

DIVERSIFIED INVESTMENTS
UNIFIED MANAGEMENT

SINCE 1962



NATIONAL INVESTMENT TRUST LIMITED

Account Opening Booklet

- For Corporate

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

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:

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PLEASE FILL OUT IN CAPITAL LETTERS

NTN Number

(if exempted please provide exemption letter):

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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:

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PLEASE FILL OUT IN CAPITAL LETTERS

Name & Address of Employer / Business:

Phone No.: _____

Cell No.:

Email: _____

Registration ID: _____

Geographies Involved: Domestic Sindh Punjab KPK Balochistan Others _____International FATF Compliant FATF Non-CompliantType 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

 Others (Specify) _____

 Approx. Monthly Income: _____ 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

 Possible Modes of Transactions: Online Physical Both Expected No. of Transactions (Monthly): _____

BANK ACCOUNT DETAIL FOR REDEMPTION AND DIVIDEND PAYMENTS

IBAN No.

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Bank Name:

Branch:

City:

DIVIDEND MANDATE

 Re-invest Or Cash

Note: If no option is selected, any dividends declared will be reinvested back in the Fund(s) / Plan(s) in the form of bonus units.

AUTHORIZED SIGNATORIES INFORMATION:

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

1st Signatory2nd Signatory3rd Signatory4th 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

DECLARATION:

	1 st Signatory	2 nd Signatory	3 rd Signatory	4 th Signatory
Are you acting on behalf of another person/entity? [If yes, please provide supporting document(s)]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you holding a senior position in any Govt./Public office or political party? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any financial connections to offshore tax havens? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you dealing in high value items (e.g. precious metals/stones)? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any financial institution ever refused to open your account? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER INSTRUCTIONS

Account Operating Instruction: 1st Signatory Jointly (any two) Jointly (All) Any One _____
 SMS Alert & Account Statement Yes No
 Facility of Web Portal & Mobile App Yes No

INVESTMENT DETAILS

Risk Profile Category	Fund Names & Codes	Sales Load	Risk of Principal Erosion
EQUITY SCHEMES	<ul style="list-style-type: none"> National Investment Unit Trust - NI(UT) NIT State Enterprise Fund (NIT - SEF) NIT Equity Market Opportunity Fund (NIT - EMOF) NIT Pakistan Gateway Exchange Traded Fund 	3% - - -	High - - High
MONEY MARKET SCHEME	<ul style="list-style-type: none"> NIT Money Market Fund (NIT-MMF) 	Nil	Low
ASSET ALLOCATION SCHEME	<ul style="list-style-type: none"> NIT Asset Allocation Fund (NIT-AAF) 	0% to 2.5%	High
INCOME SCHEMES	<ul style="list-style-type: none"> NIT Government Bond Fund (NIT - GBF) NIT Income Fund (NIT - IF) NIT Social Impact Fund (NIT - SIF) 	1% 1% 0% to 2%	Medium Medium Medium
SHARIAH COMPLIANT (ISLAMIC) EQUITY SCHEME	<ul style="list-style-type: none"> NIT Islamic Equity Fund (NIT - IEF) 	0% to 3%	High
SHARIAH COMPLIANT (ISLAMIC) MONEY MARKET SCHEME	<ul style="list-style-type: none"> NIT Islamic Money Market Fund (NIT-IMMF) 	Nil	Low
SHARIAH COMPLIANT (ISLAMIC) INCOME SCHEME	<ul style="list-style-type: none"> 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(UT) Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend	<input type="checkbox"/> NIT-IEF Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend Income Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend	<input type="checkbox"/> NIT-GBF Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend Flexible Income Units: <input type="checkbox"/> Reinvestment Fixed Income Units: <input type="checkbox"/> Reinvestment	<input type="checkbox"/> NIT-IF Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend Flexible Income Units: <input type="checkbox"/> Reinvestment Fixed Income Units: <input type="checkbox"/> Reinvestment	<input type="checkbox"/> NIT-SIF Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend Income Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend
<input type="checkbox"/> NIT-MMF Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend Flexible Income Units: <input type="checkbox"/> Cash Dividend Income Units: <input type="checkbox"/> Cash Dividend	<input type="checkbox"/> NIT-IIF Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend Flexible Income Units: <input type="checkbox"/> Cash Dividend Income Units: <input type="checkbox"/> Cash Dividend	<input type="checkbox"/> NIT-AAF Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend Income Units: <input type="checkbox"/> Cash Dividend	<input type="checkbox"/> NIT-IMMF Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend Income Units: <input type="checkbox"/> Cash Dividend *Dividend payout will be reinvested in-case of daily, Weekly & fortnightly payout for income units	

Select Periodic Payment Interval for Income Units: Monthly Quarterly Semi-annually Annually

Reinvestment Option: Upon death of a unit holder, the CIP / Reinvestment Option shall automatically be converted to the Cash Dividend Option as of the date of intimation of death (Death Certificate) received by NIT.

1st Signatory

2nd Signatory

3rd Signatory

4th 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 SIGNATORIES RECORD SECTION USE

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



Invest in Trust

NATIONAL INVESTMENT TRUST LIMITED

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

DECLARATION FOR CALL & SMS TRANSACTION FACILITY (MANDATORY)

Is the mobile number registered on CNIC of Authorized Contact Person? Yes No

If no, please fill the below mentioned declaration and attach valid copy of CNIC of the person on whose name the number is registered: 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

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(Name of the person on whose name the mobile number is registered) holding CNIC 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.

*Utmost sales load excluding taxes - For details please refer to the Offering Documents of the fund. The above table is in compliance with SECP Circular No. 2 of 2020 dated February 06, 2020 and may be amended from time to time.

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 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.

1 st Signatory	2 nd Signatory	3 rd Signatory	4 th Signatory
Name and Signature of Authorized Signatories with Company stamp			

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.

DOCUMENTS REQUIRED (CORPORATE):

INFORMATION / DOCUMENTS REQUIRED

AT THE TIME OF ACCOUNT OPENING AND INVESTMENT:

General (Applicable to all Institutions):

- List and authorization of signatories.
- Copy of CNIC of all signatories Board Resolution for 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.

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.
- 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.

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.

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.

ADDITIONAL INFORMATION

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.

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.

Executors and Administrators:

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

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.

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

Invest in Trust

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:

Equity Scheme <input type="checkbox"/> NI(U)T (Sales Load: 3%)	Income Scheme <input type="checkbox"/> NIT-GBF (Sales Load: 1%) <input type="checkbox"/> NIT-IF (Sales Load: 1%)	Money Market Scheme <input type="checkbox"/> NIT-MMF (Sales Load: 0%)	Shariah Compliant Money Market Scheme <input type="checkbox"/> NIT-IMMF (Sales Load: 0%)	Shariah Compliant Equity Scheme <input type="checkbox"/> NIT-IEF (Sales Load: 0% - 3%) <small>*Waived Since Launch of Fund</small>
Shariah Compliant Income Scheme <input type="checkbox"/> NIT-IIF (Sales Load: 0%)	Asset Allocation Scheme <input type="checkbox"/> NIT-AAF (Sales Load: 0% - 2.5%)	Sector Specific Income scheme Specific by Unit Class <input type="checkbox"/> NIT-SIF	<input type="checkbox"/> Class "A" Units: Front End Load: NIL Back End Load: 1 st year - 3% 2 nd 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/- <small>**At the discretion of management company</small>

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 individual 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: _____

1st Signatory

2nd Signatory

3rd Signatory

4th 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

Invest in Trust

CORPORATE INFORMATION:

Title of Account

Instructions for Completion

The Foreign Account Tax Compliance Act (FATCA) was enacted into U.S. law in March 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Under U.S. federal tax law, National Investment Trust Limited (NITL) is required to request certain taxpayer information from certain persons who maintain an account (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfill the NITL's requirements under U.S. federal tax law and will not be used for any other purpose.

To assist you in completing this form, a glossary of terms is attached to this form. NITL does not provide tax advice and will not be liable for any errors contained in this form. If you have any questions about how to complete this form you should contact your tax advisor.

Section 1: Classification for FATCA Purpose

Please tick on box only in this section.

A. Financial Institution

- 1.1 Exempt Beneficial Owner Please provide form W8 Ben-E

- 1.2 Participating Foreign Financial Institution Please provide form W8 Ben-E

- 1.3 Non-Participation Foreign Financial Institution Account cannot be opened

- 1.4 Pakistani Financial Institution or a Partner Jurisdiction Financial Institution Please provide form W8 Ben-E and complete Section 2

- 1.5 Financial Institution resident in the USA or in a US Territory Please Complete Section 2

- 1.6 Deemed Compliant Foreign Financial Institution (besides those listed above) Please provide Form W8 Ben-E

B. Non-Financial Foreign Entity

- 1.7 Active Non-Financial Foreign Entity

- 1.8 Passive Non-Financial Foreign Entity Please complete Section 3

C. Specified U.S. Person

- Please provide Form W-9 and

- 1.9 Specified U.S. Person US-TIN Number _____

Section 2: Financial Institutions

2.1 Please provide your Global Intermediary Identification Number ('GIIN') _____

2.2 If you are unable to provide a GIIN, please tick one of the below reasons;

- (i) The Entity is a IGA Partner Jurisdiction Financial Institution and have not yet obtained a GIIN

- (ii) GIIN not yet obtained but sponsored by another entity which does have a GIIN

Sponsor's Name: _____

Sponsor's GIIN: _____

- (iii) US Person but not a Specified US Person



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

Please read these instructions carefully before completing the form

Chapter XIII of Income Tax Rules, 2002 and Regulations based on the OECD Common Reporting Standard (CRS) require NITL to collect and report certain information about an account holder's tax residency. If the account holder's tax residence is located outside Pakistan and/or United States of America (USA), we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Federal Board of Revenue (FBR) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution, please also complete "CRS Tax Residency Self Certification Form for Controlling Persons". You can find summaries of defined terms in the Glossary of Terms provided at page 7 of this form.

Please complete this form if account holder is entity i.e. legal person or a legal arrangement, such as a company, corporation, Organization, partnership, trust, foundation, NGO, NPO, etc.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other Information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

Legal Name of Entity

Country of Incorporation or Organization

PART 1.1- Financial Institution

A. Depository Institution, Custodial Institution or Specified Insurance Company (e.g. Bank, Life Insurance Co., etc.)

B. An Investment Entity (Investment Co, Mutual Fund, Asset Management Co, Brokerage House, etc.) **If you have ticked box A or B, please proceed to Part 4**

1.2- Active Non-Financial Entity – Active NFE

A. Depository Institution, Custodial Institution or Specified Insurance Company (e.g. Bank, Life Insurance Co., etc.)

B. Active NFE – Related entity of a company / corporation whose shares are regularly traded on one or more established securities markets

C. Active NFE – A Government Entity, an International Organization (e.g. United Nations or NATO) or a Central Bank
If you have ticked box A, B or C, please proceed to Part 4

D. Active NFE – The entity is an Active NFE other than above (for example a non-profit NFE, NGO, Trust or a Manufacturing / Trading / Service entity which derives more than 50% of gross income and assets from active income, like sales of goods and/or services) **If you have ticked box D, please proceed to Part 2**

1.3- Passive Non-Financial Entity – Passive NFE

A. Passive NFE (i.e. more than 50% of its gross income from Passive Income, for instance: Interest, dividend, return on investments)

B. An Investment Entity incorporated / located in a Non-CRS Participating Jurisdiction and managed by another Financial Institution

C. If you have ticked box A or B in section 1.3, please provide the name of all Controlling Persons of the entity, proceed to Part 2 and also complete "CRS Tax Residency Self Certification Form for Controlling Persons".

Name of Controlling Person(s) _____

PART 2- CRS – DECLARATION OF TAX RESIDENCY

Is entity a tax resident of Pakistan or/and USA ONLY?

Yes (Proceed to Part 4) No (Proceed to Part 3)

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



NATIONAL INVESTMENT TRUST LIMITED

National Bank Building, 6th Floor, I.I. Chundrigar Road, Karachi - 74000, Pakistan.
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<http://www.nit.com.pk>