NBP FUND MANAGEMENT LIMITED

FATCA Form – Individual Account



Dated: ___

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.

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Signature: ___

(1) This section must be completed by any individual who v	vish to open an acco	unt.		
(2) In case of Minor, the form should be filled by Guardian	for himself as well as	for the Minor.		
A. Title of Account (IN BLOCK LETTERS):		B.CNIC #:		
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, pe	ermanent resident or	tax resident.		
Serial Country Name	Residency/ Nationality Number		Tax Identification Number (eg U.S. Social Security Number)	
1.				
2.				
3.				
Please tick ' $\sqrt{}$ ' to appropriate check box		Documenta	tion Required	
	☐ Yes	If yes, please provide Form W-9.		
1. Are you a US Citizen?	□No			
2. Are you a US Resident?	☐ Yes			
2.7 the you a contestaeth.	□No			
3. Do you hold a US Permanent Resident Card	☐ Yes			
(Green Card)?	□ 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).		
4. Were you born in USA?	☐ Yes			
4. Were you born in Oshi:	□No			
5. Standing instructions to transfer funds to an	☐ Yes	If yes,	,	
account maintained in USA.	□No	Please provide Form W-9, or		
C. Do you have any Payor of Attampty Authorized	☐ Yes	In case you cla	In case you claim to be a Non-US Person; please fill Section	
6. Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	□ No	B of this form supported by other documentary evidence		
			establishing the non-US status.	
7. Do you have US residence/ mailing/ Sole Hold Mail address?	☐ Yes		If yes,	
Mail address?	□ No	 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 		
2. Do you have LIC talanhana number?	☐ Yes			
8. Do you have US telephone number?	□No	documentary evidence establishing the non-US status.		
SECTION B		,	<u> </u>	
	64 4	456700 00	/I (I :	
·	iny of the item numb	oer 4, 5, 6, / & 8 as Yes	' but claims to be a Non-US Person along with documentary	
evidence.	ovaminad the inform	action on this form and	to the best of my knowledge and belief it is true, correct and	
			ar days if required by IRS through NBP Funds. I undertake to not	
NBP Funds within 30 calendar days if this certification become	-	bell within 50 calenda	it days if required by the unough Nor Funds, I undertake to not	
Declaration:	omes incorrect.			
I hereby confirm the information provided above is true, ac	curate and complete			
	•		tic 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 consen	it and agree that NBP F	funds may withhold from my account(s) such amounts as may be	
required according to applicable laws, regulations and dire				
I undertake to notify NBP Funds within 30 calendar days if	_		·	
	· · · · · · · · · · · · · · · · · · ·	-	nited to sums paid in settlement of claims, reasonable attorneys	
· · · · · · · · · · · · · · · · · · ·		· ·	nds in discharging its obligations under FATCA and/or as a result o as contained herein shall form part and parcel of the accoun	
	•		on shall remain in force full effect. I declare that all information	
supplied above is true and complete, including those answers				
US Taxpayer Identification Number (in case of US Person): _				
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