



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: _____