

**DIVERSIFIED INVESTMENTS
UNIFIED MANAGEMENT**

SINCE 1962



NATIONAL INVESTMENT TRUST LIMITED

Account Opening Booklet

- For Individuals

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 Individual Investors

Invest in Trust

Type of Account: Single Joint Minor

DATE (DD / MM / YYYY):

		-			-				
--	--	---	--	--	---	--	--	--	--

PRINCIPAL UNIT HOLDER INFORMATION :

Name of Applicant as per CNIC: _____
Mr. Mrs. Ms. Dr. Other _____

PLEASE FILL OUT IN CAPITAL LETTERS

Father / Spouse Name as per CNIC: _____

PLEASE FILL OUT IN CAPITAL LETTERS

Mother's Maiden Name: _____

PLEASE FILL OUT IN CAPITAL LETTERS

CNIC No.: _____ **Nationality - Resident / Non - Resident Status:** Pakistani Non - Resident Pakistani / Others (Specify): _____

Date of Issue: _____ **Expiry Date:** _____ **Passport No.:** _____ **Expiry Date:** _____
(In case non - resident / foreign national)

Date of Birth (DD/MM/YYYY): ___/___/___ **Country of Birth:** _____ **Gender:** Male Female **Marital Status:** Single Married

Mailing Address: _____

_____ **Postal Code:** _____ **City:** _____ **District:** _____ **Country:** _____

Current Residential Address: _____

City: _____ **District:** _____ **Country:** _____ **Telephone No.:** _____ **Cell No.:** _____

Fax No.: _____ **Email:** _____ **Religion:** Muslim Non-Muslim

Occupation / Profession: Private Service Government Service Business Retired Housewife Student / Minor Unemployed Self Employed

Others (specify): _____ **Source(s) of Income:** Salary Business Savings / Investments Inheritance Pension Rental Income

Agriculture Income Others (specify): _____ **Approx. Monthly Income (Individual):** _____ **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 **Filer?** Yes No

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

Expected Turnover in Account: Monthly Rs. _____ or Annually Rs. _____

Annual Income: Up to Rs. 1 M Rs. 1 M to Rs. 3 M Rs. 3 M to Rs. 6 M Rs. 6 M to Rs. 8 M Rs. 8 M to Rs. 10 M Above Rs. 10 M

Name & Address of Employer / Business: _____

_____ **Registration ID:** _____

BANK ACCOUNT DETAIL OF PRINCIPAL UNIT HOLDER FOR REDEMPTION AND DIVIDEND PAYMENTS

IBAN No. _____

Bank Name: _____ **Branch:** _____ **City:** _____

1-JOINT UNIT HOLDER INFORMATION :

Name of Applicant as per CNIC: _____
Mr. Mrs. Ms. Dr. Other _____

PLEASE FILL OUT IN CAPITAL LETTERS

Father / Spouse Name as per CNIC: _____

PLEASE FILL OUT IN CAPITAL LETTERS

Mother's Maiden Name: _____

PLEASE FILL OUT IN CAPITAL LETTERS

CNIC No.: _____ **Nationality - Resident / Non - Resident Status:** Pakistani Non - Resident Pakistani / Others (Specify): _____

Date of Issue: _____ **Expiry Date:** _____ **Passport No.:** _____ **Expiry Date:** _____
(In case non-resident / foreign national)

Date of Birth (DD/MM/YYYY): ___/___/___ **Country of Birth:** _____ **Gender:** Male Female **Marital Status:** Single Married

Mailing Address: _____

_____ **Postal Code:** _____ **City:** _____ **District:** _____ **Country:** _____

Current Residential Address: _____

City: _____ **District:** _____ **Country:** _____ **Telephone No.:** _____ **Cell No.:** _____

Fax No.: _____ **Email:** _____ **Religion:** Muslim Non - Muslim

Occupation / Profession: Private Service Government Service Business Retired Housewife Student / Minor Unemployed Self Employed

Others (specify): _____ **Source(s) of Income:** Salary Business Savings / Investments Inheritance Pension Rental Income

Agriculture Income Others (specify): _____ **Filer?** Yes No

Name & Address of Employer / Business: _____

Relationship with Principle Unit Holder: _____ **%Share in Investment:** _____ **Registration ID:** _____

Principal Unit Holder

1 - Joint Unit Holder

2 - Joint Unit Holder

3 - Joint Unit Holder

NATIONAL INVESTMENT TRUST LIMITED

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

2-JOINT UNIT HOLDER INFORMATION :

Name of Applicant as per CNIC: _____
Mr. Mrs. Ms. Dr. Other _____

PLEASE FILL OUT IN CAPITAL LETTERS

Father / Spouse Name as per CNIC: _____
PLEASE FILL OUT IN CAPITAL LETTERS

Mother's Maiden Name: _____
PLEASE FILL OUT IN CAPITAL LETTERS

CNIC No.: _____ **Nationality - Resident / Non - Resident Status:** Pakistani Non - Resident Pakistani / Others (Specify): _____

Date of Issue: _____ **Expiry Date:** _____ **Passport No.:** _____ **Expiry Date:** _____
(In case non-resident / foreign national)

Date of Birth (DD/MM/YYYY): ___/___/___ **Country of Birth:** _____ **Gender:** Male Female **Marital Status:** Single Married

Mailing Address: _____
_____ **Postal Code:** _____ **City:** _____ **District:** _____ **Country:** _____

Current Residential Address: _____
_____ **City:** _____ **District:** _____ **Country:** _____ **Telephone No.:** _____ **Cell No.:** _____

Fax No.: _____ **Email:** _____ **Religion:** Muslim Non - Muslim

Occupation / Profession: Private Service Government Service Business Retired Housewife Student / Minor Unemployed Self Employed

Others (specify): _____ **Source(s) of Income:** Salary Business Savings / Investments Inheritance Pension Rental Income

Agriculture Income **Others (specify):** _____ **Filer?** Yes No

Name & Address of Employer / Business: _____

Relationship with Principle Unit Holder: _____ **%Share in Investment:** _____ **Registration ID:** _____

3-JOINT UNIT HOLDER INFORMATION :

Name of Applicant as per CNIC: _____
Mr. Mrs. Ms. Dr. Other _____

PLEASE FILL OUT IN CAPITAL LETTERS

Father / Spouse Name as per CNIC: _____
PLEASE FILL OUT IN CAPITAL LETTERS

Mother's Maiden Name: _____
PLEASE FILL OUT IN CAPITAL LETTERS

CNIC No.: _____ **Nationality - Resident / Non - Resident Status:** Pakistani Non - Resident Pakistani / Others (Specify): _____

Date of Issue: _____ **Expiry Date:** _____ **Passport No.:** _____ **Expiry Date:** _____
(In case non-resident / foreign national)

Date of Birth (DD/MM/YYYY): ___/___/___ **Country of Birth:** _____ **Gender:** Male Female **Marital Status:** Single Married

Mailing Address: _____
_____ **Postal Code:** _____ **City:** _____ **District:** _____ **Country:** _____

Current Residential Address: _____
_____ **City:** _____ **District:** _____ **Country:** _____ **Telephone No.:** _____ **Cell No.:** _____

Fax No.: _____ **Email:** _____ **Religion:** Muslim Non - Muslim

Occupation / Profession: Private Service Government Service Business Retired Housewife Student / Minor Unemployed Self Employed

Others (specify): _____ **Source(s) of Income:** Salary Business Savings / Investments Inheritance Pension Rental Income

Agriculture Income **Others (specify):** _____ **Filer?** Yes No

Name & Address of Employer / Business: _____

Relationship with Principle Unit Holder: _____ **%Share in Investment:** _____ **Registration ID:** _____

DECLARATION:

	Principal Holder	1st Joint Holder	2nd Joint Holder	3rd Joint Holder
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

Principal Unit Holder

1 - Joint Unit Holder

2 - Joint Unit Holder

3 - Joint Unit Holder



NATIONAL INVESTMENT TRUST LIMITED

Invest in Trust

NATIONAL INVESTMENT TRUST LIMITED

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

GUARDIAN INFORMATION (in case of minor applicant)

Name of Applicant's Guardian as per CNIC: _____
 Mr. Mrs. Ms. Dr. Other _____
PLEASE FILL OUT IN CAPITAL LETTERS

Relation with Minor: _____

CNIC No.: _____ Nationality-Resident/Non-Resident Status: Pakistani Non-Resident Pakistani/Others (Specify): _____

Date of Issue: _____ Expiry Date: _____ Passport No.: _____ Expiry Date: _____
(In case non-resident / foreign national)

OTHER INSTRUCTIONS

Account Operating Instruction: Principal Jointly (any two) Jointly (All) Any One
 SMS Alert & Account Statement Yes No
 Facility of Web Portal & Mobile App Yes No
 Zakat Deduction: (to be made on a stamp paper of Rs. 50/-) Yes No (If no, in case of Muslim please attach valid declaration of Principal and Joint Holders)

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	<input type="checkbox"/> NIT-IMMF Select Type of Units: Growth Units: <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cash Dividend	

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.

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 UNIT HOLDER RECORD SECTION USE

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



NATIONAL INVESTMENT TRUST LIMITED

Investment Form

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.: Type of Account: Single Joint Minor

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%) *Waived Since Launch of Fund
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/- **At the discretion of management company

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: _____

Principal Unit Holder

1-Joint Unit Holder

2-Joint Unit Holder

3-Joint Unit Holder

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

Risk Profiling Questionnaire

Title of Account: _____

DATE (DD / MM / YYYY):

--	--	--	--	--	--	--	--	--	--

CNIC No.: _____

Registration ID: _____
(For existing customer)

Please fill this form for us to better understand your investment goals according to your needs. On the basis of the information you provide, we can suggest you a customized solution. Please tick the boxes as per your choice.

1. Age (in Yrs.)	2. Marital Status	3. No. of Dependents
<input type="checkbox"/> Below 40 6 Points	<input type="checkbox"/> Single 6 Points	<input type="checkbox"/> Zero 6 Points
<input type="checkbox"/> 41-50 3 Points	<input type="checkbox"/> Married 2 Points	<input type="checkbox"/> Below Four 3 Points
<input type="checkbox"/> 51-60 1 Points	<input type="checkbox"/> Divorced/Widow 0 Points	<input type="checkbox"/> Four to Seven 1 Points
<input type="checkbox"/> Above 60 0 Points		<input type="checkbox"/> Above Seven 0 Points
4. Occupation	5. Qualification	6. Your Risk Appetite
<input type="checkbox"/> Retired/Unemployed 0 Points	<input type="checkbox"/> Matriculation or Below 0 Points	<input type="checkbox"/> Very High 12 Points
<input type="checkbox"/> Student/House Wife 1 Points	<input type="checkbox"/> Intermediate 1 Points	<input type="checkbox"/> High 10 Points
<input type="checkbox"/> Salaried 3 Points	<input type="checkbox"/> Graduate 2 Points	<input type="checkbox"/> Moderate 6 Points
<input type="checkbox"/> Business/Self Employed 6 Points	<input type="checkbox"/> Post Graduate 3 Points	<input type="checkbox"/> Low 4 Points
	<input type="checkbox"/> Doctorate 4 Points	<input type="checkbox"/> Very Low 0 Points
7. Your Investment Objective	8. Your Investment Horizon	
<input type="checkbox"/> Capital Preservation 4 Points	<input type="checkbox"/> Short-term (Less than 1 Year) 4 Points	
<input type="checkbox"/> Capital Preservation & Income 8 Points	<input type="checkbox"/> Medium-term (1 to 5 Years) 6 Points	
<input type="checkbox"/> Income and long-term Growth 12 Points	<input type="checkbox"/> Medium to Long-term (5 to 10 Years) 10 Points	
<input type="checkbox"/> Capital Growth 14 Points	<input type="checkbox"/> Long-term (More than 10 Years) 12 Points	
9. Your current level of Investment Knowledge	10. Your current financial position: In a year or so, how secure do you feel your finances will be?	
<input type="checkbox"/> Little or no knowledge 0 Points	<input type="checkbox"/> Very Secure 0 Points	
<input type="checkbox"/> Some Knowledge 2 Points	<input type="checkbox"/> Somewhat Secure -2 Points	
<input type="checkbox"/> Both Knowledgeable and Experienced in investing 4 Points	<input type="checkbox"/> Not Sure -4 Points	
	<input type="checkbox"/> Likely Worse -8 Points	

11. Scoring Of Risk Profiling Results

Question #	1	2	3	4	5	6	7	8	9	10	Total
Your Score											
Your Portfolio	Score		Type of Investor		Risk Profile/ Risk of Principal Erosion		Suitable Investment in Scheme				
	Score 0-25		Safety-Oriented		Low / Principal at low risk		Money Market Schemes				
	Score 26-43		Balanced		Medium/ Principal at medium risk		Income Schemes				
	Score 44+		Growth-oriented		High/ Principal at high risk		Equity & Asset Allocation Schemes				

I/We declare that I/We understand that this risk profiling questionnaire will help me/us assess my/our risk appetite based on the information provided by me/us. I am/we are aware that my/our financial needs may change over time depending on my/our personal and situation objectives. I/We also understand that this questionnaire does not constitute, in any manner, advice given by the Company. I/We shall be solely/jointly responsible for all my/our current and future investment, conversion and transfer transactions if these transactions are not in accordance with my/our above-mentioned risk profiling results. I/We will not hold the Company liable or responsible for these transactions in any manner. Further, I/We hereby confirm that all information provided in this form is true to the best of my/our knowledge.

نوٹ: میں اس بات کو سمجھتا ہوں اور متفق ہوں کہ آئین آئی ٹی نے مندرجہ بالا فنڈ کی پیگمنٹ پر میری ریسک پر وفاق کے مطابق تجویز کی ہے۔ لیکن میں اپنی مرضی کے مطابق کسی بھی دوسری فنڈ کی پیگمنٹ میں انویسٹمنٹ کر سکتا/ کر سکتی ہوں۔

Fund decided by Investor: _____

Principal Unit Holder

1 - Joint Unit Holder

2 - Joint Unit Holder

3 - Joint Unit Holder

Name of Sales Person	Name of Branch Manager
Signature	Signature



NATIONAL INVESTMENT TRUST LIMITED

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

This form must be completed by every individual who wishes to open an account. In case of joint account, this should be filled by all joint account holders.

UNIT HOLDER INFORMATION :

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

Title of Account

CNIC/Passport Number: _____ CNIC/Passport Expiry Date: _____

Country of tax residence other than Pakistan: None USA Other: _____

US Taxpayer Identification Number (in case of US Person):

PLEASE TICK APPROPRIATE CHECK BOX:

SECTION - A

	Yes		No	
1. Are you a US Citizen?	<input type="checkbox"/>	If 'Yes', Form W-9 to be provided.	<input type="checkbox"/>	If 'No', please move on to Section B.
2. Are you a US resident/alien?	<input type="checkbox"/>		<input type="checkbox"/>	
3. Do you hold a US permanent resident card (Green Card)?	<input type="checkbox"/>		<input type="checkbox"/>	
4. Were you born in US?	<input type="checkbox"/>	If yes, Form W-8BEN to be provided (in case of non-US person).	<input type="checkbox"/>	
5. Standing instructions to transfer funds to an account maintained in US.	<input type="checkbox"/>		<input type="checkbox"/>	
6. Do you have any Power of Attorney/Authorized Signatory/Mandate holder having US address?	<input type="checkbox"/>		<input type="checkbox"/>	
7. Do you have US residence /mailing / Sole Hold Mail address	<input type="checkbox"/>		<input type="checkbox"/>	
8. Do you have US telephone number?	<input type="checkbox"/>		<input type="checkbox"/>	

Declaration: (For individuals who have marked any of the item at 1-8 as 'Yes')

Subject to applicable laws, I hereby consent to National Investment Trust Limited sharing my information with domestic and overseas regulator(s) or tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulator(s) or tax authorities, I consent and agree that the AMC may withhold, and pay out, from my account(s) such amount as may be required according to applicable laws, regulation, agreements with regulators or authorities and directives.

Signature: _____

Date: _____

SECTION - B

Declaration: (to be signed by each individual who wishes to open an account)

I hereby confirm that the information provided above is true, accurate and complete. I hereby, indemnify and hold harmless NITL against any and all losses, actions, claims, penalties, damages or liabilities that may arise in case the above information is found to be incorrect. I further agree and undertake to notify NITL within 30 calendar days if there is a change in any information provided above.

Signature: _____

Date: _____

NOTE: This form is valid for all funds under the management of NITL.

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

Individual Tax Residency Self Certification Form

Invest in Trust

Please Complete Parts 1-3 in BLOCK CAPITALS. Fields marked with a (*) are mandatory. Note: Fill & Complete Part 2 only if Tax Residency is other than USA & Pakistan otherwise Mark "Not Applicable (N/A)".

PART: 1

A: Name of Account Holder:

Family Name or Surname(s): _____

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

B: Current Residence Address : (Mailing Address)

Name, Number, Street: _____

Town/City: _____ Province/State: _____

Country: _____ Postal Code: _____

C: Place of Birth

Date of Birth: (DD/MM/YYYY): ____/____/____ Town of City of Birth: _____ County of Birth: _____

PART: 2

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

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

S#	i - Country where tax is Paid (Tax Residency)	ii- NTN/TIN or any form of tax identification number	iii - NTN/TIN or any form of tax identification number is not available enter Reason A,B or C
1			
2			
3			

If a TIN is unavailable please provide the appropriate reason A, B of C:

Reason A: The Country where the Account Holder is liable to pay tax does not issue TINs/NTN to its residents

Reason B: The Account Holder is unable to obtain a NTN/TIN or equivalent number.

Reason C: No TIN/NTN is required. (Note: only select this reason if the authorities of the country of tax residence entered below do not require the NTN/TIN to be disclosed).

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above:

1	
2	
3	

PART: 3

Declarations and Signature

I understand that the information supplied by me is covered by the full provisions of the terms & conditions governing the Account Holder's relationship with NITL & its Funds under management setting out how NITL and its Funds under management may use and share the information supplied by me. I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the county in which / this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I Certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates. I declare that I have neither asked for, not received, any advice from NITL Fund Managers and its Funds under management in determining my classification as a Reportable Person or otherwise.



Invest in Trust

NATIONAL INVESTMENT TRUST LIMITED

Individual Tax Residency Self Certification Form

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise NITL within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide NITL with a suitable updated self-certification and Declaration within 90 days of such change in Capacity*

Signature _____

Print Name _____

Date

Note: If you are not the account holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please attach a certify copy of the power of attorney.

FOR BRANCH USE ONLY

DATE (DD / MM / YY): ___/___/_____

TIME: _____ : _____ AM / PM

Branch / Distributor Name:

Account No(s):

Form reviewed and checked by:

Branch Stamp & Signature of the Branch Manager / Authorized Official:



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: [Grid]			
Fund Name: _____			
Specimen Signatures (as per NIT record):			
PRINCIPAL UNIT HOLDER		1-JOINT UNIT HOLDER	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
2-JOINT UNIT HOLDER		3-JOINT UNIT HOLDER	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
Account Operating Instructions: 1. <input type="checkbox"/> Principal 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: [Grid]			
Fund Name: _____			
Specimen Signatures (as per NIT record):			
PRINCIPAL UNIT HOLDER		1-JOINT UNIT HOLDER	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
2-JOINT UNIT HOLDER		3-JOINT UNIT HOLDER	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
Account Operating Instructions: 1. <input type="checkbox"/> Principal 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.
Call: 0800-00648 | UAN: 111-648-648 | Tel: 32412056-9 | Fax: 32417827, 32422719
<http://www.nit.com.pk>