



ENTITY TAX RESIDENCY SELF-CERTIFICATION FORM

- Please complete Parts 1-4 in BLOCK CAPITALS.
- Fields marked with a * are mandatory.
- Fill and complete Part 3 only if Tax Residency is other than USA & Pakistan otherwise mark " Not Applicable (N/A)"

CRS-2

PART 1 – IDENTIFICATION OF ACCOUNT HOLDER

A. LEGAL NAME OF ENTITY/BRANCH*	
B. COUNTRY OF INCORPORATION OR ORGANISATION	
C. CURRENT 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)*	

D. MAILING ADDRESS (PLEASE ONLY COMPLETE IF DIFFERENT TO THE ADDRESS SHOWN IN SECTION C ABOVE)	
LINE 1 (E.G. HOUSE/APT/SUITE NAME, NUMBER, STREET)	
LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE)	
COUNTRY	
POSTAL CODE/ZIP CODE	

PART 2 – ENTITY TYPE (Please provide the Account Holder's Status by ticking one of the following boxes.)

1. (a) FINANCIAL INSTITUTION – INVESTMENT ENTITY	
i. AN INVESTMENT ENTITY LOCATED IN A NON-PARTICIPATING JURISDICTION AND MANAGED BY ANOTHER FINANCIAL INSTITUTION <small>(Note: if ticking this box please also complete Part 2(2) below)</small>	<input type="checkbox"/>
ii. Other Investment Entity	<input type="checkbox"/>

(b) FINANCIAL INSTITUTION – DEPOSITORY INSTITUTION, CUSTODIAL INSTITUTION OR SPECIFIED INSURANCE COMPANY	<input type="checkbox"/>
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IF YOU HAVE TICKED (a) OR (b) ABOVE, PLEASE PROVIDE, IF HELD, THE ACCOUNT HOLDER'S GLOBAL INTERMEDIARY IDENTIFICATION NUMBER ("GIIN") OBTAINED FOR FATCA PURPOSES.

<div style="display: flex; gap: 5px;"> </div>

(c) ACTIVE NFE – A CORPORATION THE STOCK OF WHICH IS REGULARLY TRADED ON AN ESTABLISHED SECURITIES MARKET OR A CORPORATION WHICH IS A RELATED ENTITY OF SUCH A CORPORATION IF YOU HAVE TICKED (C), PLEASE PROVIDE THE NAME OF THE ESTABLISHED SECURITIES MARKET ON WHICH THE CORPORATION IS REGULARLY TRADED: _____	<input type="checkbox"/>
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IF YOU ARE A RELATED ENTITY OF A REGULARLY TRADED CORPORATION, PLEASE PROVIDE THE NAME OF THE REGULARLY TRADED CORPORATION THAT THE ENTITY IN (c) IS A RELATED ENTITY OF: _____

(d) ACTIVE NFE – A GOVERNMENT ENTITY OR CENTRAL BANK	<input type="checkbox"/>
(e) ACTIVE NFE – AN INTERNATIONAL ORGANISATION	<input type="checkbox"/>
(f) ACTIVE NFE – OTHER THAN (c)-(e) (FOR EXAMPLE A START-UP NFE OR A NON-PROFIT NFE)	<input type="checkbox"/>
(g) PASSIVE NFE (NOTE: IF TICKING THIS BOX PLEASE ALSO COMPLETE PART 2(2) BELOW)	<input type="checkbox"/>

2. IF YOU HAVE TICKED 1(a)(i) OR 1(g) ABOVE, THEN PLEASE

a. INDICATE THE NAME OF ANY CONTROLLING PERSON(S) OF THE ACCOUNT HOLDER*	

b. COMPLETE "CONTROLLING PERSON TAX RESIDENCY SELF-CERTIFICATION FORM" FOR EACH CONTROLLING PERSON.*



PART 3 – COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT* (“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/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

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 appropriate:

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 4 – 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 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 authorised to sign for the Account Holder in respect 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 declare that I have neither asked for, nor received, any advice from MCB-AH and MCB-AH Schemes in determining the classification of the Entity as a Reportable Person or otherwise.

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 Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, (including any changes to the information on controlling persons identified in Part 2 question 2a), 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: PLEASE INDICATE THE CAPACITY IN WHICH YOU ARE SIGNING THE FORM (FOR EXAMPLE ‘AUTHORISED SIGNATORIES’). IF SIGNING UNDER A POWER OF ATTORNEY PLEASE ALSO ATTACH A CERTIFIED COPY OF THE POWER OF ATTORNEY.

CAPACITY*	
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