



INSTITUTIONAL ACCOUNT OPENING FORM

INSTITUTIONAL ACCOUNT OPENING FORM



NOTE: ALL FIELDS IN THE FORM ARE MANDATORY UNLESS MENTIONED OTHERWISE. FILL IN BLOCK LETTERS WITH BLUE/BLACK PEN

Folio Number: _____

Date:

D	D	M	M	Y	Y	Y	Y
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INSTITUTIONAL INVESTOR'S DETAILS (MANDATORY INFORMATION)

Name of the Institution											
Incorporation Number		Date of Incorporation									
		<table border="1" style="display: inline-table; border-collapse: collapse;"><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				
Registration Number		Date of Registration									
		<table border="1" style="display: inline-table; border-collapse: collapse;"><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				
Place Of Incorporation		NTN #									
INSTITUTION STATUS (Please Provide Required Documents According to the Status)	<input type="checkbox"/> Public Listed Company	<input type="checkbox"/> Worker's Profit Participation Fund	<input type="checkbox"/> NBFC								
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Government Account	<input type="checkbox"/> Endowment Fund								
	<input type="checkbox"/> DFI	<input type="checkbox"/> Association	<input type="checkbox"/> Superaunnuation Fund								
	<input type="checkbox"/> Residential Society	<input type="checkbox"/> NGOs	<input type="checkbox"/> Club House								
	<input type="checkbox"/> Pension Fund	<input type="checkbox"/> NPOs	<input type="checkbox"/> Benevolent Fund								
	<input type="checkbox"/> Guarantee Limited Company	<input type="checkbox"/> Charitable Institution	<input type="checkbox"/> Partnership/ Aop								
	<input type="checkbox"/> Public Unlisted Company	<input type="checkbox"/> Gratuity Fund	<input type="checkbox"/> Commercial Bank								
	<input type="checkbox"/> Educational Institute	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Mutual Fund								
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Armed Forces Account	<input type="checkbox"/> Modaraba								
	<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Micro Finance Bank	<input type="checkbox"/> Textile								
<input type="checkbox"/> Investment Fund (Unit Linked/ Non-unit Linked)	<input type="checkbox"/> Trust	<input type="checkbox"/> Donation									
<input type="checkbox"/> Partnership	<input type="checkbox"/> Registered	<input type="checkbox"/> Unregistered									
<input type="checkbox"/> Others (please specify) _____											

CONTACT DETAIL (Mandatory Information)

Name and Designation of Contact Person	
Business Address	
Address of the Registered Office (if different from business address)	
Tel No. of the Contact Person	Mob No. of the Contact Person
Email Address of the Contact Person	
Alternate person's name and Designation	
Tel No. of the Alternate person	Mob No. of the Alternate Person
Email Address of the Alternate Person	
Fax No. of the Institution	Income Tax Status <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt (U/S 150 Tax exemption certificate)
Correspondence to be sent to: <input type="checkbox"/> As above <input type="checkbox"/> If different please specify:	

Instruction

1. Account Operating Instruction

☐ Single Signatory ☐ Jointly (Any Two) ☐ All Authorized Signatories

Authorized Signatories with stamp

2. Redemption Payment Instructions																			
<input type="checkbox"/> Send Cheque to Registered Address										<input type="checkbox"/> Send Cheque to Bank									
3. Bank Account Detail (for redemption & dividend payments)																			
IBAN Number (mandatory)																			
Account Title:										Bank Name:									
Branch:										Bank Address:									
										City:									
4. Dividend mandate																			
Cash Dividend					<input type="checkbox"/> Reinvest dividend in the fund <input type="checkbox"/> Distribute in the form of cash <small>(if no option is selected, dividend option will be treated as Re-investment.)</small>														
Stock Dividend					<input type="checkbox"/> Issue Bonus Units <input type="checkbox"/> Encash Bonus Units														
Mode of transactions					<input type="checkbox"/> Online Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Pay Order <input type="checkbox"/> RTGS														
Bank Details																			
Instrument No.					Bank Name					Bank Short Name (Drawn on)									
Expected Number of Transactions (Monthly) _____										Expected Turnover in Account Monthly Rs _____									
Expected Turnover in Account Annually Rs _____																			
Risk Profile of CIS/Plans																			
Name of Fund										Risk Profile					Risk of Principal Erosion				
IAML Money Market Fund (IMMF)										Low					Principal at Low Risk				
IAML Equity Fund (IEF)										High					Principal at High Risk				
5. Instructions for Delivery of Account Statements																			
<input type="checkbox"/> By E-mail <input type="checkbox"/> By Post					Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Don't Send														
6. Zakat Deduction <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please attached necessary document)																			
KYC DETAILS																			
Parent/Holding Company's Name (if applicable)																			
Ultimate Beneficiary																			
Country of Incorporation <small>(this information should be the same as registration document)</small>																			
Expected Annual Revenue Rs																			
Source of Income <small>(select more than one if applicable)</small>										<input type="checkbox"/> Investment Income <input type="checkbox"/> Bonus Income <input type="checkbox"/> Employee Contributions <input type="checkbox"/> Others (please specify) : _____									
Geographies involved										<input type="checkbox"/> Pakistan <input type="checkbox"/> International (please specify): _____									
Types of Counter-parties dealing with										<input type="checkbox"/> Individuals <input type="checkbox"/> NPO/Trust <input type="checkbox"/> Business									
_____ Authorized Signatories with stamp																			

Your Expected No. of Monthly Investment Transactions:	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> More than 15
Your Expected No. of Monthly Redemption Transactions:	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> More than 15
Expected Investment Transactions (Rs) in a year:	<input type="checkbox"/> Upto 100,000	<input type="checkbox"/> 100,001-800,000	<input type="checkbox"/> 800,001-10,000,000	<input type="checkbox"/> More than -10,000,000
Expected Investment Per Transactions (Rs):	<input type="checkbox"/> Upto 25,000	<input type="checkbox"/> 25,001-400,000	<input type="checkbox"/> 400,001-1,000,000	<input type="checkbox"/> More than -1,000,000
Your Purpose of Investment:	<input type="checkbox"/> Growth	<input type="checkbox"/> Cash Management	<input type="checkbox"/> Other (please specify): _____	
NAME OF GROUP COMPANIES, if any				
NAME AND CNIC NO. OF CEO/ MANAGING DIRECTOR/ PRESIDENT/ PRINCIPAL TRUSTEE				
NAME		CNIC/ NICOP/ PASSPORT NO.		
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.		
Name, CNIC, % of Shareholding of CEO / MANAGING DIRECTOR/ PRESIDENT/ PRINCIPAL TRUSTEE				
NAME OF INDIVIDUAL (NATURAL PERSON) SHAREHOLDER	CNIC/ NICOP/ PASSPORT NO.	% OF SHAREHOLDING		
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		

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

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

PLEASE PROVIDE THE DETAILS OF BENEFICIAL OWNERS OF THE INSTITUTION IF NOT DISCLOSED IN ABOVE.

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

IMPORTANT INFORMATION

NO CASH ACCEPTED

We do not accept cash, therefore you are advised to pay only through the payment modes as mentioned in the Offering Document.

DECLARATION

I/We hereby declare that the information provided to in this form is true and correct and that I/We are authorized to conduct transaction in this account. I/We certify that the options selected features and services requested and that the authorizations hereon shall continue until any written notice of a modification or a termination signed by all appropriate parties. I/We have carefully read, understood and accepted the terms and conditions given in the relevant Trust Deed(s) and Offering Document(s) of the Fund(s)/Plan(s). I/we hereby confirm that I/we have received the latest Fund Manager Report (FMR) and/or Fact Sheet as the case may be. I/We understand that the company may amend or alter the terms and conditions referred herein and hereafter, from time to time. I/We understand to access the company website to keep myself/ourselves updated before every operation of this account. I/We understand that investments in mutual funds are subject to market risks and fund prices may go up or down based market conditions. I/We understand that past performance is not necessarily an indicator of future results and there is no fixed or guaranteed return. I/We declare that the amount so invested is legitimate and not generated from money laundering activities.

میں/ہم اقرار کرتے ہیں کہ اس فارم میں فراہم کردہ معلومات صحیح اور درست ہے اور یہ بھی کہ میں/ہم اس اکاؤنٹ میں ٹرانزیکشن (لین دین) کرنے کا اختیار رکھتا/رکھتے ہیں۔ میں/ہم تصدیق کرتے ہیں کہ ہماری منتخب کردہ خصوصیات اور درخواست کردہ خدمات اور اس حوالے سے حاصل کردہ اختیارات اس وقت تک جاری رہیں گے تاوقتیکہ تمام متعلقہ پارٹیوں (فریقوں) کے دستخط سے ترمیم یا اختتام کا تحریری نوٹس موصول نہیں ہو جاتا۔ میں/ہم نے فنڈ (ز) / پلان (ز) کی متعلقہ ٹرسٹ ڈیڈ (ز) اور آفرنگ دستاویزات میں دی گئی تمام شرائط و ضوابط کو غور سے پڑھا ہے، سمجھ لیا ہے اور قبول کر لیا ہے۔ میں/ہم یہ بھی تصدیق کرتے ہیں کہ میں/ہم نے اس اکاؤنٹ کے ہر آپریشن (تخلیل) سے قبل کفایت کی ویب سائٹ تک رسائی کریں گے۔ میں/ہم یہ بھی سمجھتے ہیں کہ یہ فنڈ میں سرمایہ کاری مارکیٹ ریسک سے مشروط ہے اور مارکیٹ کی صورتحال کے مطابق فنڈ کی قیمتوں میں اتار چڑھاؤ ہو سکتا ہے۔ میں/ہم یہ سمجھتے ہیں کہ ماضی کی کارکردگی مستقبل کے نتائج کی لازمی عکاس نہیں اور کوئی متعین یا ضمانت شدہ منافع نہیں۔ میں/ہم یہ اقرار کرتے ہیں کہ سرمایہ کاری میں لگائی جانے والی رقم جائز ہے اور مٹی لانڈرنگ کی سرگرمیوں سے حاصل نہیں کی گئی۔

Authorized Signatories with stamp

Undertaking & Disclaimer**Undertaking**

I/We 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 IAML setting out how IAML may use and share the information supplied by me.

I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the FBR/SECP in Pakistan and exchanged with tax authorities of another country/jurisdiction or countries/-jurisdictions in which Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I/We certify that I am the Account Holder (or authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I/We declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I/We undertake to advise IAML 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 IAML with a suitably updated self certification and Declaration within 30 days of such change in circumstances.

Disclaimer

I/We are fully informed and understand that investment in units of CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of IAML are not responsible for any loss to me/us resulting from the operations of any CIS launched/ to be launched by IAML unless otherwise mentioned.

Use of the Name and Logo of "Interloop" as given above does not mean that it is responsible for the liabilities / obligations of Interloop Asset Management Limited or any investment scheme managed by it.

Authorize Signature:*

Date:*

D	D	M	M	Y	Y	Y	Y
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Note: Official Company stamp required

NAME AND SIGNATURES OF AUTHORIZED SIGNATORIES

1. Name	Designation	Signature
CNIC		
2. Name	Designation	Signature
CNIC		
3. Name	Designation	Signature
CNIC		
4. Name	Designation	Signature
CNIC		
5. Name	Designation	Signature
CNIC		

FOR OFFICIAL USE ONLY

Name & Signature of Sales Person(s)/Distributor

Risk Category Assigned by Sales Person

Branch/Distributor Stamp

Date:

D	D	M	M	Y	Y	Y	Y
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FATCA FORM FOR INSTITUTIONAL ACCOUNTS
ANNEXURE – 01

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, Interloop Asset Management Limited (IAML) is required to request certain taxpayer information from certain persons who maintain an account at IAML. Information collected will be used solely to fulfill IAML's requirements under U.S. federal tax law and will not be used for any other purpose.

Title of Account (IN BLOCK LETTERS)

Account / Folio No.

Classification for FATCA Purpose (Please mark appropriate box & provide the required information):

✓	Classification	Required Form
<input type="checkbox"/>	US Entities Specified US Person <input type="checkbox"/> Yes <input type="checkbox"/> No	Form W-9.
<input type="checkbox"/>	Exempt Beneficial Owner	
	<input type="checkbox"/> Federal or Provincial Government / Governmental Entities or Departments	No Form Required
	<input type="checkbox"/> Public International Organization / Foreign Trust / Foreign Commissions / Treaty Qualified Retirement funds	Form W8 BEN E
<input type="checkbox"/>	Foreign Financial Institution (FFI)	
	<input type="checkbox"/> Participating Foreign Financial Institution	Form W8 BEN E
	<input type="checkbox"/> Non- Participating Foreign Financial Institution	
<input type="checkbox"/>	Non-Financial Foreign Entity (NFFE)	
	<input type="checkbox"/> Active Non-Financial Foreign Entity	
	<input type="checkbox"/> Passive Non-Financial Foreign Entity*	
	Please answer the following: (in case of Yes, Provide Form W8 BEN E)	
	a). Does the entity have a Registered, Head Office or Mailing Address which is in the US or a US telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b). Has the entity assigned power of attorney or signatory authority to a person with US address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c). Is the entity aware of any other information which may indicate the Entity's US Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you are a Passive Non-Financial Foreign Entity, you are required to establish whether any Controlling Person is a U.S. Person for tax purposes. Please fill in the details of all controlling persons as follows. In such case provide Form W8 BEN E for the entity & Form W-9 for all controlling persons of the entity:

Sr. No.	Full Name	CNIC / Passport	US Citizen (Yes/No)	US Resident (Yes/No)	Place of Birth	Address	TIN

Note: Please attach additional sheet (if required).

Declaration

- I/We hereby confirm the information provided above is true, accurate and complete.
- I/We hereby confirm that we have read and understood the terminologies used in this form, as explained in the IRS Website.
- Subject to applicable local or foreign laws, we hereby consent for IAML, to share / report our information with domestic or overseas regulators or tax authorities (specifically US Tax authority for FATCA Purpose) where necessary to establish our tax liability in any jurisdiction.
- Where required by domestic or overseas regulators or tax authorities, we consent and agree that IAML may withhold from our account(s) such amounts as may be required according to applicable laws, regulations and directives.
- I/We undertake to notify IAML within 30 calendar days if there is a change in any information which we have provided to IAML.
- I/We will indemnify and hold harmless IAML 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 IAML in discharging its obligations under FATCA and / or as a result of disclosures to the US tax authorities

Authorized Signatories

1. Name & Signature	3. Name & Signature	5. Name & Signature								
2. Name & Signature	4. Name & Signature	Date: <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			

CRS Form for Entity Account

Pakistan became signatory of Multilateral Convention on mutual administrator assistance in tax matters.

FBR through "Chapter XII A" of Income Tax Rules, 2002 has commenced the implementation of OECD Common Reporting Standards (CRS) and require Interloop Asset Management Limited (IAML) to collect and report certain information about an account holder's tax residence. If the account holder's tax residence is located outside Pakistan and U.S., IAML may be legally obliged to pass on the information in this form and other financial information with respect to financial accounts to FBR/SECP and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

(Fields marked with a * are mandatory.)

Part 1 – Identification of Account Holder**A. Legal Name of Entity/Branch**

Entity/Branch:*

B. Country of Incorporation or Organization

Country:*

C. Current Residence Address

Line 1 (e.g. House/Apt, Street):*

Line 2 (e.g. Town/City/Province):*

Country:*

Postal / ZIP code (if any):*

D. Mailing Address

Line 1 (e.g. House/Apt, Street):*

Line 2 (e.g. Town/City/Province):*

Country:*

Postal / ZIP code (if any):*

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 (Note: if ticking this box please also completes Part 2(2) below). ☐

ii. Other Investment Entity ☐

(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company. ☐

If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purpose.

(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: _____

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. ☐

(e) Active NFE – an International Organization. ☐

(g) Passive NFE (Note: if ticking this box please also complete Part 2(2) below). ☐

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.*

Authorized Signatories with stamp

Part 3 – Country of residence for tax purposes and related Taxpayer identification number or equivalent number* ("TIN")

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter reason A, B or C
1			
2			
3			

CRS Form for Entity Account

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).

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	

(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).

Undertaking & Disclaimer**Undertaking**

I/We 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 IAML setting out how IAML may use and share the information supplied by me.

I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the FBR/SECP in Pakistan and exchanged with tax authorities of another country/jurisdiction or countries/-jurisdictions in which Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I/We certify that I am the Account Holder (or authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I/We declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I/We undertake to advise IAML 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 IAML with a suitably updated self certification and Declaration within 30 days of such change in circumstances.

Disclaimer

I/We are fully informed and understand that investment in units of CIS are not bank deposits, not guaranteed and not issued by any person. Shareholders of IAML are not responsible for any loss to me/us resulting from the operations of any CIS launched/ to be launched by IAML unless otherwise mentioned.

Use of the Name and Logo of "Interloop" as given above does not mean that it is responsible for the liabilities / obligations of Interloop Asset Management Limited or any investment scheme managed by it.

Authorize Signature:*

Date:*

D	D	M	M	Y	Y	Y	Y
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Note: Official Company stamp required

Authorized Signatories with stamp

CRS Form for Controlling Person

Pakistan became signatory of Multilateral Convention on mutual administrator assistance in tax matters.

FBR through "Chapter XII A" of Income Tax Rules, 2002 has commenced the implementation of OECD Common Reporting Standards (CRS) and require Interloop Asset Management Limited (IAML) to collect and report certain information about an account holder's tax residence. If the account holder's tax residence is located outside Pakistan and U.S., IAML may be legally obliged to pass on the information in this form and other financial information with respect to financial accounts to FBR/SECP and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

(Fields marked with a * are mandatory.)

Part 1 – Identification of a Controlling Person

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, Street):*	
Line 2 (e.g. Town/City/Province):*	
Country:*	
Postal / ZIP code (if any):*	
Telephone Residence:*	
Telephone Mobile:	

C. Mailing Address

Line 1 (e.g. House/Apt, Street):	
Line 1 (e.g. House/Apt, Street):	
Country:*	
Postal / ZIP code (if any):*	

D. Date of Birth

(date/month/year)*	
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E. Place Of Birth

Town or City of Birth*	
Country of Birth*	

F. Please enter the legal name of the relevant Entity Account Holder(s) of which you are a Controlling Person

Legal name of Entity 1:	
Legal name of Entity 2:	
Legal name of Entity 3:	

Part 2 – Country of residence for tax purposes and related Taxpayer identification number or equivalent number* ("TIN")

Country/Jurisdiction of tax residence	TIN	If no TIN available enter reason A, B or C

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).

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	

Authorized Signatories with stamp

PART 3 - TYPE OF CONTROLLING PERSON (ONLY COMPLETE THIS SECTION IF YOU ARE TAX RESIDENT IN ONE OR MORE REPORTABLE JURISDICTIONS)

Please provide the Controlling Person's Status by mentioning letter (a - m) in the appropriate box.

Entity 1

Entity 2

Entity 3

Controlling person of a:

a) legal person - control by ownership b) legal person - control by other means c) legal person - senior managing official d) trust - settlor e) trust - trustee f) trust - protector g) trust - beneficiary h) trust - other i) legal arrangement (non-trust) - settlor-equivalent j) legal arrangement (non-trust) - trustee-equivalent k) legal arrangement (non-trust) - protector-equivalent l) legal arrangement (non-trust) - beneficiary-equivalent m) legal arrangement (non-trust) - other-equivalent

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 IAML setting out how IAML 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 FBR/SECP in Pakistan and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or authorized to sign for the Account Holder) 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 undertake to advise IAML 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 IAML with a suitably updated self certification and Declaration within 30 days of such change in circumstances.

Signature:*

Print name:*

Date:*

D	D	M	M	Y	Y	Y	Y
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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: *

Authorized Signatories with stamp

Application Check (list to be filled by Sales Agent)

- ☐ Memorandum and Article of Association/Bye Laws/Trust Deed
- ☐ Partnership Deed
- ☐ Name and CNIC Copies of Authorized Signatories
- ☐ Name and CNIC Copies of Directors/Trustees
- ☐ Certificates of Incorporation and Registration
- ☐ Board Resolution authorizing investment and opening of account with IAML Funds
- ☐ Latest Audited Financial Statement
- ☐ NTN Certificate as per Title of Account
- ☐ Tax exemption certificate u/s 150
- ☐ List of authorized Signatories
- ☐ List of Directors / Trustees / Governing body
- ☐ Zakat Exemption Document, in case of No Zakat Deduction

Account Holder — The term means a person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor or intermediary is not treated as holding the account for purposes of these rules and such other person is treated as holding the account. In the case of a Cash Value Insurance Contract or an Annuity Contract, the Account Holder is any person entitled to access the Cash Value or change the beneficiary of the contract. If no person can access the Cash Value or change the beneficiary, the Account Holder is any person named as the owner in the contract and any person with a vested entitlement to payment under the terms of the contract. Upon the maturity of a Cash Value Insurance Contract or an Annuity Contract, each person entitled to receive a payment under the contract is treated as an Account Holder

Active NFE – The term means any NFE that meets any of the following criteria, namely:

- (i) Less than fifty per cent of the NFE's gross income for the preceding calendar year is passive income and less than fifty per cent of the assets held by the NFE during the preceding calendar year are assets that produce or are held for the production of passive income;
- (ii) The stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;
- (iii) The NFE is a Governmental Entity, an International Organization, a Central Bank, or an Entity wholly owned by one or more of the foregoing;
- (iv) Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those Companies as capital assets for investment purposes;
- (v) The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is twenty four months after the date of the initial organization of the NFE;
- (vi) The NFE was not a Financial Institution in the past five years and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
- (vii) The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or
- (viii) The NFE meets all of the following requirements, namely:
 - (A) it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes, or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;
 - (B) it is exempt from income tax in its jurisdiction of residence;
 - (C) it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
 - (D) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and
 - (E) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

Control — The term means control over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is/are identified as exercising control of the Entity through ownership interests, then under the CRS the Reportable Person is deemed to be the natural person who hold the position of senior managing official.

Controlling Person — The term means a natural person who exercise control over an Entity. In the case of a trust, such term means the settlor, the trustees, the protector, if any, the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust and in the case of a legal arrangement, other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" must be interpreted in a manner consistent with the Financial Action Task Force recommendations.

Custodial Institution — The term means any Entity that holds, as a substantial portion of its business, Financial Assets for the account of others. An Entity holds Financial Assets for the account of others as a substantial portion of its business if the Entity's gross income attributable to the holding of Financial Assets and related financial services equals or exceeds twenty per cent of the Entity's gross income during the shorter of:

- (i) The three-year period that ends on the 31st December (or the final day of a non-calendar year accounting period) prior to the year in which the determination is being made; or
- (ii) The period during which the Entity has been in existence.

Controlling Person — The term means any Entity that accepts deposits in the ordinary course of a banking or similar business.

FATCA — The term stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance Act, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities.

Entity — The term means a legal person or a legal arrangement, such as a corporation, partnership, trust or foundation.

Financial Institution — The term means a Custodial Institution, a Depository Institution, an Investment Entity or a Specified Insurance Company.

Investment Entity — The term means any Entity

That primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer namely:

- (i) (a) trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.), foreign exchange, interest rate and index instruments, transferable securities or commodity futures trading;
- (b) individual and collective portfolio management; or
- (c) otherwise investing, administering or managing Financial Assets or money on behalf of other persons;
- or
- (ii) The gross income of which is primarily attributable to investing, reinvesting or trading in Financial Assets, if the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company or an Investment Entity described in sub-clause (i).

An Entity is treated as primarily conducting as a business one or more of the activities described in sub-clause (i) of clause (f), or an Entity's gross income is primarily attributable to investing, reinvesting or trading in Financial Assets for purposes of sub-clause (ii) of clause (f), if the Entity's gross income attributable to the relevant activities equals or exceeds fifty per cent of the Entity's gross income during the shorter of (a) the three-year period ending on the 31st December of the year preceding the year in which the determination is made, or (b) the period during which the Entity has been in existence. The term "Investment Entity" does not include an Entity that is an Active NFE because it meets any of the criteria in sub-clause (iv) through (vii) of clause (aq) of rule 78B.

Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution – The term "Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution" means any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets if the Entity is (i) managed by a Financial Institution and (ii) not a Participating Jurisdiction Financial Institution.

Investment Entity managed by another Financial Institution – The term means an Entity is "managed by" another Entity if the managing Entity performs, either directly or through another service provider on behalf of the managed Entity, any of the activities or operations described in clause (i) above in the definition of 'Investment Entity'. An Entity only manages another Entity if it has discretionary authority to manage the other Entity's assets (either in whole or part). Where an Entity is managed by a mix of Financial Institutions, NFEs or individuals, the Entity is considered to be managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity, if any of the managing Entities is such another Entity.

NFE – The term means any Entity that is not a Financial Institution.

Non-Reporting Financial Institution – The term means any Financial Institution that is:

- (i) A Governmental Entity, International Organization or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in a Specified Insurance Company, Custodial Institution, or Depository Institution;
- (ii) A Broad Participation Retirement Fund, a Narrow Participation Retirement Fund, a Pension Fund of a Governmental Entity, International Organization or Central Bank or a Qualified Credit Card Issuer;
- (iii) Any other Entity that presents a low risk of being used to evade tax, has substantially similar characteristics to any of the Entities described in sub-clauses (i) and (ii) and included in the list to be published by Federal Board of Revenue and made available on its web portal, on recommendations of the State Bank of Pakistan and the Securities Exchange Commission of Pakistan, as the case may be, as a Non-Reporting Financial Institution, provided that the status of such Entity as a Non-Reporting Financial Institution does not frustrate the purposes of these rules;
- (iv) An Exempt Collective Investment Vehicle; or
- (v) A trust to the extent that the trustee of the trust is a Reporting Financial Institution and reports all information required to be reported pursuant to rule 78C with respect to all Reportable Accounts of the trust.

Participating Jurisdiction – The term means a jurisdiction (i) with which an agreement is in place pursuant to which there is an obligation in place to provide the information specified in rule 78C, and (ii) which is identified in a published list to be made available on FBR's web portal.

Participating Jurisdiction Financial Institution – The term means:

- (i) Any Financial Institution that is resident in a Participating Jurisdiction, but excludes any branch of that Financial Institution that is located outside such Participating Jurisdiction; and
- (ii) Any branch of a Financial Institution that is not resident in a Participating Jurisdiction, if that branch is located in such Participating Jurisdiction.

Passive NFE – The term means any (i) NFE that is not an Active NFE or (ii) an Investment Entity described in sub-clause (ii) of clause (f) that is not a Participating Jurisdiction Financial Institution.

Related Entity – The term means if either entity controls the other Entity, or two Entities are under common control. For this purpose control includes direct or indirect ownership of more than fifty percent of the vote and value in an Entity.

Reportable Account – The term means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person provided it has been identified as such pursuant rule 78D through 78J.

Reportable Jurisdiction – The term means all jurisdictions other than Pakistan and the United States of America.

Reportable Jurisdiction Person – The term means an individual or Entity that is resident in a Reportable Jurisdiction or an estate of a decedent that was a resident of Reportable Jurisdiction. For this purpose, an Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated.

Reportable Person – The term means a Person other than:

- (i) A corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) Any corporation that is a Related Entity of a corporation described in sub-clause (i);
- (iii) A Governmental Entity;
- (iv) An International Organization;
- (v) A Central Bank; or
- (vi) A Financial Institution.

Resident for tax purposes – Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine whether an entity is tax resident in the jurisdiction on the OECD automatic exchange of information portal. Generally, an Entity will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. For additional information on tax residence, please talk to your tax adviser or see the OECD automatic exchange of information portal.

Specified Insurance Company – The term means any Entity that is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a Cash Value Insurance Contract or an Annuity Contract.

TIN – The term means Taxpayer Identification Number (or any other functional equivalent in the absence of a Taxpayer Identification Number).