

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, **NBP Fund Management Limited** is required to request certain taxpayer information from certain persons who maintain an account at **NBP Funds** (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfill 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) In case of Minor, the form should be filled by Guardian for himself as well as for the Minor.

[illegible]

C. Customer ID (for office use only): \_\_\_\_\_ D. Country of tax residence other than Pakistan: ☐ None ☐ USA ☐ Other

E. Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

(3) Please list all the countries in which you are a citizen, permanent resident or tax resident.

Serial No.	Country Name	Residency/ Nationality Number	Tax Identification Number (eg U.S. Social Security Number)
1.			
2.			
3.			

Please tick '✓' to appropriate check box		Documentation Required
1. Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Form W-9.
2. Are you a US Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you hold a US Permanent Resident Card (Green Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were you born in USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, ● Please provide Form W-9, or ● In case you claim to be a Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
5. Standing instructions to transfer funds to an account maintained in USA.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, ● Please provide Form W-9, or ● In case you claim to be a Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status.
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you have US residence/ mailing/ Sole Hold Mail address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, ● Please provide Form W-9, or ● In case you claim to be a Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status.
8. Do you have US telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 **NBP Funds**. I undertake to notify **NBP Funds** within 30 calendar days if this certification becomes incorrect.

**Declaration:**

I hereby confirm the information provided above is true, accurate and complete.

Subject to applicable local laws, I hereby consent for **NBP Funds** to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I consent and agree that **NBP Funds** may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify **NBP Funds** within 30 calendar days if there is a change in any information which I have provided to **NBP Funds**.

I will indemnify and hold harmless **NBP Funds** from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by **NBP Funds** in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities. I/We further agree to 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 as other documentation shall remain in force full effect.

US Taxpayer Identification Number (in case of US Person): \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_