

Invest in Trust



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.



Invest in Trust

NATIONAL INVESTMENT TRUST LIMITED

Voluntary Pension Scheme Registration Form For Individual Investors

Select Pension Scheme: NIT Pension Fund NIT Islamic Pension Fund	DATE (DD / MM / YYYY):
PRINCIPAL UNIT HOLDER INFORMATION	
Mame of Applicant as per CNIC* Mr. Mrs. Ms. Dr. Other	
Father / Spouse Name as per CNIC:* PLEASE FILL OUT IN CAPITAL LETTERS PLEASE FILL OUT IN CAPITAL LETTERS	
Mother's Maiden Name:*	
PLEASE FILL OUT IN CAPITAL LETTERS CNIC No:* Nationality:* ☐ Resident Pakistani ☐ Non - R	esident Pakistani / Others (Specify):
Date of Issue: Expiry Date: Passport No:	Expiry Date:
Date of Birth (DD/MM/YYY):*/Country of Birth:	•
Marital Status:* ☐ Single ☐ Married Mailing Address:*	
	District: Country:
Current Residential Address:*	
City: District: Country: Telephone No:*	Call Next
Fax No:Email:*	Religion:
Occupation / Profession:* Private Service Government Service Business Retired	☐ Housewife ☐ Student / Minor ☐ Unemployed ☐ Self Employed
Others (specify):Source(s) of Income:*	□ 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	Expected Retirement Age:* (Between 60-70 Years):
Preferred Modes of Transactions:	s (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:	
DANIK ACCOUNT DETAIL OF PRINCIPAL LINIT LIGHT FOR PEDEMETE	Registration ID:
BANK ACCOUNT DETAIL OF PRINCIPAL UNIT HOLDER FOR REDEMPTION	ON AND DIVIDEND PAYMENTS
IBAN No.*	
Bank Name: Branch Code: NOMINEE INFORMATION (FOR CONTACT PERSON ONLY)	City:
Name of Applicant as per CNIC*	
Mr. Mrs. Ms. Dr. Other	
Father / Spouse Name as per CNIC:* PLEASE FILL OUT IN CAPITAL LETTERS	
CNIC No:* Telephone No:	Cell No:
Email:	
Relationship with Principal Unit Holder:*	
DECLARATION	
Are you acting on behalf of another person/entity? [If yes, please provide supporting document(s)]	□YES □NO □YES □NO
Are you holding a senior position in any Govt./Public office or political party? [If yes, please provide details] Do you have any financial connections to offshore tax havens? [If yes, please provide details]	YES NO
Are you dealing in high value items (e.g. precious metals/stones)?[If yes, please provide details]	□YES □NO
Has any financial institution ever refused to open your account? [If yes, please provide details]	□YES □NO
I represent that I am not a minor. I agree to be bound by and comply with the provisions of the response.	ective Trust Deed and the Voluntary Pension System Rules, 2005
governing the pension Fund and the Income Tax ordinance, 2001 governing the taxation matter of t	
regulations and other statutory requirements applicable to NITL and respective Funds	
I have read the respective Offering Document and fully understand the investment objectives, strate Sub-Funds and Allocation Schemes.	gies i.e. investment policy and risk factors applicable to the various
 I have read and understood the Allocation Policy and selected the Allocation Scheme after fully ass 	essing the risk/return factors of each allocation scheme and
understand the risks associated with the Allocation Scheme.	
4. I have no objection to the Prescribed Investment Policy and Prescribed Allocation Policy determined	by the Pension Fund Manager and I am fully aware of the risks
associated with my selection of the Allocation Scheme.I understand that I am entitled to a tax credit under Section 63 of the Income Tax ordinance, 2001 o	on my contribution in any one tay year for which I shall have to provide
documentary evidence to my employer to adjust from the tax payable from my salary or to make a commentary evidence.	



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- 6. I understand that my withdrawals made from the NIT Islamic Pension Fund/NIT Pension Fund, prior to retirement will result in a tax penalty/withholding tax.
- 7. I understand that any withdrawals in excess of the allowable lump sum benefit at retirement will be subject to withholding tax / tax penalty.
- 8. I understand that unless otherwise mentioned, my membership will start when my application is accepted along with receipt of my first contribution.
- 9. I understand that there will be no dividend distributions from the NIT Islamic Pension Fund/NIT Pension Fund.
- 10. I understand that the Units in the Sub-Funds shall be issued only after my contribution amount has been realized.
- 11. I understand that due to market factors or other reasons, my Individual Pension Account performance may be affected.
- 12. I understand that it is my responsibility to provide all information at the time of redemption and will not hold NITL liable for any delay caused due to non-provision of any such information.
- 13. I understand and agree that representatives of NITL may contact me for follow—up on my regular contributions in accordance with the information provided in this application Form.
- 14. I hereby authorize NIT to disclose, share, remit in any form, mode or manner, all/any of the information provided by me relating to the respective Funds in which I may transact/have transacted including all changes, updates to such information as and when provided by me/us if such is required to be submitted under the laws.
- 15. I hereby agree to provide any additional information/documentation that may be required by the NITL, in connection with this form and understand that it is my sole responsibility to keep NITL updated and advise/inform NITL of any change of my particulars/circumstances/personal details.

ATTEMPT OF A COLUMN PER PARTY DISTRICTION
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
Zakat Deduction: (to be made on a stamp paper of Rs. 50/-)
DECLARATION FOR CALL & SMS TRANSACTION FACILITY
Is the mobile number registered on CNIC of principal account holders?
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
(Name of the person of whose name the mobile number is registered) notating of the 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.
ASSET ALLOCATION (Select any one Scheme, specifying percentage which should equal to 100%)
□ NIT Islamic Pension Fund (Sub-Funds) (NIT-IPF) Or □ NIT Pension Fund (Sub-Funds) (NIT-PF)
□ High Volatility Scheme Equity:
□ Medium Volatility Scheme
Low Volatility Scheme Equity:% Debt:% Money Market:%
Low Volatility Scheme Equity:% Debt:% Money Market:% [Min. 15%]
Lower Volatility Scheme Equity: NIL Debt:% Money Market:% Equity: NIL Debt:% Money Market:% Commodity: NIL
Customized Scheme Equity: NIL Debt:
Customized Scheme Equity: NIL Debt:
Lower Volatility Scheme Equity: NIL Debt:
Coustomized Scheme Equity: NIL Debt:
Lower Volatility Scheme Equity: NIL Debt:
Lower Volatility Scheme Equity: NIL Debt:
Lower Volatility Scheme Equity: NIL Debt:
Lower Volatility Scheme Equity: NIL Debt: Money Market: Money Market
Lower Volatility Scheme Equity: NIL Debt: Debt: Money Market: Money Market: Debt: Equity: NIL Debt: Equity: NIL
Lower Volatility Scheme Equity: NIL Debt: (Min. 40%) (Min. 4



Voluntary Pension Scheme Registration Form For Individual Investors

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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 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)

Remarks:

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:

Principal Unit Holder

CNIC(s) Verification from NADRA: ☐ Yes ☐ No

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.

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

NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE, PLEASE FILL OUT IN CAPITAL LETTERS WITH BLUE / BLACK PEN Rev. (2) 11-07-2023



Risk Profiling Questionnaire

Invoct	in'	Tε	ret

Title of A	Account:							DATE (DD	/ MM / Y	YYY): -	-	
CNIC No	.:							Registration	on ID: _			
				ur investme	ent goals	s according to your ne	eds. Or	the basis of the information	ation yo	,	kisting customer) gest you a custom	nized solution.
	tick the boxes	, ,	hoice.		2	Marital Ctatus			2	No. of Donon	donto	
1.	Age (in \ Below 40		6	Points	2.	Marital Status Single	5	6 Points	3.	No. of Dependence		6 Points
	41-50	,		Points		Married		2 Points		Below Four		3 Points
	51-60		_	Points		Divorced/Wido	114/	0 Points		Four to Seven		1 Points
	Above 60)	_	Points		Divorcea, what	, ••	o i onits		Above Seven		0 Points
4.	Occupat				5.	Qualification			6.	Your Risk App		0.1.0
	<u> </u>	Jnemploye	od D	Points		Matriculation of	nr Rel	ow 0 Points	□ □	Very High		12 Points
		House Wife		Points		Intermediate	n bei	1 Points		High		10 Points
	Salaried	riouse wiii		Points		Graduate		2 Points		Moderate		6 Points
		/Self Emplo	_	Points		Post Graduate		3 Points		Low		4 Points
	Dusinessy	Jen Empi	yeu o	. 011165		Doctorate		4 Points		Very Low		0 Points
7.	Your Inv	estment (Objective				8.	Your Investme	ent Ho	'		
		reservation				4 Points	□ □	Short-term (Les				4 Points
	•		n & Income	2			8 Points			•		6 Points
	•		rm Growth			12 Points		,		n (5 to 10 Years)		10 Points
	Capital G	_				14 Points		Long-term (Mo	_			12 Points
				. 14			10	Your current f	inanc	ial position: In a	vear or so.	how
9.	Your cur	rent level	of Invest	ment Kr	iowie	dge	10.			your finances w		
	Little or n	no knowled	lge			0 Points		Very Secure				0 Points
	Some Kno	owledge				2 Points		Somewhat Secure -2 Po				
			e and Expe	erienced		4 Points		Not Sure				-4 Points
	in investi							Likely Worse				-8 Points
11.	Scoring	Of Risk P	rofiling Re	esults								
1	estion #	1	2	3		4 5		6 7	8	3 9	10	Total
YOU	ur Score											
		Score				Risk Profile/ R	lisk o	f Principal Erosi	on			
	Your	Score C				Low / Principal						
Po	ortfolio	Score 26				Medium/ Princi						
		Score 44	ļ+ 			High/ Principal	at hig	h risk				
I/W/	e declare i	that I/We	understan	d that th	is risk	nrofiling question	nnai	re will help me/us	asses	ss my/our risk an	netite hased	on the
								ıl needs may chang			-	
	-	-				-		e does not const				
		-				•		and future invest			_	· .
if th	ese transa	ctions are	not in acco	rdance v	vith m	y/our above-me	ntion	ed risk profiling re	sults.	I/We will not hold	d the Compan	y liable
or r	esponsible	for these	transactio	ns in any	manı	ner. Further, I/W	e her	eby confirm that a	all info	ormation provide	d in this form	is true
to tl	he best of	my/our kn	owledge.									
			<i>ec.</i>	كرم طالق كسي بهج	ا بنی مرضی	مطالق تحدرو کی بیر کیکی میں	مغائل سر	مدرجه بالافن ^{ژ کی} گری میری رسک پر	ئىڭ نە	مجهتي بهواراه مثفق بهوار كالادرآ	پير ان ملس ان و کشمجية ال	ا د
	اً ا کرسکتی ہوں	من انویسٹن درکرسکا	ں دوسہ کی وزر کھیلر کی ا		این کر ج	، ها.ن .و پر ن ہے۔ "ن نامین	_00	مدرجه بالأسد للأرن يرن رسف		ن دون دور ک دون حدیان	المار المار المار المار المار المار	-
	اً / کرسکتی ہوں۔	میں انویسٹمنٹ <i>کرسک</i> ۃ) دوسری فنڈ کلیٹلر ی	0.5 –								
	نا <i>ا کرسکتی ہ</i> وں۔											
	نا <i>ا کرسکتی ہو</i> ں۔				by Inv	estor:					_	
	اً <i>ا کرسکتی ہ</i> وں۔				by Inv	estor:					_	
		Alloca			by Inv	estor:					_	
Pri	ا ا کر سکتی ہوں۔ Incipal Unit Ho	Alloca			by Inv	estor:					_	
Pri	ncipal Unit Ho	Alloca	te Scheme		by Inv	estor:		me of Branch Man	ager		_	
Pri	ncipal Unit Ho	Alloca	te Scheme		by Inv	estor:	Na		ager		_	
Pri	ncipal Unit Ho	Alloca	te Scheme		by Inv	estor:	Na	me of Branch Man nature	ager		_	



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 D	ate:			
Nationality:	Dı	ual 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?						
2. Are you a US resident/alien?		If 'Yes', Form W-9 to be provided.				
3. Do you hold a US permanent resident card (Green Card)?						
Were you born in US? (If you are not a US resident and were born in the US but have renounced your citizenship)		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.		If 'No', please move on to Section B.		
Standing instructions to transfer funds to an account maintained in US.		W-6BEN to be provided.				
6. Do you have any Power of Attorney / Authorized Signatory / Mandate holder having US address?		If yes, Form W-8BEN				
7. Do you have US residence /mailing / Sole Hold Mail address		to be provided (in case of non-US citizen).				
8. Do you have US telephone number?						
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 s to establish my tax liability in any jurisdiction. Where required by domestic or over from my account(s) such amount as may be required according to applicable laws.	seas regu	lator(s) or tax authorities, I consen	t and agree	e that the AMC may withhold, and pay out,		
Signature:			Data	:		
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:			Data			
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:						



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)".

IDENTIFI	CATION INFORMATION (PART: 1)		
A: Name of	Account Holder:		
Family Name	e or Surname(s):		
First or Giver	n Name:	Middle Name(s):	
B: Current R	Residence Address:		
Name, Numb	per, Street:		
Town/City: _		Province/State:	
Carrata		Doobel Codes	
C: Place of E		Postal Code:	
	: (DD/MM/YYYY):// Town of	City of Birth: C	county of Birth:
COUNTR	Y OF TAX RESIDENCE AND TAXPAYER	IDENTIFICATION NUMBER - TIN (PA	RT: 2)
	de the information in the below mentioned table about A	•	
(Mandatory o	only if country of tax residence is other than Pakistan & U	JSA 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			
Reason A: T Reason B: T Reason C: N	navailable please provide the appropriate reason A, The County where the Account Holder is liable to pay tay The Account Holder is unable to obtain a NTN/TIN or eq No TIN/NTN is required. (Note: only select this reason if lain in the following boxes why you are unable to ob	c does not issue TINs/NTN to its residents uivalent number. the authorities of the country of tax residence entered	above do not require the NTN/TIN to be disclosed).
2			
3			
PART: 3			
I understand management and informati exchanged w account infor	s and Signature that the information supplied by me is covered by the full t setting out how NITL and its Funds under management ion regarding the Account Holder and any Reportable Ac vith tax authorities of another country or countries in white mation. I am the Account Holder (or am authorized to sign for the v advice from NITL Fund Managers and its Funds under	may use and share the information supplied by me. I a secount(s) may be provided to the tax authorities of the ch the Account Holder may be tax resident pursuant to e Account Holder) of all the account(s) to which this for	icknowledge that the information contained in this form county in which / this account(s) is/are maintained and intergovernmental agreements to exchange financial orm relates. I declare that I have neither asked for, not
	nat all statements made in this declaration are, to the becorrect and complete.	st of my knowledge	
affects the causes the	e to advise NITL within 30 days of any change in cir tax residency status of the individual identified in Pal information contained herein to become incorrect, and t updated self-certification and Declaration within 90 days	t 1 of this form or provide NITL with of such change in Print Name Date Note: If you are not the a	ccount holder please indicate the capacity in which If signing under a power of attorney please attach a of attorney.
FOR BRA	NCH USE ONLY		
	MM / YY):/	TIME:	:AM / PM
Branch / Dis	tributor Name:	Account No(s):	
Form review	ved and checked by:		
Branch Stan	np & Signature of the Branch Manager / Authorized Offic	cial:	

__ Account Opening Date (DD/MM/YYYY): ___ / ___ / ____ / ____



A/c. No.:

NATIONAL INVESTMENT TRUST LIMITED

Signature Card (Branch Copy)

Invest in Trust

NIT Branch / Distributor: __

Title of Account:		
Fund Name:		
SPECIMEN SIGNATURES (AS PER NIT RECORD):	NOMINEE INFORMATION (FOR COM	TAOT DEDOON ON W
PRINCIPAL UNIT HOLDER	NOMINEE INFORMATION (FOR CON	ITACT PERSON ONLY)
Name:	Name:	
CNIC No.:	CNIC No.:	
CNIC Expiry Date:	CNIC Expiry Date:	
FOR OFFICIAL USE ONLY		
Checked & verified by:		
<u> </u>		
	n Stamp	Signature of Branch Manager
Note: Please till with black ink and mark void ur	used signature spaces(s). All fields are mandatory.	NIT CO
		NIT-SC
NIT NATIONAL INVESTM	ENT TRUST LIMITED	
NATIONAL INVESTMENT NATIONAL INVESTMENT Signature Card		
NATIONAL INVESTMENT Signature Card TRUST LIMITED	I (UHRS Copy)	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor:	I (UHRS Copy)	
NATIONAL INVESTMENT Signature Card TRUST LIMITED	I (UHRS Copy)	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor:	I (UHRS Copy)	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.:	I (UHRS Copy)	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name:	I (UHRS Copy)	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: SPECIMEN SIGNATURES (AS PER NIT RECORD):	Account Opening Date (DD/MM/YYYY):	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name:	I (UHRS Copy)	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: SPECIMEN SIGNATURES (AS PER NIT RECORD):	Account Opening Date (DD/MM/YYYY):	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: SPECIMEN SIGNATURES (AS PER NIT RECORD):	Account Opening Date (DD/MM/YYYY):	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: SPECIMEN SIGNATURES (AS PER NIT RECORD):	Account Opening Date (DD/MM/YYYY):	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: SPECIMEN SIGNATURES (AS PER NIT RECORD):	Account Opening Date (DD/MM/YYYY):	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: SPECIMEN SIGNATURES (AS PER NIT RECORD):	Account Opening Date (DD/MM/YYYY):	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: SPECIMEN SIGNATURES (AS PER NIT RECORD):	Account Opening Date (DD/MM/YYYY):	
Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: SPECIMEN SIGNATURES (AS PER NIT RECORD): PRINCIPAL UNIT HOLDER	Account Opening Date (DD/MM/YYYY): NOMINEE INFORMATION (FOR CON	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: SPECIMEN SIGNATURES (AS PER NIT RECORD): PRINCIPAL UNIT HOLDER Name:	Account Opening Date (DD/MM/YYYY): NOMINEE INFORMATION (FOR CON	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: PRINCIPAL UNIT HOLDER Name: CNIC No.: CNIC Expiry Date: FOR OFFICIAL USE ONLY	NOMINEE INFORMATION (FOR CON Name: CNIC No.:	
NATIONAL INVESTMENT TRUST LIMITED Invest in Trust NIT Branch / Distributor: A/c. No.: Title of Account: Fund Name: PRINCIPAL UNIT HOLDER Name: CNIC No.: CNIC Ro.: CNIC Expiry Date:	NOMINEE INFORMATION (FOR CON Name: CNIC No.:	
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