



National Investment Trust Limited

Controlling Person Tax Residency Self-Certification Form

CRS-CP

Please complete Parts 1- 4 in BLOCK CAPITALS. Fields marked with a * are mandatory.

Note: Fill and complete Part 2 only if Tax Residency is other than USA & Pakistan otherwise mark Not Applicable (N/A)".

Part 1

A. Name of Controlling Person:*

Family Name or Surname(s): _____

First or Given Name(s) : _____ Middle Name(s): _____

B. Current Residence Address;*(Mailing Address*)

House/Apt/Suite Name, Number, Street} _____

Town/City _____
Province/County/State: _____ Postal Code / Zip Code _____

C. Place of birth

Date of Birth*: _____

Town or City of Birth*: _____ Country of Birth*: _____

D. Please enter the legal name of the relevant entity of which you are a Controlling Person*

Legal Name of Entity 1

Legal Name of Entity 2

Legal Name of Entity 3

Part 2: Please provide in the table below information about Account Holders jurisdiction or country of tax residence. If the Account Holder is a tax resident in more than three countries/jurisdictions please use a separate sheet,

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

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 below 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 : Type of Controlling Persons *
(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions).

Please provide the Controlling Persons' status by ticking the appropriate box	Entity 1	Entity 2	Entity 3
a. Controlling Person of a legal person - control by ownership			
b. Controlling Person of a legal person - control by other means			
c. Controlling Person of a legal person - senior managing official			
d. Controlling Person of a trust person – settler			
e. Controlling Person of a trust person – trustee			
f. Controlling Person of a trust person - protector			
g. Controlling Person of a trust person - beneficiary			
h. Controlling Person of a trust person - other			
i. Controlling Person of a legal arrangement (non-trust) - settler-equivalent			
j. Controlling Person of a legal arrangement (non-trust) - trustee-equivalent			
k. Controlling Person of a legal arrangement (non-trust) - protector-equivalent			
l. Controlling Person of a legal arrangement (non-trust) - beneficiary-equivalent			
m. Controlling Person of a legal arrangement (non-trust) - other-equivalent			

Part 4:

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 and to advise NITL with 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: