



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.



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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: