



This form should be filled in block capital letters

KYC, FATCA AND CRS-1 FORM FOR JOINT UNIT HOLDERS

DATE: _____ THIS KYC FORM SHOULD BE FILLED BY JOINT HOLDER AND ULTIMATE BENEFICIARY SEPARATELY

NAME AS PER CNIC/NICOP/PASSPORT	
CNIC/NICOP/PASSPORT NUMBER	_____

KNOW YOUR CUSTOMER SECTION

RESIDENTIAL STATUS	Resident Pakistani <input type="checkbox"/>	Non - Resident Pakistani <input type="checkbox"/>	Resident Foreign National <input type="checkbox"/>	Non - Resident Foreign National <input type="checkbox"/>
PERMANENT RESIDENT IN PAKISTAN (TO BE FILLED BY NICOP HOLDERS ONLY)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
NATIONALITY (OTHER THAN PAKISTAN)	1. NATIONALITY	2. NATIONALITY		

DETAILS OF OCCUPATION/ PROFESSION

OCCUPATION/ PROFESSION	Government Service <input type="checkbox"/> Private Service <input type="checkbox"/> Armed Forces Personnel <input type="checkbox"/> Banker <input type="checkbox"/> Housewife <input type="checkbox"/> Retired/Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor/Agent <input type="checkbox"/> Landlord <input type="checkbox"/> Self Employed Businessman <input type="checkbox"/> Real Estate Agent/ Builder/ Developer <input type="checkbox"/> Jeweller <input type="checkbox"/> Gems Dealer <input type="checkbox"/> Antique Dealer <input type="checkbox"/> Self Employed Lawyer/ Advocate/ Notary <input type="checkbox"/> Self Employed Accountant/ Auditor <input type="checkbox"/> Shop Keeper <input type="checkbox"/> Self Employed Legal/ Financial/ Tax Consultant <input type="checkbox"/> Partner in Legal/ Professional Firm <input type="checkbox"/> Agriculturist/ Dairy Farmer <input type="checkbox"/> Partner in Business Partnership <input type="checkbox"/> Self Employed Doctor/Pharmacist <input type="checkbox"/> Welfare/ Social Worker <input type="checkbox"/> Importer/ Exporter <input type="checkbox"/> Unemployed <input type="checkbox"/> Other <input type="checkbox"/> If "Others" is selected then please specify _____
NAME OF EMPLOYER/ BUSINESS/ SHOP	
ADDRESS OF EMPLOYER/ BUSINESS/ SHOP	
DESIGNATION (IN CASE OF SALARIED EMPLOYEE)	GRADE/ RANK (IN CASE OF CIVIL/ MILITARY PERSONNEL)

NATURE OF BUSINESS (IN CASE OF RETAILER, WHOLESALER, MANUFACTURER, IMPORTER, EXPORTER AND SELF EMPLOYED BUSINESSMAN)	
EDUCATION	Under Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional Qualification <input type="checkbox"/> Shariah Qualification <input type="checkbox"/> Technical Qualification <input type="checkbox"/> Illiterate <input type="checkbox"/>

ANNUAL INCOME	Below Rs. 1,000,000/- <input type="checkbox"/> From Rs. 1,000,000/- TO RS. 2,500,000/- <input type="checkbox"/> From Rs. 2,500,001/- TO RS. 5,000,000/- <input type="checkbox"/> From Rs. 5,000,001/- TO RS. 7,500,000/- <input type="checkbox"/> From Rs. 7,500,001/- TO RS. 10,000,000/- <input type="checkbox"/> From Rs. 10,000,001/- TO RS. 12,500,000/- <input type="checkbox"/> From Rs. 12,500,001/- TO RS. 15,000,000/- <input type="checkbox"/> From Rs. 15,000,001/- TO RS. 20,000,000/- <input type="checkbox"/> From Rs. 20,000,001/- TO RS. 25,000,000/- <input type="checkbox"/> Above Rs. 25,000,000/- <input type="checkbox"/>
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SOURCE(S) OF INCOME/ FUNDS (MULTIPLE SELECTIONS CAN BE MADE)	Salary Income <input type="checkbox"/> Business Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Savings <input type="checkbox"/> Stocks/ Investments <input type="checkbox"/> Proceeds from Inheritance <input type="checkbox"/> Agriculture Income <input type="checkbox"/> Monthly Pension <input type="checkbox"/> Retirement Benefits (Provident Fund/ Gratuity,etc.) <input type="checkbox"/> Sale Proceeds of Property <input type="checkbox"/> Sale Proceeds of Vehicle <input type="checkbox"/> Sale Proceeds of Furniture, Fixtures & Equipment <input type="checkbox"/> Gift Proceeds <input type="checkbox"/> Student receiving Funds from Blood Relative <input type="checkbox"/> Housewife receiving Funds From Husband/ Chlid/ Blood Relative <input type="checkbox"/> Remittances from Family Member <input type="checkbox"/> Remittances from Third Party <input type="checkbox"/>
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ARE YOU OR HAVE YOU EVER BEEN ENTRUSTED WITH THE FOLLOWING FUNCTIONS EITHER IN PAKISTAN OR ABROAD?	YES	NO	ARE YOU OR HAVE YOU EVER BEEN THE FAMILY MEMBER OR CLOSE ASSOCIATE OF ANY OF THESE PERSON(S)?	YES	NO
HEAD OF STATE			HEAD OF STATE		
HEAD OF GOVERNMENT			HEAD OF GOVERNMENT		
SENIOR POLITICIAN			SENIOR POLITICIAN		
SENIOR GOVERNMENT OFFICIAL			SENIOR GOVERNMENT OFFICIAL		
SENIOR JUDICIAL OFFICIAL			SENIOR JUDICIAL OFFICIAL		
SENIOR MILITARY OFFICIAL			SENIOR MILITARY OFFICIAL		
SENIOR EXECUTIVE OF STATE OWNED CORPORATIONS			SENIOR EXECUTIVE OF STATE OWNED CORPORATIONS		
IMPORTANT POLITICAL PARTY OFFICIAL			IMPORTANT POLITICAL PARTY OFFICIAL		
SENIOR EXECUTIVE OF INTERNATIONAL ORGANIZATION			SENIOR EXECUTIVE OF INTERNATIONAL ORGANIZATION		
MEMBER OF THE BOARD OF INT'L ORGANIZATION			MEMBER OF THE BOARD OF INT'L ORGANIZATION		

HAS YOUR ACCOUNT EVER BEEN REFUSED BY ANY FINANCIAL INSTITUTION IN PAKISTAN OR ABROAD? YES NO

IF YES THEN PLEASE EXPLAIN REASON FOR REFUSAL:

DECLARATION: I HEREBY DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM IS CORRECT, COMPLETE AND UP-TO-DATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE DOCUMENTS SUBMITTED ALONG WITH THIS FORM ARE COMPLETE AND VALID IN ALL RESPECTS. I WILL INFORM THE MANAGEMENT COMPANY IF THERE IS ANY CHANGE IN ABOVE-MENTIONED INFORMATION.

Signature/ Left Hand Thumb Impression (male)/
Right Hand Thumb Impression (female)



FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION

This section of Account Opening Form must be completed by Individual/ Sole Proprietor Investor who wishes to open an investor account with MCB-Arif Habib Savings and Investments Limited (MCB-AH). Each Joint Holder is required to fill this section separately.

Please complete in **BLOCK LETTERS**

Name: _____ Country of Residence: _____

Country of Birth: _____

Please tick (✓) Yes or No for each of the following questions:

- | | | |
|---|-----------------------------|------------------------------|
| 1. Are you a U.S. Resident? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2. Are you a U.S. Citizen? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 3. Are you holding a U.S. Permanent Resident Card (Green Card)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 4. Are you registered in the US as a tax payer? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

Note: If answer to any of the above-mentioned questions is "Yes" then please complete Form W-9 "Request for Taxpayer Identification Number and Certification".

Declaration:

- I hereby confirm that the information provided above is true, accurate and complete;
- Subject to applicable local and foreign laws, I hereby consent for MCB-AH, the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes or any of their affiliates (including without limitation branches) to share my information with domestic and overseas tax authorities, where necessary to establish my tax liability in any jurisdiction;
- Subject to the requirements of domestic or overseas laws, I consent and agree that MCB-AH or the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives;
- I hereby undertake not to initiate any proceedings against MCB-AH and the Trustee of the Collective Investment Schemes/ Voluntary Pension Schemes in case any amounts are withheld from my account and remitted to the local or foreign authorities/regulators;
- I hereby undertake that I have not granted a Power of Attorney to a person who has an address outside Pakistan to operate the Investor Account (either physically or electronically);
- I hereby undertake that I have no intention to set up Payment Standing Instruction(s) for the banking account(s) and beneficiary account(s) in a country outside Pakistan;
- I hereby undertake to notify MCB-AH within thirty (30) calendar days in case of any change in any information whatsoever which I have provided to MCB-AH; and
- I further agree and accept that the terms and conditions as contained herein shall form part and parcel of the Account Opening Form and the terms and conditions of the Account Opening Form as well other documentation shall remain in full force and effect.

Signature/ Left Hand Thumb Impression (male)/
Right Hand Thumb Impression (female)

INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION SECTION (CRS-1)

- 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)

<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y	

E. PLACE OF BIRTH

TOWN OR CITY OF BIRTH *	
COUNTRY OF BIRTH*	

Signature/ Left Hand Thumb Impression (male)/
Right Hand Thumb Impression (female)



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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INVESTMENT FACILITATOR / DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)

Please write the complete address of the premises where you visited the customer:

HAVE YOU SEEN ORIGINAL CNIC/NICOP OF THE CUSTOMER? YES NO

HAS THE CUSTOMER SIGNED IN YOUR PRESENCE? YES NO

IS THERE ANY MATERIAL CHANGE IN THE APPEARANCE OF THE CUSTOMER WHEN COMPARED WITH HIS/HER PICTURE ON CNIC/NICOP?
YES NO (If yes, please provide details _____)

I have verified the identity document of the Customer and I have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Customer. I will inform the Company if I identify any such factor or event in future relating to the Customer.

DISTRIBUTOR / FACILITATOR NAME		CODE						Distributor's Stamp with date and time
BRANCH NAME		CITY						

REGISTRAR DETAILS (FOR OFFICIAL USE ONLY)

Date and Time Stamping	FORM RECEIVED BY	Name and Signature
	DATE, FORM AND ATTACHMENTS VERIFIED BY	Name and Signature
	DATA INPUT BY	Name and Signature



CUSTOMER DUE DILIGENCE SECTION

(This Section should be filled by Sales Staff / Distributor in presence of the Customer)

PURPOSE OF ACCOUNT		Investment & Savings	
DATE OF VERIFICATION OF THE IDENTITY DOCUMENT	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
DATE OF ISSUANCE ON THE IDENTITY DOCUMENT	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
DATE OF EXPIRY ON THE IDENTITY DOCUMENT	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
IS IDENTITY DOCUMENT WITHOUT PHOTOGRAPH?	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, PLEASE OBTAIN PASSPORT SIZE PHOTOGRAPH)		
IS THERE ANY INDICATION THAT CUSTOMER IS PEP OR FAMILY MEMBER OF PEP OR CLOSE ASSOCIATE OF PEP?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IS THE CUSTOMER LINKED WITH NGO/ NPO/ CHARITABLE TRUST/ SOCIETY/ ASSOCIATION AS DIRECTOR OR TRUSTEE OR MEMBER OF GOVERNING BODY, ETC.?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IS THE CUSTOMER FOREIGN NATIONAL?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IS THE CUSTOMER BELONG TO CHAMAN, TORKHAM, TAFTAN OR FATA REGION? <small>[FATA REGION INCLUDES BAJAUR AGENCY, MOHMAND AGENCY, KHYBER AGENCY, ORAKZAI AGENCY, KURRAM AGENCY, NORTH WAZIRISTAN AGENCY, SOUTH WAZIRISTAN AGENCY]</small>			YES <input type="checkbox"/> NO <input type="checkbox"/>
IS THE CUSTOMER INVOLVED IN ANY OF THE FOLLOWING DESIGNATED NON-FINANCIAL BUSINESSES AND PROFESSION (DNFBPs)?			
REAL ESTATE AGENT, BUILDER OR DEVELOPER	YES <input type="checkbox"/> NO <input type="checkbox"/>	DEALER IN PRECIOUS METALS INCLUDING JEWELLER	YES <input type="checkbox"/> NO <input type="checkbox"/>
DEALER IN PRECIOUS STONES INCLUDING GEM DEALER	YES <input type="checkbox"/> NO <input type="checkbox"/>	ANTIQUE DEALER	YES <input type="checkbox"/> NO <input type="checkbox"/>
SELF EMPLOYED LAWYER/ ADVOCATE/ NOTARY	YES <input type="checkbox"/> NO <input type="checkbox"/>	SELF EMPLOYED ACCOUNTANT/ AUDITOR	YES <input type="checkbox"/> NO <input type="checkbox"/>
SELF EMPLOYED LEGAL/ FINANCIAL/ TAX CONSULTANT	YES <input type="checkbox"/> NO <input type="checkbox"/>	PARTNER IN LEGAL/ PROFESSIONAL FIRM	YES <input type="checkbox"/> NO <input type="checkbox"/>
IS THE CUSTOMER INVOLVED IN MONEY EXCHANGE BUSINESS, LOW PROFILE INTERNET BASED BUSINESS OR CRYPTO CURRENCY BUSINESS?			YES <input type="checkbox"/> NO <input type="checkbox"/>
NUMBER OF YEARS OF EXPERIENCE OF THE CUSTOMER AS AN EMPLOYEE OR BUSINESSMAN OR PARTNER OR SHOP KEEPER			
ANNUAL INCOME/ ANNUAL SALARY OF THE CUSTOMER			
ESTIMATED NET WORTH OF THE CUSTOMER <small>(Annual income / Annual salary x 20% x No. of years of experience)</small>			
ANY OTHER INFORMATION ABOUT THE CUSTOMER			
OVERALL ASSESSMENT OF THE CUSTOMER		SATISFACTORY <input type="checkbox"/>	UNSATISFACTORY <input type="checkbox"/>
PREPARER:			
NAME OF SALES AGENT		CODE OF THE SALES AGENT	
SIGNATURE OF THE SALES AGENT			
REVIEWER:			
NAME OF SALES AGENT		CODE OF THE SALES AGENT	
SIGNATURE OF THE SALES AGENT			