



# NATIONAL INVESTMENT TRUST LIMITED

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

Invest in Trust

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: \_\_\_\_\_