

# NATIONAL INVESTMENT TRUST LIMITED

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

DATE (DD / MM / YYYY):   -   -

### 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:** \_\_\_\_\_  
\_\_\_\_\_ **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  
 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.**

**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.					

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

# NATIONAL INVESTMENT TRUST LIMITED

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

## DECLARATION:

	1 <sup>st</sup> Signatory	2 <sup>nd</sup> Signatory	3 <sup>rd</sup> Signatory	4 <sup>th</sup> 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:  1<sup>st</sup> 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
<b>EQUITY SCHEMES</b>	<ul style="list-style-type: none"> <li>National Investment Unit Trust - NI(U)T</li> <li>NIT State Enterprise Fund (NIT - SEF)</li> <li>NIT Equity Market Opportunity Fund (NIT - EMOF)</li> <li>NIT Pakistan Gateway Exchange Traded Fund</li> </ul>	3% - - -	High - - High
<b>MONEY MARKET SCHEME</b>	<ul style="list-style-type: none"> <li>NIT Money Market Fund (NIT-MMF)</li> </ul>	Nil	Low
<b>ASSET ALLOCATION SCHEME</b>	<ul style="list-style-type: none"> <li>NIT Asset Allocation Fund (NIT-AAF)</li> </ul>	0% to 2.5%	High
<b>INCOME SCHEMES</b>	<ul style="list-style-type: none"> <li>NIT Government Bond Fund (NIT - GBF)</li> <li>NIT Income Fund (NIT - IF)</li> <li>NIT Social Impact Fund (NIT - SIF)</li> </ul>	1% 1% 0% to 2%	Medium Medium Medium
<b>SHARIAH COMPLIANT (ISLAMIC) EQUITY SCHEME</b>	<ul style="list-style-type: none"> <li>NIT Islamic Equity Fund (NIT - IEF)</li> </ul>	0% to 3%	High
<b>SHARIAH COMPLIANT (ISLAMIC) MONEY MARKET SCHEME</b>	<ul style="list-style-type: none"> <li>NIT Islamic Money Market Fund (NIT-IMMF)</li> </ul>	Nil	Low
<b>SHARIAH COMPLIANT (ISLAMIC) INCOME SCHEME</b>	<ul style="list-style-type: none"> <li>NIT Islamic Income Fund (NIT - IIF)</li> </ul>	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"/> <b>NI(U)T</b> Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend	<input type="checkbox"/> <b>NIT-IEF</b> 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"/> <b>NIT-GBF</b> 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"/> <b>NIT-IF</b> 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"/> <b>NIT-SIF</b> 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"/> <b>NIT-MMF</b> 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"/> <b>NIT-IIF</b> 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"/> <b>NIT-AAF</b> 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"/> <b>NIT-IMMF</b> 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.

\_\_\_\_\_  
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 SIGNATORIES 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 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.