

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)

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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: _____