



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'S INFORMATION : | |
| Title of Account/Name: | |
| CNIC/Passport Number: | CNIC/Passport Expiry Date: |
| Country of tax residence other than Pakistan: <input type="checkbox"/> None <input type="checkbox"/> USA <input type="checkbox"/> Other : _____ | |
| US Taxpayer Identification Number (in case of US Person): | |

SECTION - A

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

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: | | | | | | |