



INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION FORM

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

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/SUITE NAME, NUMBER, STREET, if any)* | |
| LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE)* | |
| COUNTRY* | |
| POSTAL CODE/ZIP CODE (if any)* | |

C. MAILING ADDRESS (PLEASE ONLY COMPLETE IF DIFFERENT TO THE ADDRESS SHOWN IN SECTION B)

| | |
|--|--|
| LINE 1 (E.G. HOUSE/APT/SUITE NAME, NUMBER, STREET) | |
| LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE) | |
| COUNTRY | |
| POSTAL CODE/ZIP CODE | |

D. DATE OF BIRTH* (DD/MM/YYYY)

| | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|
| | d | | d | | m | | m | | y | | y | | y | | y |
|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|

E. PLACE OF BIRTH

| | |
|-------------------------|--|
| TOWN OR CITY OF BIRTH * | |
| COUNTRY OF BIRTH* | |

PART 2 – COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR EQUIVALENT NUMBER* ("TIN")

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self- certification include a tax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

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)

| | COUNTRY/JURISDICTION OF TAX RESIDENCE | TIN | IF NO TIN AVAILABLE ENTER REASON A, B OR C |
|---|---------------------------------------|-----|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |

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 and conditions governing the Account Holder's relationship with MCB-Arif Habib Savings and Investments Limited (MCB-AH) and the Collective Investment Schemes and Voluntary Pension Schemes under its management (hereinafter collectively referred to as the "MCB-AH Schemes") setting out how MCB-AH and MCB-AH Schemes 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 country 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 authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- I declare that I have neither asked for, nor received, any advice from MCB-AH and MCB-AH Schemes in determining my classification as a Reportable Person or otherwise.
- 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 MCB-AH and MCB-AH Schemes 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 MCB-AH 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* | |
|-----------|--|

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