

**DIVERSIFIED INVESTMENTS
UNIFIED MANAGEMENT**

SINCE 1962



NATIONAL INVESTMENT TRUST LIMITED

Voluntary Pension Scheme Booklet

- For Individuals

Registration ID: _____



Call: 0800-00648
E-mail: care@nit.com.pk
Website: www.nit.com.pk

NBP Building, 6th Floor, I.I. Chundrigar Road,
Karachi - 74000, Pakistan.

NATIONAL INVESTMENT TRUST LIMITED

Voluntary Pension Scheme Registration Form
For Individual Investors

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 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 Units Holder
Business / Employment proof of Principal Units Holder
Copy of valid CNIC or Passport of Nominees
Copy of Valid Zakat Declaration (CZ-50) on Rs. 50 Stamp Paper
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-VPSR 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

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

Risk Profiling Questionnaire

Invest in Trust

Title of Account: _____

DATE (DD / MM / YYYY):

--	--	--	--	--	--	--	--	--	--	--	--

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"/> Zero 6 Points
<input type="checkbox"/> 41-50 3 Points	<input type="checkbox"/> Married 2 Points	<input type="checkbox"/> Below Four 3 Points
<input type="checkbox"/> 51-60 1 Points	<input type="checkbox"/> Divorced/Widow 0 Points	<input type="checkbox"/> Four to Seven 1 Points
<input type="checkbox"/> Above 60 0 Points		<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"/> Very High 12 Points
<input type="checkbox"/> Student/House Wife 1 Points	<input type="checkbox"/> Intermediate 1 Points	<input type="checkbox"/> High 10 Points
<input type="checkbox"/> Salaried 3 Points	<input type="checkbox"/> Graduate 2 Points	<input type="checkbox"/> Moderate 6 Points
<input type="checkbox"/> Business/Self Employed 6 Points	<input type="checkbox"/> Post Graduate 3 Points	<input type="checkbox"/> Low 4 Points
	<input type="checkbox"/> Doctorate 4 Points	<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"/> 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			Risk Profile/ Risk of Principal Erosion							
	Score 0-25			Low / Principal at low risk							
	Score 26-43			Medium/ Principal at medium risk							
	Score 44+			High/ Principal at high risk							

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 آئین آئی ٹی نے مندرجہ بالا انفورمیشن پر میری ریسک پروفائل کے مطابق تجویز کی ہے۔ لیکن میں اپنی مرضی کے مطابق کسی بھی دوسری فنڈ کیلنگری میں انویسٹمنٹ کر سکتا/ کر سکتی ہوں۔

Allocate Scheme Decided by Investor: _____

Principal 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)

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)

Invest in Trust

NIT Branch / Distributor: _____

A/c. No.: _____ Account Opening Date (DD/MM/YYYY): ____/____/____

Title of Account:

Fund Name: _____

SPECIMEN SIGNATURES (AS PER NIT RECORD):

PRINCIPAL UNIT HOLDER	NOMINEE INFORMATION (FOR CONTACT PERSON ONLY)
Name:	Name:
CNIC No.:	CNIC No.:
CNIC Expiry Date:	CNIC Expiry Date:

FOR OFFICIAL USE ONLY

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)

Invest in Trust

NIT Branch / Distributor: _____

A/c. No.: _____ Account Opening Date (DD/MM/YYYY): ____/____/____

Title of Account:

Fund Name: _____

SPECIMEN SIGNATURES (AS PER NIT RECORD):

PRINCIPAL UNIT HOLDER	NOMINEE INFORMATION (FOR CONTACT PERSON ONLY)
Name:	Name:
CNIC No.:	CNIC No.:
CNIC Expiry Date:	CNIC Expiry Date:

FOR OFFICIAL USE ONLY

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



NATIONAL INVESTMENT TRUST LIMITED

National Bank Building, 6th Floor, I.I. Chundrigar Road, Karachi - 74000, Pakistan.
Call: 0800-00648 | UAN: 111-648-648 | Tel: 32412056-9 | Fax: 32417827, 32422719
<http://www.nit.com.pk>