

## **NATIONAL INVESTMENT TRUST LIMITED**

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

Invest in Trust

Type of Account: ☐ Single ☐ Joint ☐ Minor	DATE (DD / MM / YYYY):
PRINCIPAL 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:	
Mother's Maiden Name:  PLEASE FILL OUT IN CAPITAL LETTERS  PLEASE FILL OUT IN CAPITAL LETTERS	
CNIC No: Nationality:	esident Pakistani / Others (Specify):
Date of Issue: Expiry Date: Passport No:	Expiry Date:
Date of Birth (DD/MM/YYYY):/Country of Birth:	
Mailing Address:	
Postal Code: City:	District: Country:
Current Residential Address:	
City: District: Country: Telephone No:	Cell No:
Fax No: Email: Gender: Delta Female M	larital Status: ☐ Single ☐ Married Religion: ☐ Muslim ☐ Non-Muslim
In case of Minor Applicant, Please Fill Further Information on Guardian Sec  Occupation / Profession: □ Private Service □ Government Service □ Business □ Retired	tion, Otherwise Fill The Below Fields  Housewife Student / Minor Unemployed Self Employed
Others (specify): Source(s) of Income:   Salary  Business	, ,
□ Agriculture Income Others (specify) Approx Monthly Income (Individual)	
Reproductive income (individual)    Res. 2.5 M to Res. 5 M   Res. 5 M to Res. 10 M   Above Res. 10 M   Filer?   Yes	
	ed No. of Transactions (Monthly):
Expected Turnover in Account:	• • • • • • • • • • • • • • • • • • • •
	Rs. 6 M to Rs. 8 M
Name & Address of Employer / Business:	
	Registration ID:
BANK ACCOUNT DETAIL OF PRINCIPAL UNIT HOLDER FOR REDEMPTION	ON AND DIVIDEND PAYMENTS
IBAN No.	
Bank Name: Branch Name: Branch	Code: City:
1-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 - Re	* * */
Date of Issue: Expiry Date: Passport No: (In case non - resident / fo	preign national) Expiry Date:
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: Dale Female M	larital 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?
Annual Income: Up to Rs. 1 M  Rs. 1 M to Rs. 3 M  Rs. 3 M to Rs. 6 M   Name & Address of Employer / Business:	Rs. 6 M to Rs. 8 M Rs. 8 M to Rs. 10 M Above Rs. 10M
Relationship with Principal Unit Holder: %Share	in Investment: Registration ID:

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE. PLEASE FILL OUT IN CAPITAL LETTERS WITH BLUE / BLACK PEN



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Name of Applicant as per CNIC	2-JUINT UNIT HULDER IN	IFUR	IVIA	ш	ЛΝ																								
Father / Spouse Name as per CNIC		PI FASE	F FILL (	TUC	N CAPIT	AL LET	TERS																						
	Father / Spouse Name as per CNIC:																												
Date of Status:	Mother's Maiden Name:																												
Date of Birth possession	CNIC No:							] Re	esiden	l Pa	akistani		Non	- Re	siden	ıt Pal	kista	ni / C	Othe	rs (Sp	ecify	y): _							
Postal Code:   City:   District:   Country:   Country:   Country:   Country:   Country:   Country:   Country:   Telephone No:   Cell No:   Ce	Date of Issue:		Expi	ry D	ate:						Pas	sport se non -	No:	ent / fo	eign na	itional)				E	xpiry	y Dat	te: _						
Postal Code:	Date of Birth (DD/MM/YYYY):/	_/		с	ountry	of Bi	rth:_									_ F	lace	of E	irth:	_									
City:	Mailing Address:																												
City:					_ Post	tal Co	de: _				Cit	y:						istri	ict: _				_ c	ount	ry: _				
Private Service	Current Residential Address:																												
Compation / Profession:   Private Service   Government Service   Business   Retired   Housewife   Student / Minor   Unemployed   Self Employed   Others (specify):   Source(s) of Income   Solary   Business   Savings / Investments   Inheritance   Pension   Rental Income   Agriculture Income   Others (specify)   Approx Monthly Income (Individual):   File?   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. 10 M   Above Rs. 10 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. 10 M   Rs. 1 M to Rs. 10 M   Above Rs. 10 M   Rs. 1 M to Rs. 10 M	City: District:			_ Co	untry:						_ Telep	hone	No	:							_ Ce	II No	: _						
Others (specify):	Fax No: Email:							c	Sender	: [	] Male	□Fe	mal	le M	arital	Stati	ıs: [	Sir	igle	□ Ma	ried	Re	ligio	n: 🗆	Mus	slim	□ No	n-Mu	ıslim
Agriculture Income   Others (specify)	Occupation / Profession: Private S	Service		Gov	ernme	nt Se	rvice		] Busi	nes	ss [	Reti	ired		□Ho	ouse	vife		Stu	dent /	Mino	or 🗆	Une	empl	oyed		Self E	mplo	yed
Annual Income:	Others (specify):				_ Sour	ce(s)	of In	com	e: 🗆	Sala	ary 🗆	Busi	nes	s 🗆	Sav	ings	/ Inv	estm	nents	· 🗆	nhei	ritan	се [	] Pe	ensio	n 🗆	Rent	al Inc	come
Name & Address of Employer / Business:  Relationship with Principal Unit Holder:  3-JOINT UNIT HOLDER INFORMATION  Name of Applicant as per CNIC Mr. Mrs. Ms. Dr. Other	☐ Agriculture Income Others (speci	ify)					_ A;	pro	x Mon	hly	Incom	e (Ind	ivid	ual):					_	File	r?		Yes	8	<b>-</b>	No			
Relationship with Principal Unit Holder:	Annual Income: Up to Rs. 1	М		Rs.	1 M to	Rs. 3	3 M		☐ Rs	. 3	M to Rs	s. 6 M			Rs.	6 M	to R	s. 8 N	Л		Rs. 8	M to	Rs.	10 N	1		Above	Rs.	10M
Name of Applicant as per CNIC Mr. Mrs. Ms. Dr. Other: Father / Spouse Name as per CNIC: Mother's Maiden Name:  Mother's Maiden Name:  CNIC No:	Name & Address of Employer / Busin	ess: _																											
Name of Applicant as per CNIC Mr. Mrs. Ms. Dr. Other;  Father / Spouse Name as per CNIC: Mother's Maiden Name:    PLEASE FILL OUT IN CAPITAL LETTERS													%Sł	nare i	n Inv	estm	ent:					Reg	istra	tion	ID: _				
Mr. Mrs. Ms. Dr. Other	3-JOINT UNIT HOLDER IN	IFOR	MA	TIC	N																								
Father / Spouse Name as per CNIC:  Mother's Maiden Name:  CNIC No:  PLEASE FILL OUT IN CAPITAL LETTERS  CNIC No:  Nationality:   Resident Pakistani   Non - Resident Pakistani / Others (Specify):  Date of Issue:  Expiry Date:  Passport No:  (In case non - resident / foreign national)  Date of Birth:  Mailing Address:  Postal Code:  City:  District:  Country:  Telephone No:  Current Residential Address:  Gender:   Male   Female   Marital Status:   Single   Married   Religion:   Muslim   Non-Muslim   Cocupation / Profession:   Private Service   Government Service   Business   Retired   Housewife   Student / Minor   Unemployed   Self Employed   Chers (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. 10 M   Name & Address of Employer / Business:		DIEACE	E EUL /	OLITI	NI CADIT	ALIET	TERE																						
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Postal Code:   City:   District:   Country:	Date of Issue:		Expi	ry D	ate:						Pas	sport se non -	No: resid	ent / fo	eign na					E	xpiry	y Dat	te: _						
Postal Code:City:District:Country:	Date of Birth (DD/MM/YYYY):/	_/		с	ountry	of Bi	rth:_									_ F	lace	of E	Birth:	_									
City: District: Country: Telephone No: Cell No: Fax No: Email: Gender:   Male   Female   Marital Status:   Single   Married   Religion:   Muslim   Non-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)	Mailing 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)					_ Post	tal Co	de: _				Cit	y:						istri	ict: _				_ c	ount	ry: _				
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)	Current Residential Address:																												
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  Approx Monthly Income (Individual): Filer? Yes No  Annual Income: Up to Rs. 1 M to Rs. 3 M Rs. 3 M to Rs. 6 M Rs. 8 M Rs. 8 M to Rs. 10 M Above Rs. 10 M  Name & Address of Employer / Business:	City: District:			_ Co	untry:						_ Telep	hone	No	:							_ Ce	II No	: _						
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   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:	Fax No: Email:							0	Sender	: [	] Male	□Fe	mal	le M	arital	Stati	us: [	Sir	igle	□ Ma	ried	Re	ligio	n: 🗆	Mus	slim	□ No	n-Mu	ıslim
Approx Monthly Income (Individual): Filer? Yes No  Annual Income: Up to Rs. 1 M  Rs. 3 M to Rs. 3 M to Rs. 6 M  Rs. 8 M to Rs. 8 M to Rs. 10 M Above Rs. 10 M  Name & Address of Employer / Business:	Occupation / Profession: Private S	Service		Gov	ernme	nt Se	rvice		] Busi	nes	ss [	Reti	ired		□Ho	ouse	wife		Stu	dent /	Mino	or 🗆	Une	empl	oyed		Self E	mplo	yed
Annual Income: Up to Rs. 1 M	Others (specify):				_ Sour	ce(s)	of In	com	e: 🗆	Sala	ary 🗆	Busi	nes	s 🗆	Sav	ings	/ Inv	estm	ents	<b>=</b>	nhei	ritan	се [	] Pe	ensio	n 🗆	Rent	al Inc	come
Name & Address of Employer / Business:	☐ Agriculture Income Others (speci	ify)					_ A	ppro	x Mon	thly	Incom	e (Inc	livid	lual):					_	File	r?		Yes	3	<b>-</b>	No			
Relationship with Principal Unit Holder: %Share in Investment: Registration ID:			_		1 M to	Rs. 3	3 M		Rs	. 3	M to Rs	s. 6 M			Rs.	6 M	to R	s. 8 N	Л		₹s. 8	3 M to	Rs.	10 N	1		Above	Rs.	10M
	Relationship with Principal Unit Holde	er:											%Sr	nare i	n Inv	estm	ent:					Reg	istra	ition	ID: _				

Principal Unit Holder 1 - Joint Unit Holder 2 - Joint Unit Holder 3 - Joint Unit Holder



Invest in Trust

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GUARDIAN INFORMATION	4 (III C	ase o		Ji up	Pile	aiit)																
Name of Applicant as per CNIC: Mr. Mrs. Ms. Dr. Other	PLEASE FI	I OUT IN	I CAPITAL	I ETTER!																		
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Date of Issue:	Ex	cpiry Da	te:				Pa	ssport	No:					E	xpir	y Date	ə:					
(In case non - resident / foreign national)  Date of Birth (DD/MM/YYYY):/Country of Birth: Place of Birth:																						
Mailing Address:																						
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Current Residential Address:																						
City: District:		Cou	ıntry:				Te	ephon	e No:						_ Ce	II No:						
Fax No: Email:						Gender:	□Mal	e □Fe	emale <b>I</b>	/larita	l Statu	s: 🗆	Single	□ Ма	rried	Reli	igion:	□ Мі	uslim	□ No	n-Mu	slim
Occupation / Profession: ☐ Private S	Service	□Gove	ernment	Servic	:e [	⊒ Busin	ess	□Ref	ired	ΠН	lousew	/ife	□Stu	ıdent /	Mino	or 🗆	Unem	plove	d [	Self E	mplo	ved
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☐ Agriculture Income Others (specify							-				_											
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Annual Income: Up to Rs. 1			1 M to R			Rs. :							8 M		Rs. 8	M to	Rs. 10	М		Above	Rs. 1	OM
Name & Address of Employer / Busine	ess:																					_
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DECLARATION													1			4						
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Are you acting on behalf of another person/e										□YE	s 🗆	NO	□Y	ES [	JNO	[	]YES	<b>□</b> N	10	□YE\$	S [	]NO
Are you holding a senior position in any Gov	rt./Public o	ffice or p	olitical pa	rty? [If y	yes, ple	ease prov		nils]		□YE	s 🗆	NO NO	_YY	ES [	□NO	0	]YES	_  -	10 10	□YES	3 C	ON[
Are you holding a senior position in any Gov Do you have any financial connections to off	rt./Public o	ffice or po	olitical pa	rty? [If y lease pr	yes, ple rovide	ease prov details]	vide deta	nils]		□YE □YE	s 🗆	INO INO	Y Y	ES [ ES [	NO NO	1	YES YES	     	10 10 10	□YES	6 C	ON[ ]NO ]NO
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Principal Unit Holder 1 - Joint Unit Holder 2 - Joint Unit Holder 3 - Joint Unit Holder



## **NATIONAL INVESTMENT TRUST LIMITED**

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

Invest in Trust

 $\mathsf{CNIC}(\mathsf{s})$  Verification from NADRA:  $\ \square$  Yes  $\ \square$  No

Remarks:

INVESTMENT DETAILS												
Risk Profile Category		Fund Names & Cod	les	Sales Load	Risk of Principal Erosion							
EQUITY SCHEMES		National Investment	nt Unit Trust - NI(U)T		3%	High						
MONEY MARKET SCHEME		NIT Money Market	Fund (NIT-MMF)		Nil	Low						
ASSET ALLOCATION SCHEM	ME	NIT Asset Allocation	on Fund (NIT-AAF)		0% - 2.5%	High						
		NIT Government B	ond Fund (NIT - GBF)	1%	Medium							
INCOME SCHEMES		NIT Income Fund (	(NIT - IF)	1%	Medium							
		NIT Social Impact	Fund (NIT - SIF)*	0% - 2%	Medium							
SHARIAH COMPLIANT (ISLA EQUITY SCHEME	AMIC)	NIT Islamic Equity	Fund (NIT - IEF)	0% - 3%	High							
SHARIAH COMPLIANT (ISLA MONEY MARKET SCHEME	AMIC)	NIT Islamic Money	/ Market Fund (NIT-IMMF)		0% - 1.0%	Low						
SHARIAH COMPLIANT (ISLA INCOME SCHEME	AMIC)	NIT Islamic Incom	e Fund (NIT - IIF)		Nil	Medium						
SELECT INVESTMENT	OPTION(S	s)										
OPTION(S) : Tick (√) whichever is ap	plicable											
EQUITY SCHEME	SHARIAH COI	MPLIANT EQUITY SCHEME	INCOME SO	CHEMES		SECTOR SPECIFIC INCOME SCHEME						
□ NI(U)T	□ NIT-IEF		□ NIT-GBF	□ NIT-IF		□ NIT-SIF						
MONEY MARKET SCHEME	SHARIAH COI	MPLIANT INCOME SCHEME	ASSET ALLOCATION SCHEME	SHARIAH CO SCHEME	OMPLIANT MONEY MARKET							
□ NIT-MMF	□ NIT-IIF		□ NIT-AAF	□ NIT-IMI	ИF							
NOTES TO THE INVEST	OR:											
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 if												
DOCUMENTS REQUIRE	•	•										
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 Inv	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 H	older	3 - Joint Unit Holder						
FOR BRANCH USE ONL	Υ											
DATE (DD / MM / YY):/_ Branch / Distributor Name:				TIME	: : AM /	'PM						
Registration ID (System Generate	d):		Acco	unt No(s):								
Form reviewed and checked by:			Data	entered by:								
Branch Stamp & Signature of the I	Branch Manag	ger / Authorized Official	:									
FOR UHRS RECORD SECTION USE												