



Investor Registration Number No. \_\_\_\_\_

**KYC AND FATCA FORM FOR EXISTING INSTITUTIONAL INVESTOR**

DATE: \_\_\_\_\_ This form should be filled in block capital letters

NAME OF THE INSTITUTION			
INCORPORATION/ REGISTRATION NUMBER	DATE OF INCORPORATION/ REGISTRATION	PLACE OF INCORPORATION	
NAME AND DESIGNATION OF CONTACT PERSON			
NAMES OF SENIOR MANAGEMENT OF THE INSTITUTION			
CEO/ MANAGING DIRECTOR/ PRESIDENT			
DEPUTY CEO/ DEPUTY MANAGING DIRECTOR			
CHIEF OPERATING OFFICER			
COMPANY SECRETARY			
CHIEF FINANCIAL OFFICER			
CHIEF COMPLIANCE OFFICER/ HEAD OF COMPLIANCE			
CHIEF REGULATORY OFFICER			

**1. KNOW YOUR CUSTOMER (KYC) - MANDATORY INFORMATION**

<b>(a). NATURE OF BUSINESS</b>	MANUFACTURING	<input type="checkbox"/>	EXPLORATION	<input type="checkbox"/>	BANKING SERVICES	<input type="checkbox"/>
	REAL ESTATE/ BUILDERS	<input type="checkbox"/>	RENTAL SERVICES	<input type="checkbox"/>	MARKETING SERVICES	<input type="checkbox"/>
	WHOLESALE	<input type="checkbox"/>	IMPORT/ EXPORT	<input type="checkbox"/>	WELFARE/ CHARITABLE WORK	<input type="checkbox"/>
	RETAILER	<input type="checkbox"/>	LEGAL & CONSULTANCY SERVICES	<input type="checkbox"/>	RETIREMENT BENEFITS	<input type="checkbox"/>
	INSURANCE SERVICES	<input type="checkbox"/>	AGRICULTURE & AGRICULTURE PRODUCTS	<input type="checkbox"/>	NON-BANKING FINANCIAL SERVICES	<input type="checkbox"/>
	DISTRIBUTION SERVICES	<input type="checkbox"/>	DAIRY FARMING & DAIRY PRODUCTS	<input type="checkbox"/>		
	JEWELLER/ PERCIOUS METAL & STONES DEALER	<input type="checkbox"/>	OTHERS (please specify)	_____		

**(b).** Has your account ever been refused by any financial institution (Bank/ DFI/ NBFC, etc.) in Pakistan or abroad?  
 No  Yes (If Yes then please explain reason for refusal: \_\_\_\_\_)

**(c).** DOES YOUR INSTITUTION RECEIVE ANY TYPE OF DONATIONS? Yes  No

**(d).** NAME OF GROUP COMPANIES, if any


**(e).** NAME AND CNIC NO. OF CEO/ MANAGING DIRECTOR/ PRESIDENT/ PRINCIPAL TRUSTEE

NAME	CNIC/ NICOP/ PASSPORT NO.

**(f).** NAME(s) AND CNIC NUMBER(s) OF DIRECTOR(s)/ PARTNER(s)/ TRUSTEE(s)/ MEMBER(s) OF GOVERNING BODY/ MEMBER(s) OF EXECUTIVE COMMITTEE

NAME	CNIC/ NICOP/ PASSPORT NO.

**(g).** PLEASE PROVIDE THE FOLLOWING DETAILS OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDERS HOLDING 25% OR ABOVE STAKE IN YOUR INSTITUTION.

NAME OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDER	CNIC/ NICOP/ PASSPORT NO.	% OF SHAREHOLDING

**(h).** PLEASE PROVIDE THE FOLLOWING DETAILS OF INDIVIDUAL (NATURAL PERSON) IF ANY, WHO EXERCISE SIGNIFICANT INFLUENCE ON YOUR INSTITUTION OR HAS AN EXECUTIVE AUTHORITY IN YOUR INSTITUTION OR IN EQUIVALENT OR SIMILAR POSITIONS AND NOT COVERED IN (e), (f), & (g) ABOVE

NAME	CNIC/ NICOP/ PASSPORT NO.

**(i).** PLEASE PROVIDE THE FOLLOWING DETAILS OF THE LEGAL PERSONS HOLDING SHARES EQUAL TO 25% OR ABOVE IN YOUR INSTITUTION

NAME OF LEGAL PERSON	NATURE OF BUSINESS	% OF SHAREHOLDING

\_\_\_\_\_  
 Authorized Signatory    Authorized Signatory    Authorized Signatory    Authorized Signatory



**(j). PLEASE PROVIDE THE FOLLOWING DETAILS OF THE INDIVIDUAL (NATURAL PERSON) HOLDING SHARES EQUAL TO 25% OR ABOVE OF THAT LEGAL PERSON MENTIONED IN (i) ABOVE**

NAME OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDER	CNIC/ NICOP/ PASSPORT NO.	% OF SHAREHOLDING IN A LEGAL PERSON

**(k). PLEASE PROVIDE THE DETAILS OF BENEFICIAL OWNERS OF THE INSTITUTION IF NOT DISCLOSED IN (f), (g), (h), (i), & (j) ABOVE.**

NAME OF BENEFICIAL OWNER	CNIC/ NICOP/ PASSPORT NO.	DETAILS OF BENEFICIAL OWNERSHIP

**2. DECLARATION AND SIGNATURES**

I/We, the undersigned, hereby declare that:  
 (a) the information provided in this KYC Form is correct, complete and up-to-date to the best of my/our knowledge and belief and the document(s) submitted along with this Form (if any) is complete and valid in all respects; and  
 (b) I/We hereby assure to the Management Company that I/We have disclosed the beneficial owner(s) of the Institution to the Management Company and I/We will inform the Management Company if there is any change in these beneficial owner(s).

**3. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SECTION**

To be Completed by customers who wish to open an investor account For Entities (for eg: Corporation, Trust, Association, Partnership etc)

- In case the country of incorporation is in the United States, please complete Form W-9, "Request for Taxpayer Identification Number and Certification", otherwise please complete Form W8-BENE, "Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)".
- Please complete the table below concerning any persons holding a greater than 10% beneficial ownership in the entity:

Serial No.	Name of beneficial / substantial owner	Address of the beneficial owner	%age of shareholding	Is the beneficial owner a US Person ?		Any nationality/ citizenship/Country of Incorporation ( in case of entry ) other than Pakistan?	
				Yes	No	Yes (please specify)	No

3. Please write "Yes" if any statement below applies to you, otherwise please write "No".

3.1. We have granted a Power of Attorney to a person/ authorized a person who has an address outside Pakistan to operate the banking account (either physically or electronically): Yes  No   
 If "Yes", please fill the following:  
 Name of authorized person: \_\_\_\_\_ Address: \_\_\_\_\_ City/District \_\_\_\_\_ Postal Code \_\_\_\_\_ Name of country: \_\_\_\_\_  
 Name of authorized person: \_\_\_\_\_ Address: \_\_\_\_\_ City/District \_\_\_\_\_ Postal Code \_\_\_\_\_ Name of country: \_\_\_\_\_  
 Name of authorized person: \_\_\_\_\_ Address: \_\_\_\_\_ City/District \_\_\_\_\_ Postal Code \_\_\_\_\_ Name of country: \_\_\_\_\_

3.2. We intend to/will set up Payment Standing Instruction(s) for the banking account and the beneficiary account(s) is in country other than Pakistan: Yes  No   
 If Yes, please fill the following:  
 Beneficiary Account Number: \_\_\_\_\_ Country: \_\_\_\_\_  
 Beneficiary Account Number: \_\_\_\_\_ Country: \_\_\_\_\_  
 Beneficiary Account Number: \_\_\_\_\_ Country: \_\_\_\_\_

- We hereby undertake and confirm that the information provided by us hereinabove is true, accurate and complete.
- Subject to applicable local and foreign laws and regulations, We hereby consent to the Management Company and/or any of its affiliates (including without limitation branches) sharing our information with domestic and overseas tax authorities, where necessary to establish our tax liability in any jurisdiction.
- Subject to the requirement by domestic or overseas laws and regulations, We understand that the Management Company may withhold from our account(s) such amounts as may be required according to applicable laws, regulations and directives.
- We also undertake not to initiate any proceedings against the Management Company and / or any of its Collective Investment Scheme in case any amounts are withheld from our account and remitted to the local or foreign authorities / regulators.
- We hereby undertake to notify the Management Company within thirty (30) calendar days in case of any change in any information whatsoever which we have provided to the Management Company.
- We 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.

\_\_\_\_\_ Authorized Signatory                      \_\_\_\_\_ Authorized Signatory                      \_\_\_\_\_ Authorized Signatory                      \_\_\_\_\_ Authorized Signatory



**4. CUSTOMER DUE DILIGENCE SECTION**

(This Section will be filled by Relationship Manager in consultation with contact person of the Institution)

(a) Type of Account: Institutional/ Corporate Account (Only Institution will invest in this Account through its Authorized Signatories in Pakistan)

(b) Purpose of Account:

Investment  Other (Please specify): \_\_\_\_\_

(c) Expected Investment Transactions in a Year (Rupees)

UPTO RS. 5,000,000/-  UPTO RS. 10,000,000/-  UPTO RS. 25,000,000/-  UPTO RS. 50,000,000/-  UPTO RS. 75,000,000/-   
 UPTO RS. 100,000,000/-  UPTO RS. 500,000,000/-  UPTO RS. 1,000,000,000/-  ABOVE RS. 1,000,000,000/-  UPTO RS. 75,000,000/-

(d) Expected Number of Investment Transactions in a Year

UPTO 5  UPTO 10  UPTO 15  UPTO 20  ABOVE 20

(e) Expected Redemption Transactions in a Year (Rupees)

UPTO RS. 5,000,000/-  UPTO RS. 10,000,000/-  UPTO RS. 25,000,000/-  UPTO RS. 50,000,000/-  UPTO RS. 75,000,000/-   
 UPTO RS. 100,000,000/-  UPTO RS. 500,000,000/-  UPTO RS. 1,000,000,000/-  ABOVE RS. 1,000,000,000/-  UPTO RS. 75,000,000/-

(f) Expected Number of Redemption Transactions in a Year

UPTO 5  UPTO 10  UPTO 15  UPTO 20  ABOVE 20

(g) Expected distribution/ delivery channel(s) which the customer would like to use

ALL CHANNELS  THROUGH RELATIONSHIP MANAGER ONLY  THROUGH DISTRIBUTOR ONLY  OTHER (PLEASE SPECIFY) \_\_\_\_\_

(h) Is the Institution Non-governmental organization (NGO)/ Not-for-profit organization (NPO)/ Charitable Institution?

No  Yes

(i) Is the Institution Real Estate Agency, Builder or Developer?

No  Yes

(j) Is the Institution dealing in precious metals (Gold, Silver, etc.) and stones (Gems)?

No  Yes

(k) Is the Institution involved in legal, accountancy, auditing, financial and/or tax consultancy?

No  Yes

(l) Overall Assessment of the Institution

Satisfactory  Unsatisfactory

(m) Preparer

Name of Relationship Manager \_\_\_\_\_ Code of Relationship Manager \_\_\_\_\_

Signature of Relationship Manager \_\_\_\_\_

(n) Reviewer

Name of Senior Sales Staff \_\_\_\_\_ Code of Senior Sales Staff \_\_\_\_\_

Signature of Senior Sales Staff \_\_\_\_\_

**5. INVESTMENT FACILITATOR/ DISTRIBUTOR DETAILS (FOR OFFICIAL USE ONLY)**

I confirm that i have verified the completeness of Account Opening Form and required documents. During verification, i have not identified any factor or event which may give rise to suspicion relating to money laundering and/or financing terrorism about the Institution and/or any of its directors/ partners/ trustees/ members of governing body/ members of executive committee. I will inform the Company if i identify any such factor or event in future relating to the Institution and/or any of its directors/ partners/ trustees/ members of governing body/ members of executive committee.

DISTRIBUTOR/ FACILITATOR NAME	CODE					DISTRIBUTOR'S STAMP WITH DATE AND TIME
BRANCH NAME	CITY					

**6. REGISTRAR DETAILS (FOR OFFICIAL USE ONLY)**

DATE AND TIME STAMPING	FORM RECEIVED BY	NAME AND SIGNATURE
	FORM AND DOCUMENTS VERIFIED BY	NAME AND SIGNATURE
	DATA INPUT BY	NAME AND SIGNATURE