NBP Fullerton Asset Management Ltd.
A Subsidiary of National Bank of Pakistan

CRS SELF CERTIFICATION FORM FOR CORPORATE CLIENTS

Even if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

Part 1 – Identification of Account Holder

Legal Name of Entity:_____ Country of Incorporation: _____
Current Address:_____Country_____
Mailing Address:_____Country_____

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 complete 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 purposes.

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   (c) securities market, provide name of that market: ☐

   _____

   If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation

   _____

   (d) Active NFE – a Government Entity or Central Bank ☐
   (e) Active NFE – an International Organization ☐
   (f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE) ☐
   (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:
     (i) _____ (ii) _____
   - (b) **Complete** "Controlling Person tax residency self-certification form" for each Controlling Person.

Part 3 – Country of Residence for Tax Purposes and related Taxpayer Identification Number ("TIN")

Please indicate countries where Account Holder is tax resident and TIN for each country or equivalent number. If a TIN is unavailable please provide the appropriate reason A, B or C as explained 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 unable to obtain a TIN or equivalent number (Please explain reason of not obtaining TIN);
Reason C - No TIN is required for that country/ jurisdiction.

	Country 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.
(If the Account Holder is tax resident in more than three countries please use a separate sheet)

Part 4 – 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 NAFA setting out how NAFA 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/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions 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 i am authorised 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 NAFA within 30 days of any change in circumstances which affects the tax residency status of the individual identified above or causes the information contained herein to become incorrect or incomplete, and to provide NAFA with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

_____ _____ _____ _____
Signature **Signature** **Signature** **Date**

Note: 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.

_____ _____
Print Name **Capacity**