>	
8. Do you have US telephone number?	<input type="checkbox"/>		<input type="checkbox"/>	

**Declaration:** (For individuals who have marked any of the item at 1-8 as 'Yes')

Subject to applicable laws, I hereby consent to National Investment Trust Limited sharing my information with domestic and overseas regulator(s) or tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulator(s) or tax authorities, I consent and agree that the AMC may withhold, and pay out, from my account(s) such amount as may be required according to applicable laws, regulation, agreements with regulators or authorities and directives.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### SECTION - B

**Declaration:** (to be signed by each individual who wishes to open an account)

I hereby confirm that the information provided above is true, accurate and complete. I hereby, indemnify and hold harmless NITL against any and all losses, actions, claims, penalties, damages or liabilities that may arise in case the above information is found to be incorrect. I further agree and undertake to notify NITL within 30 calendar days if there is a change in any information provided above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** This form is valid for all funds under the management of NITL.

### 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:





# NATIONAL INVESTMENT TRUST LIMITED

## Individual Tax Residency Self Certification Form For Individual Investors

Invest in Trust

This form must be completed by every individual who wishes to open an account. In case of joint account, this should be filled by all joint account holders separately. In case of minor account, this form should be filled by both minor and guardian separately, however, both forms should be signed off by guardian. Note: Fill Part 2 only if Tax Residency is other than USA & Pakistan Otherwise Mark "Not Applicable (N/A)".

### IDENTIFICATION INFORMATION (PART: 1)

#### A: Name of Account Holder:

Family Name or Surname(s): \_\_\_\_\_

First or Given Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

#### B: Current Residence Address:

Name, Number, Street: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### C: Place of Birth

Date of Birth: (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Town of City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

### COUNTRY OF TAX RESIDENCE AND TAXPAYER IDENTIFICATION NUMBER - TIN (PART: 2)

Please provide the information in the below mentioned table about Account Holder's country of Tax Residence.

(Mandatory only if country of tax residence is other than Pakistan & USA otherwise mark "Not Applicable (N/A)".)

S#	i - Country where tax is Paid (Tax Residency)	ii- NTN/TIN or any form of tax identification number	iii - NTN/TIN or any form of tax identification number is not available enter Reason A,B or C
1			
2			
3			

#### If a TIN is unavailable please provide the appropriate reason A, B of C:

Reason A: The Country where the Account Holder is liable to pay tax does not issue TINs/NTN to its residents

Reason B: The Account Holder is unable to obtain a NTN/TIN or equivalent number.

Reason C: No TIN/NTN is required. (Note: only select this reason if the authorities of the country of tax residence entered above do not require the NTN/TIN to be disclosed).

#### Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above:

1	
2	
3	

### PART: 3

#### Declarations and Signature

I understand that the information supplied by me is covered by the full provisions of the terms & conditions governing the Account Holder's relationship with NITL & its Funds under management setting out how NITL and its Funds under management may use and share the information supplied by me. 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 in which / this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates. I declare that I have neither asked for, not received, any advice from NITL Fund Managers and its Funds under management in determining my classification as a Reportable Person or otherwise.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise NITL within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide NITL with a suitable updated self-certification and Declaration within 90 days of such change in Capacity\*

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

#### Date

**Note:** If you are not the account holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please attach a certify copy of the power of attorney.

### 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:



# NATIONAL INVESTMENT TRUST LIMITED

Signature Card (Branch Copy)  
For Individual Investors

Invest in Trust

NIT Branch / Distributor: \_\_\_\_\_

A/c. No.: _____		Account Opening Date (DD/MM/YYYY): ____/____/____	
Title of Account: <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>			
Fund Name: _____			
Specimen Signatures (as per NIT record):			
<b>PRINCIPAL UNIT HOLDER</b>		<b>1-JOINT UNIT HOLDER</b>	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
<b>2-JOINT UNIT HOLDER</b>		<b>3-JOINT UNIT HOLDER</b>	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
Account Operating Instructions: 1. <input type="checkbox"/> Principal    2. <input type="checkbox"/> Jointly (any two)    3. <input type="checkbox"/> Jointly (all)    4. <input type="checkbox"/> Any One _____			
<b>FOR OFFICIAL USE ONLY</b>			
Checked & verified by:			
_____ Signature of Authorized Official		_____ Branch Stamp	_____ Signature of Branch Manager

Note: Please fill with Black ink and mark "Void" unused signature spaces(s). All fields are mandatory.



# NATIONAL INVESTMENT TRUST LIMITED

Signature Card (UHRS Copy)  
For Individual Investors

Invest in Trust

NIT Branch / Distributor: \_\_\_\_\_

A/c. No.: _____		Account Opening Date (DD/MM/YYYY): ____/____/____	
Title of Account: <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>			
Fund Name: _____			
Specimen Signatures (as per NIT record):			
<b>PRINCIPAL UNIT HOLDER</b>		<b>1-JOINT UNIT HOLDER</b>	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
<b>2-JOINT UNIT HOLDER</b>		<b>3-JOINT UNIT HOLDER</b>	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
Account Operating Instructions: 1. <input type="checkbox"/> Principal    2. <input type="checkbox"/> Jointly (any two)    3. <input type="checkbox"/> Jointly (all)    4. <input type="checkbox"/> Any One _____			
<b>FOR OFFICIAL USE ONLY</b>			
Checked & verified by:			
_____ Signature of Authorized Official		_____ Branch Stamp	_____ Signature of Branch Manager

Note: Please fill with Black ink and mark "Void" unused signature spaces(s). All fields are mandatory.

# Invest in Trust



Scan & Download  
**NIT Mobile App**  
to Open Digital Account



GET IT ON  
Google Play



Available on the  
App Store

## NATIONAL INVESTMENT TRUST LIMITED

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Call: 0800-00648 | UAN: 111-648-648 | Tel: 32412056-9 | Fax: 32417827, 32422719  
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