

ATLAS ASSET MANAGEMENT LIMITED
 ACCOUNT OPENING FORM
 (INDIVIDUALS AND INSTITUTIONS)
 (FORM: AAML - 01)

1. INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER/INSTITUTION

Mr./Ms./Mrs./M/s:	Applicant Status: <input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Retirement Fund <input type="checkbox"/> Insurance Company <input type="checkbox"/> Commercial Bank <input type="checkbox"/> NBFC <input type="checkbox"/> Modaraba <input type="checkbox"/> Welfare Organization <input type="checkbox"/> Other (Specify) _____
Contact Name (In case of institutional Account):	
Mailing Address:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Nationality <input type="checkbox"/> Pakistani <input type="checkbox"/> Non-Resident Pakistani <input type="checkbox"/> Other (Specify) _____
Permanent/Registered Address:	
City: Country: Tel:	Zakat Deduction: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach Zakat Affidavit)
Mobile: Fax: Email:	
For Individual Applicants	
Occupation: Date of Birth:	Income Tax Status <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt (Please provide CBR exemption certificate)
CNIC/Passport No.	
Father/Husband Name:	
Name of Guardian (In case of minor account):	
Relation with minor:	

2. INFORMATION ABOUT JOINT ACCOUNT HOLDERS / AUTHORISED SIGNATORIES (IF ANY)

First Joint Holder/Signatory			Second Joint Holder/Signatory		
Name: Mr./Ms./Mrs.			Name: Mr./Ms./Mrs.		
Name of Father/Husband:			Name of Father/Husband:		
Address:			Address:		
Occupation:		Date of Birth:	Occupation:		Date of Birth:
Tel:	Fax:	Email:	Tel:	Fax:	Email:
CNIC/Passport No.			CNIC/Passport No.		
Third Joint Holder/Signatory			Fourth Joint Holder/Signatory only		
Name: Mr./Ms./Mrs.			Name: Mr./Ms./Mrs.		
Name of Father/Husband:			Name of Father/Husband:		
Address:			Address:		
Occupation:		Date of Birth:	Occupation:		Date of Birth:
Tel:	Fax:	Email:	Tel:	Fax:	Email:
CNIC/Passport No.			CNIC/Passport No.		

3. INFORMATION ABOUT NOMINEE(S) (Applicable to singly held individual account only)

Nominees can only be the relatives of the applicant namely spouse / father / mother / brother / sister / son / daughter (including a step / adopted child.)
 I nominate the following _____ (state number) person(s) to receive the Units held in my name according to their share in event of my death. I agree and accept that nomination(s), shall not be binding upon the Trustee, the Management Company or their Distribution Company, who may at their sole discretion request for Succession Certificate or any other mandate from an appropriate Court or lawful Authority or an indemnification before releasing the proceeds of my Units to my nominee(s). I further agree that the Trustee, the Distribution Company and/ or the Management Company shall not be liable for any issues/disputes amongst my legal heirs and/ or the nominee(s) arising out of this nomination. The entitlement to a fraction of a Unit may be consolidated and redeemed. The proceeds may be paid to the nominees.

Name: Mr./Ms./Mrs.			Name: Mr./Ms./Mrs.		
Relation with holder:		Share %	Relation with holder:		Share %
Name of Father/Husband:			Name of Father/Husband:		
Address:			Address:		
Tel:	Fax:	Email:	Tel:	Fax:	Email:
CNIC/Passport No.	Other ID:(if not CNIC No.)		CNIC/Passport No.	Other ID :(if not CNIC No.)	

4. IMPORTANT INFORMATION

• NO CASH ACCEPTED

We do not accept cash, therefore you are advised to pay only through the payment modes as mentioned in the Offering Document.

• COOLING-OFF RIGHT FOR INDIVIDUAL UNIT HOLDERS

All Individual Unit Holders have a right to obtain a refund of their first time investment only (cooling-off right) in a Collective Investment Scheme (CIS). The Unit Holder may exercise cooling-off right within three (3) business days commencing from the date of issuance of Statement of Account (cooling-off period). For this purpose, the Unit Holder shall send a written request to AAML's Head Office. The refund pursuant to the exercise of a cooling-off right shall be paid to the Unit Holder at an amount equal to NAV per unit applicable on the date the cooling-off period is exercised, within six (6) business days of receipt of written request from the Unit Holder.

5. INSTRUCTIONS

1. Account Operating instructions (In case of institutions signature should be accompanied with rubber stamp)

Principal A/c Holder Only Anyone Jointly by any two Jointly by all

2. Redemption Payment Instructions

Send cheque to registered address

Send cheque to Bank

Bank Name: _____

Branch Name: _____

Bank Address: _____

Account Number: _____

3. Dividend Payment Instructions

Reinvestment Cash

4. Bonus Encashment Instructions

Please tick if you desire to cash bonus units

on the following the date of allotment

5. Instructions for delivery of Account Statements 6. Other instructions

By E-mail By Post

a) Please send monthly newsletter by E-mail Hard Copy Both Don't Send

Frequency Monthly Quarterly Annually Don't Send

b) Please send me daily prices by E-mail SMS Don't Send

6. DECLARATION

I/We hereby declare that the information provided to in this form is true and correct and that I/We are authorized to conduct transaction in this account. I/We certify that the options selected features and services requested and that the authorizations hereon shall continue until any written notice of a modification or a termination signed by all appropriate parties. I/We have carefully read, understood and accepted the terms and conditions given in the relevant Trust Deed(s) and Offering Document(s) of the Fund(s)/Plan(s). I/we hereby confirm that I/we have received the latest Fund Manager Report (FMR) and/or Fact Sheet as the case may be. I/We understand that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I/We understand to access the company website to keep myself/ourselves updated before every operation of this account. I/We understand that investments in mutual funds are subject to market risks and fund prices may go up or down based market conditions. I/We understand that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I/We declare that the amount so invested is legitimate and not generated from money laundering activities.

میں/ہم اقرار کرتے ہیں کہ اس فارم میں فراہم کردہ معلومات صحیح اور درست ہے اور یہ بھی کہ میں/ہم اس اکاؤنٹ میں ٹرانزیکشن (لین دین) کرنے کا اختیار رکھتا/رکھتے ہیں۔ میں/ہم تصدیق کرتے ہیں کہ ہماری منتخب کردہ خصوصیات اور درخواست کردہ خدمات اور اس حوالے سے حاصل کردہ اختیارات اس وقت تک جاری رہیں گے تا وقت کہ تمام متعلقہ پارٹیوں (فریقوں) کے دستخط سے ترمیم یا اختتام کا تحریری نوٹس موصول نہیں ہو جاتا۔ میں/ہم نے فنڈ (ز) / پلان (ز) کی متعلقہ ٹرسٹ ڈیڈ (ز) اور آفرنگ دستاویزات میں دی گئی تمام شرائط و ضوابط کو غور سے پڑھا لیا ہے، سمجھا لیا ہے اور قبول کر لیا ہے۔ میں/ہم یہ بھی تصدیق کرتے ہیں کہ میں/ہم نے تازہ ترین فنڈ فیچر رپورٹ اور تمام بنیادی معلومات و شرائط کی دستاویزات حاصل کر لی ہے۔ میں/ہم نے اس بات کو یقینی سمجھا لیا ہے کہ کوئی توفیقاً موجودہ یا مستقبل میں لاگو ہونے والی شرائط و ضوابط میں ترمیم یا تبدیلی کر سکتی ہے۔ میں/ہم سمجھتے ہیں کہ میں/ہم باخبر رہنے کے لئے اس اکاؤنٹ کے ہر آپریشن (ٹھیکل) سے قبل کوئی کی ویب سائٹ تک رسائی کریں گے۔ میں/ہم یہ بھی سمجھتے ہیں کہ میوچل فنڈز میں سرمایہ کاری مارکیٹ ریسک سے مشروط ہے اور مارکیٹ کی صورتحال کے مطابق فنڈ کی قیمتوں میں اتار چڑھاؤ ہو سکتا ہے۔ میں/ہم یہ سمجھتے ہیں کہ ماضی کی کارکردگی مستقبل کے نتائج کی لازمی عکاس نہیں اور کوئی متعین یا ضمانت شدہ منافع نہیں۔ میں/ہم یہ اقرار کرتے ہیں کہ سرمایہ کاری میں لگائی جانے والی رقم جائز ہے اور مرضی والی انڈرنگ کی سرگرمیوں سے حاصل نہیں کی گئی۔

	Name of Applicant(s)/Signatory	Designation (In case of Institutional Account)	Signature (Please affix stamp in case of Institutional Account)
Principal Applicant/Signatory			
First Joint Holder/Signatory			
Second Joint Holder/Signatory			
Third Joint Holder/Signatory			

7. DOCUMENTS REQUIRED

Documents to be submitted at the time of Investment: (Application will not be processed without receipt of all documents as applicable)

Individual Clients	Institutional Clients
<input type="checkbox"/> Copy of valid CNIC of Principal and all the joint Holders.	<input type="checkbox"/> List of all Directors/partners/Trustees and signatories with copies of their valid CNICs.
<input type="checkbox"/> Copy of CNIC of Nominee(s).	<input type="checkbox"/> Board/Governing Body Resolution authorizing Investment.
<input type="checkbox"/> Form-B (Registration Certificate) in case of minor.	<input type="checkbox"/> Memorandum & Article of Association/By Laws/Trust Deed.
<input type="checkbox"/> Copy of Zakat Affidavit (Form CZ50)	<input type="checkbox"/> Power of Attorney or other documents authorizing the Officer(s)
<input type="checkbox"/> Copy of NICOP/Passport Residence Permit (In case of overseas Pakistanis and Foreign Investors)	<input type="checkbox"/> Audited/Latest copy of Financial Statements
<input type="checkbox"/> Employment/Business Proof	<input type="checkbox"/> Form A/B & 29 wherever applicable.
	<input type="checkbox"/> Other (Please specify) _____

8. FOR OFFICIAL USE ONLY

Name & Signature of Sales Person(s)/Distributor _____

Risk Category Assigned by Sales Person _____

Branch/Distributor Stamp _____

Date: _____

9. PROVISIONAL RECEIPT (Please make sure to take the stamped receipt with you)

Received from Mr. /Ms /Mrs. /M/s. _____ Date: _____

Along with the following documents:

Individual Clients	Institutional Clients
<input type="checkbox"/> Copy of valid CNIC of Principal and all the joint Holders.	<input type="checkbox"/> List of all Directors/partners/Trustees and signatories with copies of their valid CNICs.
<input type="checkbox"/> Copy of CNIC of Nominee(s).	<input type="checkbox"/> Board/Governing Body Resolution authorizing Investment.
<input type="checkbox"/> Form-B (Registration Certificate) in case of minor.	<input type="checkbox"/> Memorandum & Article of Association/By Laws/Trust Deed.
<input type="checkbox"/> Copy of Zakat Affidavit (Form CZ50)	<input type="checkbox"/> Power of Attorney or other documents authorizing the Officer(s)
<input type="checkbox"/> Copy of NICOP/Passport Residence Permit (In case of overseas Pakistanis and Foreign Investors)	<input type="checkbox"/> Audited/Latest copy of Financial Statements
<input type="checkbox"/> Employment/Business Proof	<input type="checkbox"/> Form A/B & 29 wherever applicable.
	<input type="checkbox"/> Other (Please specify) _____

Authorized Branch (Stamp) _____ Signature _____

Know Your Customer /due Diligence Form for Individual Investors

(In compliance with Regulation 9 of the NBFC & NE Regulations, 2008 and SECP's Circular No.12 dated April 28, 2009)

This Form is meant and adopted to establish the identity of the client by using reliable independent source of documents, data and information, under NBFC & NE Regulations, 2008.

Note: This form must be filled in and signed by Principal and Joint Account Holders separately

1. Name (Mr./Mrs./Ms.) _____ 2. CNIC No. _____

3. Age _____ 4. Marital Status Single Married Widow

5. No. of Dependents _____

6. Occupation: Service Private Self Employed House Wife Retired Student
 Service Government Professional (Please specify) _____
 Lawyer Real Estate Dealer Notary Foreign Exchange Dealer

7. Education: Under Graduate. Graduate Post Graduate Professional
 Other (Please specify) _____

8. Source of Income: (Multiple option can be selected)
 Salary Business Inheritance Stock/Investments
 Savings Pension/Retirement Benefits Home Remittance

9. Approximate Annual Income
 Up to Rs.100,000 Rs.100,001 – Rs.250,000 Rs.250,001 – Rs.500,000 Rs.500,001 – Rs.1,000,000
 Rs.1,000,001 – Rs.2,000,000 Rs.2,000,001 – Rs.4,000,000 Rs.4,000,001 – Rs.10,000,000 Rs.10,000,001 & above

10. DECLARATION (Please provide details if Yes is selected)

Has any Financial Institution ever refused to open your account? Yes No

Do you have any relation with International / Domestic Politically Exposed Person (PEP)? Yes No.

Are you holding a senior position in any government institution or Political Party (PEP)? Yes No.

Do you have any financial links to offshore Tax havens? Yes No

Do you deal in high value items such as Gold, Silver or Precious Metals/Stones? Yes No

11. Ultimate Beneficiary of the Investment (if different from investor) _____
(Provide CNIC and other relevant information of ultimate beneficiary). Please note that redemption shall only be allowed in favor of account holder.

I, the undersigned, hereby declare that the above mentioned information is correct, complete and up-to-date to the best of my knowledge and belief, and I shall immediately update the Management Company if there is any change in such information. I hereby assure to the Management Company that the proceeds invested in the Fund(s) are not derived from money laundering or illegal activities and the source of funds declared in this Form is true and correct to the best of my knowledge and belief.

آئی کہ میں نے اس معلومات کو درست، مکمل اور اپ-ٹو-ڈیٹ کے بہترین علم و یقین کے ساتھ فراہم کیا ہے، اور میں اس میں کوئی تبدیلی یا ترمیم کے لیے فوری طور پر اطلاع دے گا۔ میں یہ یقین دہانی دیتا ہوں کہ سرمایہ کاری کی رقمیں مندرجہ ذیل کے ذرائع سے حاصل کی گئی ہیں۔
میں اس پر یقین دہانی دیتا ہوں کہ مندرجہ ذیل معلومات درست، مکمل اور اپ-ٹو-ڈیٹ ہیں۔

_____ Date
تاریخ

_____ Unit Holder's Signature
یونٹ ہولڈر کے دستخط

Documents to be attached for Individual / Sole Proprietorship (if not already provided)

a. Copy of CNIC / Passport

b. Business / Employment Proof

Note: Tax and Zakat Exemption Certificate / Affidavit are Mandatory if exempted.

حیدرآباد کے یونٹ ہولڈر کے لیے (اگر پہلے فراہم نہیں کیے گئے)

د- شناختی کارڈ / پاسپورٹ کی کاپی۔

ب- کاروبار / ملازمت کی سند۔

نوٹ: ٹیکس اور زکوٰۃ کی معافی کی تصدیق / حلف نامہ اگر معاف ہو تو لازمی ہے۔

(This Form is Mandatory for Individuals only)

Atlas Asset Management Limited

Ground Floor, Federation House, Sharae Firdousi, Clifton, Karachi-75600

Ph: (92-21) 35379501-04 UAN: 111-MUTUAL (6-888-25) Fax: (92-21) 35379280 Website: www.atlasfunds.com.pk

**FATCA FORM - INDIVIDUAL ACCOUNT
 ANNEXURE - 01**

The Foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, Atlas Asset Management Limited (AAML) is required to request certain taxpayer information from certain persons who maintain an account at AAML. Information collected will be used solely to fulfill AAML's requirements under U.S. federal tax law and will not be used for any other purpose.

SECTION A

1. This section must be completed by any individual who wish to open an account.
2. Please complete this form for Principal account holder and all joint account holders separately.
 In case of Minor, the form should be filled by Guardian for himself as well as for the Minor.
 - i. Title of Account (IN BLOCK LETTERS) _____
 - ii. CNIC Number _____
 - iii. Passport Number _____
 - iv. Folio Number (For office use only) _____
 - v. Country of tax residence other than Pakistan: None USA Other
 - vi. Place of Birth: City _____ State _____ Country _____

S.No.	Please tick '✓' to appropriate check box.	Documentation Required
1.	Are you US citizen?	Yes
		No
2.	Are you US resident?	Yes
		No
3.	Do you hold a US permanent resident card (Green Card)?	Yes
		No
4.	Were you born in USA?	Yes
		No
5.	Standing instructions to transfer funds to an account maintained in USA.	Yes
		No
6.	Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	Yes
		No
7.	Do you have US residence/ mailing/ Sole Hold Mail address?	Yes
		No
8.	Do you have US telephone number?	Yes
		No

SECTION B

This section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

I _____ declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify that I am not a US Person and will provide Form W-8BEN within 30 calendar days if required by IRS through AAML.

I undertake to notify AAML within 30 calendar days if this certification becomes incorrect.

Signature: _____

Declaration:

I/We hereby acknowledge and declare that the FATCA information provided in this form is correct and true and complete to the best of my/our knowledge and belief.

I/We agree to provide supporting evidence and provide updates within 30 days in case any of the aforementioned information changes.

In consideration of Atlas Asset Management Limited (AAML) maintaining/continuing to maintain my/our accounts with it, I/We expressly and unconditionally authorize (AAML) to disclose relevant account and/or personal information to third parties including the US tax authorities, as well as take necessary action including stopping redemption from any/all of my/our account(s) and/or withholding of tax for the purpose of (AAML)'s compliance with its obligations under the US Foreign Account Tax Compliance Act ("FATCA").

I/We undertake to fully cooperate with (AAML) to ensure it meets its obligations under FATCA in connection with my/our account(s).

I/We irrevocably confirm and undertake that I/We shall indemnify, defend, and hold harmless (AAML), its Directors, Officers, and Employees from any loss, action, cost, expense (including, but not limited to, sums paid in settlement of claims, reasonable attorney and consultant fees, and expert fees), claim, damages, or liability which may be suffered or incurred by (AAML) in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

I/We acknowledge and accept that (AAML) reserves the right to close or suspend, without prior notice, any/all of my/our account(s), if required documentation/information is not submitted within a stipulated time.

میں/ہم تسلیم اور اعلان کرتے ہیں کہ اس فارم میں ہماری جانب سے فراہم کردہ FATCA کی معلومات مکمل اور صحیح ہے۔

میں/ہم مذکورہ بالا معلومات میں اپنے اکاؤنٹ میں کسی قسم تبدیلی آنے کی صورت میں 30 دن کے اندر تازہ معلومات فراہم کرنے اور ثبوت فراہم کرنے کی تعین دہانی کراتے ہیں۔

ایٹلس ایسٹ مینجمنٹ لیٹیڈ (AAML) کو قائم/برقرار رکھنے کے حوالے سے میں/ہم (AAML) کو غیر شرطہ اختیار دیتے/دیتا ہوں کہ یہ متعلقہ اکاؤنٹ اور/یا ذاتی معلومات کسی تیسرے فریق کو سنبھالنے/بشمول امریکی ٹیکس اتھارٹیز، تاکہ وہ میرے/ہمارے تمام اکاؤنٹس سے ریڈمپشن کو روکنے کے لیے وہ ہولڈنگ ٹیکس سیت دیگر ضروری اقدامات یو ایس فارن اکاؤنٹ ٹیکس کیپلائنس ایکٹ ("FATCA") کے تحت انجام دے سکیں۔

میں/ہم حلفیہ کہتے ہیں کہ (AAML) کے ساتھ مکمل تعاون کریں گے تاکہ اس بات کو یقینی بنایا جاسکے کہ FATCA کے تحت میرے/ہمارے اکاؤنٹس کی تمام شرائط پوری ہو سکیں۔

میں/ہم تصدیق کرتے ہیں اور حلفیہ کہتے ہیں کہ میں/ہم کسی بھی نقصان، عمل، اخراجات، رقم (بشمول، لیکن محدود نہیں، کہ سینٹلمنٹ کے دعوے، اتھارٹی اور کنسلٹنٹ کی مناسب فیس، اور ماہرین کی فیس)، دعوے، نقصانات، یا کسی بھی واجبات جو کہ FATCA کے تحت عائد ہوتے ہیں اور/یا یو ایس ٹیکس اتھارٹیز تک معلومات پہنچانے کے دوران تمام واجبات سے (AAML)، اس کے ڈائریکٹرز، آفیسرز، اور ملازمین کو بری الذمہ قرار دیتا ہوں/دیتے ہیں۔

میں/ہم سمجھتے ہیں اور مانتے ہیں کہ اگر ہماری جانب سے دستاویزات/معلومات مقررہ عرصے تک فراہم نہ کی جائے، تو (AAML) کے پاس کسی بھی پیشگی اطلاع کے بغیر میرے/ہمارے تمام اکاؤنٹس کو بند کرنے کا حق رکھتے ہیں۔

Dated: _____

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

Signature: _____

CRS Form for Individual Account

Pakistan became signatory of Multilateral Convention on mutual administrative assistance in tax matters. FBR through "Chapter XII A" of Income Tax Rules, 2002 has commenced the implementation of OECD Common Reporting Standards (CRS) and require Atlas Asset Management Limited (AAML) to collect and report certain information about an account holder's tax residence. If the account holder's tax residence is located outside Pakistan and U.S., AAML may be legally obliged to pass on the information in this form and other financial information with respect to financial accounts to FBR/SECP and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

(Fields marked with a * are mandatory.)

Part 1 – Identification of Individual Account Holder		
A. Name of Account Holder		
Family Name or Surname(s):*		
Title:		
First or Given Name:*		
Middle Name(s):		
B. Current Residence Address		
Line 1 (e.g. House/Apt, Street):*		
Line 2 (e.g. Town/City/Province):*		
Country:*		
Postal / ZIP code (if any):*		
Telephone Residence:*		
Telephone Mobile:		
C. Mailing Address		
Line 1 (e.g. House/Apt, Street):		
Line 2 (e.g. Town/City/Province):		
Country:		
Postal / ZIP code (if any):		
D. Date of Birth		
(date/month/year)*		
E. Place Of Birth		
Town or City of Birth*		
Country of Birth*		
Part 2 – Country of residence for tax purposes and related Taxpayer identification number or equivalent number* ("TIN")		
Country/Jurisdiction of tax residence	TIN	If no TIN available enter reason A, B or C
1		
2		
3		

If a TIN is unavailable please provide the appropriate reason A, B or C where Indicated below:

Reason A – The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

Reason C – No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

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

1	
2	

Part 3 – Declaration and Signature*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with AAML setting out how AAML 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 FBR/SECP in Pakistan and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or authorized to sign for the Account Holder) of all the account(s) to which this form relates.

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 AAML 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 or incomplete, and to provide AAML with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

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 also attach a certified copy of the power of attorney.

Capacity: * _____

Appendix – Summary Descriptions of Select Defined Terms

Account Holder – The term means a person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor or intermediary is not treated as holding the account for purposes of these rules and such other person is treated as holding the account. In the case of a Cash Value Insurance Contract or an Annuity Contract, the Account Holder is any person entitled to access the Cash Value or change the beneficiary of the contract. If no person can access the Cash Value or change the beneficiary, the Account Holder is any person named as the owner in the contract and any person with a vested entitlement to payment under the terms of the contract. Upon the maturity of a Cash Value Insurance Contract or an Annuity Contract, each person entitled to receive a payment under the contract is treated as an Account Holder.

Controlling Person – The term means a natural person who exercise control over an Entity. In the case of a trust, such term means the settlor, the trustees, the protector, if any, the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust and in the case of a legal arrangement, other than a trust, such term means persons in equivalent or similar positions. The term “Controlling Persons” must be interpreted in a manner consistent with the Financial Action Task Force recommendations.

Entity – The term means a legal person or a legal arrangement, such as a corporation, partnership, trust or foundation.

Financial Account – The term means an account maintained by a Financial Institution and includes a Depository Account, a Custodial Account, and

- (i) in the case of an Investment Entity, any equity or debt interest in the Financial Institution. Notwithstanding the foregoing, the term “Financial Account” does not include any equity or debt interest in any Entity that is an Investment Entity solely because it, (a) renders investment advice to and acts on behalf of, or (b) manages portfolios for and acts on behalf of a customer for the purpose of investing, managing or administering Financial Assets deposited in the name of the customer with a Financial Institution other than such Entity;
- (ii) in the case of a Financial Institution not described in sub-clause (i) any equity or debt interest in the Financial Institution, if the class of interests was established with a purpose of avoiding reporting in accordance with Rule 78C; and
- (iii) any Cash Value Insurance Contract and any Annuity Contract issued or maintained by a Financial Institution, other than a noninvestment-linked, non-transferable immediate life annuity that is issued to an individual and monetizes a pension or disability benefit provided under an account that is an Excluded Account. The term “Financial Account” does not include any account that is an excluded account.

Participating Jurisdiction – The term means a jurisdiction (i) with which an agreement is in place pursuant to which there is an obligation in place to provide the information specified in rule 78C, and (ii) which is identified in a published list to be made available on FBR’s web portal.

Reportable Account – The term means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person provided it has been identified as such pursuant rule 78D through 78J.

Reportable Jurisdiction – The term means all jurisdictions other than Pakistan and the United States of America.

Reportable Person – The term means a Person other than

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a Related Entity of a corporation described in sub-clause (i);
- (iii) a Governmental Entity;
- (iv) an International Organization;
- (v) a Central Bank; or
- (vi) a Financial Institution.

TIN – The term means Taxpayer Identification Number (or any other functional equivalent in the absence of a Taxpayer Identification Number).