

**DIVERSIFIED INVESTMENTS  
UNIFIED MANAGEMENT**

SINCE 1962



NATIONAL INVESTMENT TRUST LIMITED  
**Account Opening Booklet**  
- For Corporate

Registration ID: \_\_\_\_\_





# NATIONAL INVESTMENT TRUST LIMITED

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

DATE (DD / MM / YYYY): 

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**ACCOUNT DETAILS:**

**Company / Business Name:**



  
PLEASE FILL OUT IN CAPITAL LETTERS

**NTN Number**   
(If exempted please provide exemption letter):

**Incorporation / Registration No.** \_\_\_\_\_ **Date of Incorporation / Registration of Legal Person / Arrangements:** \_\_\_/\_\_\_/\_\_\_\_\_

**Registered Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **City:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Current Business Address:** \_\_\_\_\_  
 \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **City:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_ **Company Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Person Name:**



  
PLEASE FILL OUT IN CAPITAL LETTERS

**Name & Address of Employer / Business:** \_\_\_\_\_  
 \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Cell No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Registration ID:** \_\_\_\_\_

**Geographies Involved:** Domestic  Sindh  Punjab  KPK  Balochistan  Others \_\_\_\_\_ | International  FATF Compliant  FATF Non-Compliant

**Type of Counter-parties:** Domestic  Sindh  Punjab  KPK  Balochistan  Others \_\_\_\_\_ | International  FATF Compliant  FATF Non-Compliant

**NATURE OF BUSINESS:**

**\*Type of Company:**  Partnership  Sole Proprietorship  Joint Stock  Club Society / Association  Trust  Executors / Administrators  Government  
 Others (Specify) \_\_\_\_\_

**\*Nature of Business:**  Takaful Company  NBFC  Provident Fund  Pension Fund  Public Limited Company  Commercial Bank  DFI  
 Private Limited Company  Gratuity Fund  Benevolent Fund  Textile Industry  Trading  Agriculture  
 FMCG  Import / Export  Pharmaceuticals  Cement  Others (Specify) \_\_\_\_\_

**Approx. Annual Income:** \_\_\_\_\_ **Expected Amount of Investment:**  upto Rs. 5 M  Rs. 5 M to Rs. 10 M  Rs. 10 M to Rs. 20 M  Above Rs. 20 M

**Expected No. of Transactions (Monthly):** \_\_\_\_\_

**BANK ACCOUNT DETAIL FOR REDEMPTION AND DIVIDEND PAYMENTS**

**IBAN No.**

**Bank Name:** \_\_\_\_\_ **Branch Code:** \_\_\_\_\_ **City:** \_\_\_\_\_

**DIVIDEND MANDATE**

Re-invest Or  Cash Dividend  
Note: If no option is selected dividends option will be treated as CIP (re-investment).

**AUTHORIZED SIGNATORIES INFORMATION:**

No.	Name: Mr. / Ms. / Mrs.	Designation	CNIC No.	Date of Issue:	Date of Expiry:
1.					
2.					
3.					
4.					

\_\_\_\_\_  
 1<sup>st</sup> Signatory                                      2<sup>nd</sup> Signatory                                      3<sup>rd</sup> Signatory                                      4<sup>th</sup> Signatory

Name and Signature of Authorized Signatories with Company stamp

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

# NATIONAL INVESTMENT TRUST LIMITED

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

## 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.

## INVESTMENT DETAILS

Risk Profile Category	Fund Names & Codes	Sales Load	Risk of Principal Erosion
<b>EQUITY SCHEMES</b>	• National Investment Unit Trust - NI(U)T	3%	High
<b>MONEY MARKET SCHEME</b>	• NIT Money Market Fund (NIT-MMF)	Nil	Low
<b>ASSET ALLOCATION SCHEME</b>	• NIT Asset Allocation Fund (NIT-AAF)	0% - 2.5%	High
<b>INCOME SCHEMES</b>	• NIT Government Bond Fund (NIT - GBF)	1%	Medium
	• NIT Income Fund (NIT - IF)	1%	Medium
	• NIT Social Impact Fund (NIT - SIF)	0% - 2%	Medium
<b>SHARIAH COMPLIANT (ISLAMIC) EQUITY SCHEME</b>	• NIT Islamic Equity Fund (NIT - IEF)	0% - 3%	High
<b>SHARIAH COMPLIANT (ISLAMIC) MONEY MARKET SCHEME</b>	• NIT Islamic Money Market Fund (NIT-IMMF)	0% - 1.0%	Low
<b>SHARIAH COMPLIANT (ISLAMIC) INCOME SCHEME</b>	• NIT Islamic Income Fund (NIT - IIF)	Nil	Medium

## SELECT INVESTMENT OPTION(S):

OPTION(S) : Tick (✓) whichever is applicable

EQUITY SCHEME	SHARIAH COMPLIANT EQUITY SCHEME	INCOME SCHEMES		SECTOR SPECIFIC INCOME SCHEME
<input type="checkbox"/> NI(U)T	<input type="checkbox"/> NIT-IEF	<input type="checkbox"/> NIT-GBF	<input type="checkbox"/> NIT-IF	<input type="checkbox"/> NIT-SIF
MONEY MARKET SCHEME	SHARIAH COMPLIANT INCOME SCHEME	ASSET ALLOCATION SCHEME	SHARIAH COMPLIANT MONEY MARKET SCHEME	
<input type="checkbox"/> NIT-MMF	<input type="checkbox"/> NIT-IIF	<input type="checkbox"/> NIT-AAF	<input type="checkbox"/> NIT-IMMF	

Dividend payout will be reinvested in case of daily, Weekly & fortnightly payout for income units

## 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 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.

## 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.

1<sup>st</sup> Signatory

2<sup>nd</sup> Signatory

3<sup>rd</sup> Signatory

4<sup>th</sup> Signatory

Name and Signature of Authorized Signatories with Company stamp

## 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:

### DOCUMENTS REQUIRED (CORPORATE):

#### INFORMATION / DOCUMENTS REQUIRED

##### AT THE TIME OF ACCOUNT OPENING AND INVESTMENT:

###### General (Applicable to all Institutions):

- List and authorized of signatories.
- Copy of CNIC of all signatories.
- Board Resolution (Opening of account / Investment).
- Copy of latest Financials / Audited Accounts.
- W8 BEN-E.
- Certified Copy of Form A/B & Form 29 (Wherever applicable).
- Verify beneficial owner by identifying the natural person(s) who ultimately has a controlling ownership interest of 25% or more in the company. Where no natural person exerts control through ownership interest, identity of senior management officials can be obtained on our prescribed format.

###### Trust, Club, Societies and Association etc:

- Certified copy of certificate of registration.
- Certified copy of Trust Deed / bylaws / rules & regulations.
- Resolution of the Governing Body / Board of Trustees / Executive Committee, if it is ultimate Governing body, for opening of account authorizing the person(s) to operate the account.
- Identity of the settlor, the trustees, the protector, the beneficiaries and any other natural person exercising ultimate effective control over the trust.
- Trustee/ Governing body Resolution (investment & list of authorized signatories).
- Copy of CNICs of the person(s) as identified above.
- Copy of latest financials of Trust / Society / Association.
- List of Trustees and valid copies of their CNICs.
- List of Governing Body Members and valid copies of their CNICs.

###### Joint Stock Companies:

- Name of Company and its Directors.
- Registered / Business Address.
- Telephone No.
- Latest Audited Accounts of the company.
- Board Resolution (Opening of account / Investment & list of authorized signatories with their CNICs).
- Copies of valid CNICs of all Directors.
- Copies of Memorandum and Articles of Association.
- Certificate of incorporation.
- Certificate of Commencement of business wherever applicable.

###### Executors and Administrators:

- Copy of valid CNICs of Executors / Administrators. Certified copy of Letter of Administration.

#### ADDITIONAL INFORMATION

###### Tax Exemption:

- Copy of Valid Tax Exemption Certificate required under Section 150 of the Income Tax Ordinance, 2001 every year.
- Any other valid documentation required under law to avail exemption.

###### Partnership:

- Name of partnership and partners.
- Father's/Husband's Name of partners.
- Registered / Business Address.
- Telephone / Cell No(s).
- Copies of valid CNIC of all the partners.
- Copy of latest financials of partnership.
- Attested copy of Partnership deed.
- Attested copy of Registration Certificate with Registrar of Firms.
- Authority letter from all partners, in original, authorizing the person(s) to operate firm's account.

###### Government Accounts:

- Special resolution / authority from concerned administrative department duly endorsed by the Ministry of Finance or Finance Department of the concerned Government.
- Copies of CNIC of all officers of the Federal / Provincial / Local Government that are duly authorized to operate such Accounts in their official capacity.

###### Employees Benefits Funds

- List of Signatories & Valid Copies of their CNICs.
- Beneficial Owners as per our prescribed format.
- Attested copy of Trust Deed.
- Latest audited account of the fund.
- Recognition / approval of the fund from FBR.
- List of Trustees and copies of their CNICs.
- Resolution of the trust deed to open account with NIT.

###### NGOs / NPOs / Charities:

- Certified copy of certificate of registration.
- Certified copy of Trust Deed / bylaws / rules & regulations.
- Resolution of the Governing Body / Board of Trustees / Executive Committee, if it is ultimate Governing body, for opening of account authorizing the person(s) to operate the account.
- Identity of the natural person exercising ultimate effective control over the foundation.
- Trustee / Governing body Resolution (investment & list of authorized signatories).
- Copy of CNICs of the person(s) as identified above.
- Registered address / Business address where applicable.
- Any other documents as deemed necessary including its annual accounts / financial statements or disclosure in any form which may help to ascertain the detail of its activities, source and usage of funds in order to assess the risk profile of the prospective customer.
- List of Trustees and valid copy of their CNICs.
- List of Governing Body Members and valid copy of their CNICs.

###### Zakat Exemption:

- Copy of Valid Zakat Exemption Certificate / Documents, every year.
- Valid Approval / Recognition Certificate, in case of Employees' Funds, Pension Funds, Provident Funds, Superannuation funds and Gratuity Funds.

# NATIONAL INVESTMENT TRUST LIMITED

Investment Form  
For Corporate

DATE (DD / MM / YYYY):   -   -

## UNIT HOLDER INFORMATION :

I / We request NIT to sell Me / Us units as detailed below

Title of Account   
PLEASE FILL OUT IN CAPITAL LETTERS

FP / Distributor Code:  Account No.:

Branch: \_\_\_\_\_

## PLEASE SELECT APPROPRIATE FUND:

<b>Equity Scheme</b> <input type="checkbox"/> NI(U)T (Sales Load: 3%)	<b>Income Scheme</b> <input type="checkbox"/> NIT-GBF (Sales Load: 1%) <input type="checkbox"/> NIT-IF (Sales Load: 1%)	<b>Money Market Scheme</b> <input type="checkbox"/> NIT-MMF (Sales Load: 0%)	<b>Shariah Compliant Money Market Scheme</b> <input type="checkbox"/> NIT-IMMF (Sales Load: 1%)	<b>Shariah Compliant Equity Scheme</b> <input type="checkbox"/> NIT-IEF (Sales Load: 0% - 3%)
<b>Shariah Compliant Income Scheme</b> <input type="checkbox"/> NIT-IIF (Sales Load: 0%)	<b>Asset Allocation Scheme</b> <input type="checkbox"/> NIT-AAF (Sales Load: 0% - 2.5%)	<b>Sector Specific Income scheme</b> Specific by Unit Class <input type="checkbox"/> NIT-SIF	<input type="checkbox"/> Class "A" Units: Front End Load: NIL Back End Load: 1 <sup>st</sup> year - 3% 2 <sup>nd</sup> year - 1.5% After 2 years - NIL Initial Investment: Rs. 500,000 /- Subsequent Investment: Rs. 2,500/-	<input type="checkbox"/> Class "B" Units: Front End Load: 2%** Back End Load: NIL Initial Investment: Rs. 500 /- Subsequent Investment: Rs. 250/- **At the discretion of management company

## DIVIDEND MANDATE

Re-invest Or  Cash Dividend

Note: If no option is selected dividends option will be treated as CIP (re-investment).

## PAYMENT DETAILS (Investment in cash and third-party transaction is not allowed) :

Mode of Payment:  Cheque  Demand Draft  Pay Order  Others: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ City: \_\_\_\_\_

Cheque/PO No.: \_\_\_\_\_ Date: \_\_\_\_\_ Amount in Figures: \_\_\_\_\_

Amount in Words: \_\_\_\_\_

## DECLARATION:

I / we acknowledge the disclosure of applicable sales load on above mentioned fund and also understand that a Sales Load \_\_\_\_\_% will be charged on the Investment. This is also to acknowledge that I/we have read, understood and agree with all the terms and conditions stipulated under the offering documents for funds under management of National Investment Trust Limited which are available on company's website www.nit.com.pk and I/we abide by the above appended terms.

## COOLING-OFF RIGHT:

All unit holders can exercise a cooling-off right for refund of their first time investment in a collective investment scheme managed by NITL, by providing a written request within 3 business days from date of issuance of investment report. The refund (including sales load, if any) pursuant to the exercise of a cooling-off right shall be paid to the unit holder within six business days of receipt of written request from the unit holder in accordance with the Direction No. 31 of 2016 issued by SECP. The refund for every unit held by the unit holder should be an amount equal to NAV per unit applicable on the date the cooling-off right is exercised.

## RISK CATEGORIZATION OF COLLECTIVE INVESTMENT SCHEMES (CIS)

## PAYMENT DETAILS \*

Fund Name	Category of CIS	Risk Profile	Risk of Principal Erosion	Title of Account
NI(U)T Fund	Equity	High	Principal at high risk	CDC-Trustee National Investment (Unit) Trust
NIT-GBF	Income	Medium	Principal at medium risk	CDC -Trustee NIT Government Bond Fund
NIT-IF	Income	Medium	Principal at medium risk	CDC -Trustee NIT Income Fund
NIT-SIF	Income	Medium	Principal at medium risk	CDC -Trustee NIT Social Impact Fund
NIT-MMF	Money Market	Low	Principal at low risk	CDC -Trustee NIT Money Market Fund
NIT-IEF	Shariah Compliant Equity	High	Principal at high risk	CDC -Trustee NIT Islamic Equity Fund
NIT-IMMF	Shariah Compliant Money Market	Low	Principal at low risk	CDC -Trustee NIT Islamic Money Market Fund
NIT-IIF	Shariah Compliant Income	Medium	Principal at medium risk	CDC - Trustee NIT Islamic Income Fund
NIT-AAF	Asset Allocation	High	Principal at high risk	CDC - Trustee NIT Asset Allocation Fund

\* Payment instrument must be made in favor of the Trustee of the respective Fund, as title mentioned above:

Date of delivery / dispatch of Account Statement to Unit Holder by **Branch:** \_\_\_\_\_

\_\_\_\_\_  
1<sup>st</sup> Signatory

\_\_\_\_\_  
2<sup>nd</sup> Signatory

\_\_\_\_\_  
3<sup>rd</sup> Signatory

\_\_\_\_\_  
4<sup>th</sup> Signatory

## FOR BRANCH USE ONLY

DATE (DD / MM / YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_ : \_\_\_\_ AM / PM Sale No.: \_\_\_\_\_

Transaction ID: \_\_\_\_\_

Investment Amount(Rs.)

Rate Per Unit (Rs.)

Total Electronic Units Allocated

Form reviewed and checked by: \_\_\_\_\_ Data entered by: \_\_\_\_\_

Branch Stamp & Signature of the Manager / Authorized Official:





# NATIONAL INVESTMENT TRUST LIMITED

Declaration Form For FATCA (Foreign Account Tax Compliance Act, USA)  
For Corporate

## SECTION 3: PASSIVE NON-FINANCIAL FOREIGN ENTITY

If you are a Passive Non-Financial Foreign Entity, we are required to establish whether any Controlling Person (refer Glossary for meaning of Controlling Person) is a U.S. citizen or resident in the U.S. for tax purposes. Please provide certification for all such controlling persons of the entity.\*

S.No	Full Name	US Citizen	US Resident	Place of Birth	Telephone Number	Address
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

\*If additional self-certifications are required, please copy this page.

**Declaration:**

- We hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, we hereby consent for NITL, to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.
- Where required by domestic or overseas regulators or tax authorities, we consent & agree that NITL may withhold from our account(s) such amounts as may be required according to applicable laws, regulations and directives.
- We undertake to notify NITL within 30 calendar days if there is a change in any information which we have provided to NITL.
- We will indemnify and hold harmless NITL from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and Consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by NITL in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

**Company Secretary / Authorized Signatories**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GLOSSARY

**Financial Institution**

The term "Financial Institution" means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company as defined below:

- Custodial Institution: Any Entity that holds, as a substantial portion of its business, financial assets for the account of others.
- Depository Institution: Any Entity that accepts deposits in the ordinary course of a banking or similar business.
- Investment Entity: Any Entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:
  1. Trading in money market instruments (cheques, bills, certificates of deposit, Derivatives, etc.); foreign exchange; interest rate and index instruments; transferable securities; or commodity futures trading;
  2. Individual and collective portfolio management; or
  3. Otherwise investing, administering, or managing funds or money on behalf of other persons.

**Exempt Beneficial Owner**

The term "Exempt Beneficial Owner" means:

- Governmental Entity
- International Organization
- Central Bank
- Pension Fund of an Exempt Beneficial Owner
- Investment Entity wholly owned by Exempt Beneficial Owners

**Participating Foreign Financial Institution (PFFI)**

A Participating Foreign Financial Institution is a FFI that enters into an agreement with the US Internal Revenue Service (IRS) to undertake certain due diligence, withholding and reporting requirement for US account holders, including an FFI that is treated as a Reporting FI under a Model 2 IGA and that is certifying that it will comply with the terms of an FFI Agreement, as modified by the terms of the applicable Model 2 IGA.





# NATIONAL INVESTMENT TRUST LIMITED

## CRS Tax Residency Self Certification Form For Corporate

### PART 3- COUNTRY OF RESIDENCE FOR TAX PURPOSE

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number (TIN) or functional equivalent for each country indicated. Please refer to the OECD website for more information on tax residency <http://www.oecd.org/tax/automatic-exchange/crsimplementation-and-assistance/tax-residency/> If Tax Identification Number (TIN) is not available, please tick ( ) the appropriate box with reason A, B or C as defined below and provide Supporting Evidence:

**Reason A** - The country / jurisdiction where the Account Holder is resident does not issue TINs to its residents

**Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please provide reasons if this is selected)

**Reason C** - No TIN is required. (Note: Only select this reason, along-with evidence, if the domestic law of the relevant country does not require the collection of the TIN issued by such country)

S.No	Country(ies) of Tax Residence	TIN or Equivalent	Tick (✓) ONE only (If TIN is not available)		
			Reason A	Reason B	Reason C
1					
2					
3					

If Reason B selected, please explain in the following box(es) why entity is unable to obtain a TIN or Functional Equivalent

1	
2	
3	

### PART 4 DECLARATION AND SIGNATURE

I / We understand that the information supplied by us / me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with NITL setting out how NITL may use and share the information supplied by us / me. We / 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 / jurisdiction in which this account(s) is / are maintained and exchanged with tax authorities of another country / jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I / We declare that all statements made in this declaration are, to the best of our / my knowledge and belief, correct and complete. We / I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status or where any information contained herein to become incorrect.

#### Company Secretary / Authorized Signatories

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### 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

## Annexure to Account Opening Form For Corporate

To be completed by existing customers and who wish to open an investor account for entities (for eg: Corporation, Trust, Association, Partnership etc)

1. In case the country of incorporation is in the United States, please complete Form W-9, "Request for Taxpayer Identification Number and Certification", otherwise please complete Form W8-BEN-E, "Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)".

2. Please complete the table below concerning any persons holding a greater than 25% beneficial ownership in the entity:

S.No	Name of Beneficial / substantial owner	Address of the beneficial owner	Percentage of Shareholding	Is the beneficial Owner a US Person?		Any nationality / citizenship / country of Incorporation (in case of entry) Other than Pakistan?	
				Yes	No	Yes (Please specify)	No
1							
2							
3							
4							

3. Please write "Yes" if any statement below applies to you, otherwise please write "No".

3.1. We have granted a Power of Attorney to a person / authorized a person who has an address outside Pakistan to operate the banking account (either physically or electronically): \_\_\_\_\_

**If "Yes", please fill the following:**

Name of authorized person: \_\_\_\_\_ Address: \_\_\_\_\_

City / District: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Name of Country: \_\_\_\_\_

-----  
Name of authorized person: \_\_\_\_\_ Address: \_\_\_\_\_

City / District: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Name of Country: \_\_\_\_\_

-----  
Name of authorized person: \_\_\_\_\_ Address: \_\_\_\_\_

City / District: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Name of Country: \_\_\_\_\_

3.2 We intend to / will set up payment standing instruction(s) for the banking account and the Beneficiary account(s) is in country other than Pakistan: \_\_\_\_\_

If Yes, please fill the following:

Beneficiary Account Number: \_\_\_\_\_ Country: \_\_\_\_\_

Beneficiary Account Number: \_\_\_\_\_ Country: \_\_\_\_\_

Beneficiary Account Number: \_\_\_\_\_ Country: \_\_\_\_\_

4. We hereby undertake and conform that the information provided by us herein above is true, accurate and complete.

Subject to applicable local and foreign laws and regulations, We hereby consent to the Management Company and / or any of its aliases (including without limitation branches) sharing our information with domestic and overseas tax authorities, where necessary to establish our tax liability in any jurisdiction.

Subject to the requirement by domestic or overseas laws and regulations, We understand that the Management Company may withholding from our account(s) such amounts as may be required according to applicable laws, regulations and directives.

We also undertake not to initiate any proceedings against the Management Company and / or any its Collective Investment Scheme in case any amounts are withheld from our account and remitted to the local or foreign authorities / regulators.

We hereby undertake to notify the Management Company within thirty (30) calendar days in case of any change in any information whatsoever which we have provided to the Management Company.

We further agree and accept that the terms and conditions as contained herein shall form part and parcel of the account opening form and the terms and conditions of the account opening form as well other documentation shall remain in full force and ect.

# NATIONAL INVESTMENT TRUST LIMITED

Annexure to Account Opening Form  
For Corporate

## AUTHORIZED SIGNATORIES' NAMES AND SIGNATURES

1. Name	Signature
CNIC No.	
Designation	
2. Name	Signature
CNIC No.	
Designation	
3. Name	Signature
CNIC No.	
Designation	
4. Name	Signature
CNIC No.	
Designation	
5. Name	Signature
CNIC No.	
Designation	
6. Name	Signature
CNIC No.	
Designation	

## FOR BRANCH USE ONLY

I have reviewed the form and the information disclosed is completed and signed by the Investor.

DATE (DD / MM / YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Branch Manager:

Code:

Branch Name:

City:

Branch Stamp with date and time

Registrar Details (for office use only)

Date and time Stamping	Form received by: Name and Signature
	Form and documents verified by: Name and Signature
	Data input by: Name and Signature



# 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: <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>			
Fund Name: _____			
Specimen Signatures (as per NIT record):			
<b>SIGNATORY NO.1</b>		<b>SIGNATORY NO.2</b>	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
<b>SIGNATORY NO.3</b>		<b>SIGNATORY NO.4</b>	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
Account Operating Instructions: 1. <input type="checkbox"/> 1 <sup>st</sup> Signatory    2. <input type="checkbox"/> Jointly (any two)    3. <input type="checkbox"/> Jointly (all)    4. <input type="checkbox"/> Any One _____			
<b>FOR OFFICIAL USE ONLY</b>			
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: <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>			
Fund Name: _____			
Specimen Signatures (as per NIT record):			
<b>SIGNATORY NO.1</b>		<b>SIGNATORY NO.2</b>	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
<b>SIGNATORY NO.3</b>		<b>SIGNATORY NO.4</b>	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
Account Operating Instructions: 1. <input type="checkbox"/> 1 <sup>st</sup> Signatory    2. <input type="checkbox"/> Jointly (any two)    3. <input type="checkbox"/> Jointly (all)    4. <input type="checkbox"/> Any One _____			
<b>FOR OFFICIAL USE ONLY</b>			
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, 6<sup>th</sup> 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>