



Are you registered in the US as a tax payer? ☐ Yes ☐ No

Name (Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs.	
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Tick (✓) any one option ☐ Principal Unit Holder ☐ All Joint Holders ☐ Either or Survivor ☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

I give consent to send account statement or any other correspondence as requested from time to time at my given email address. In case of not opting to use email address or any other correspondence, I/We will update the UBL Fund Managers by duly submitting Service Request Form.

**Bank Account Details (atleast one) of Principal Unit Holder Mandatory) /**

Bank Account number / IBAN

Bank Account Title

Bank Name

Branch Code

Bank Address

Please provide the following details pursuant to Anti-Money Laundering & CFT Regulations, 2020 issued by the Securities & Exchange Commission of Pakistan

**Profession:**

- ☐ Service/Salaried    ☐ Self-employed    ☐ Retired    ☐ House wife    ☐ Student  
☐ Other: \_\_\_\_\_    ☐ Relationship with person on whom dependent upon

**Note: In case of Housewife, Student and Others, if dependent on any other person, then kindly fill relevant information for that person.**

**Source(s) of Investments (the principal unit holder or on whom dependent upon)**

(Select atleast one / more than one source, along with approximate or estimated annual income)

- ☐ Salary Rs. \_\_\_\_\_    ☐ Business Income Rs. \_\_\_\_\_    ☐ Foreign Remittance(s) Rs. \_\_\_\_\_  
☐ Gift Rs. \_\_\_\_\_    ☐ Inheritance Rs. \_\_\_\_\_    ☐ Sale of property Rs. \_\_\_\_\_  
☐ Stocks / Investments / liquid asset as per tax return Rs. \_\_\_\_\_    ☐ Others \_\_\_\_\_ Rs. \_\_\_\_\_  
☐ Agriculture Rs. \_\_\_\_\_    Aggregate Approximate / Estimated Income Rs. \_\_\_\_\_

**For Sole Proprietor(s) / Business Income Investors (Principal unit holder or On whom dependent upon)**

**Geographies Involved**

- ☐ Domestic    ☐ Ex - FATA    ☐ International (mention countries)  
 i. \_\_\_\_\_ ii. \_\_\_\_\_

**Type of counterparties dealing with**

- ☐ Individual    ☐ NPO/Trust    ☐ Business    Other \_\_\_\_\_

**Expected Annual Investment (Maximum): Rs. \_\_\_\_\_**

**Your majority of transactions will be carried out through** ☐ Physical ☐ Online

**Your expected No. of monthly investment transactions:** ☐ 0 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ More than 15

**Your expected No. of monthly redemption transactions:** ☐ 0 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ More than 15

**Your purpose of investment:** ☐ Growth ☐ Savings ☐ Regular Income ☐ Cash Management

**Do you Belong to these professions** ☐ Lawyer ☐ Notary public ☐ Real Estate Dealer ☐ Foreign exchange dealer  
☐ Tax advisor/Accountant ☐ Gem & Jewellery Dealers

Are you a politically exposed person

☐ Yes ☐ No

(Includes Heads of State or of government, senior politicians, senior government/judicial/military officials of Grade 21 or above, Senior executive of state owned corporations, important political party officials, Senior management/member of board of an international organization).

Are you a family member or close associate of any Politically exposed person?

☐ Yes ☐ No

Please mark if yes to any of above two questions.

☐ Local ☐ Foreign

Has any financial institution refused to open your account?

☐ Yes ☐ No

Do you have any links to offshore tax haven countries?

☐ Yes ☐ No

Tick the appropriate Box (select one per question)

**I. It is likely that I will withdraw my investment**

- a Within one year
- b Between 1 to 2 years
- c Between 2 to 5 years
- d Not before 5 years

8
12
16
20

**II. Experience of Investing**

- a I have no experience of investing in capital markets, stocks and bonds
- b I have experience of investing in capital markets, stocks and bonds

4
8

**III. To seek high retruns I can take:**

- a Very Low risk
- b Low risk
- c Moderate risk
- d Medium risk
- e High risk

20
40
60
80
100

**IV. The investment amount is:**

- a An insignificant part of my investable income
- b A significant part of my investable income
- c A substantial part of my investable income

8
12
16

**Total Score (I + II + III + IV)**

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Score	Category of CIS/Plan	Risk Profile	Risk of Principle Erosion
$\leq 61$ the risk is	Money Market Funds with no exposure in Corporate Commercial Papers	Very Low	Principal at Very Low Risk
$> 61$ but $\leq 83$ the risk is	Money Market Funds with investment in Corporate Commercial Papers, Capital Protected Funds(non-equity), Income funds with deposits/placements in 'A' or above rated banks/DFIs, investments in Govt. Securities or Govt. backed Sukuks. Weighted average duration of portfolio of securities shall not exceed six (6) months	Low	Principal at Low Risk
$> 83$ but $\leq 105$ the risk is	Income Funds with investment in 'AA' rated Corporate debt instruments, MTS and spread transacions. Weighted average duration of portfolio of securities shall not exceed two (2) years	Moderate	Principal at Moderate Risk
$> 105$ but $\leq 127$ the risk is	CPPI strategy Based Funds, Income Funds (where investment is made in fixed rate instruments or below 'A' rated Banks or corporate sukuku or bonds, spread transactions, Asset Allocation and Balanced Funds (with equity exposure up to 50% mandate)	Medium	Principal at Medium Risk
$> 127$ the risk is	Equity Funds, Asset Allocation (with 0 - 100% Equity exposure mandate) and Balanced Funds (with 30 - 70% Equity exposure mandate), Commodity Funds, Index Tracker Funds and Sector Specific Equity related Funds	High	Principal at High Risk

**Disclaimer:** I/we hereby declare that I have read understand and completed this entire risk profiling assessment questionnaire on my own. I understand that this questionnaire only help me in assessing my / our risk appetite based on the information provided by me and I have the sole right & discretion to choose the investment scheme/plan as I / we deem fit which may be different as compared to my / our risk profile. I am aware that my financial needs may change over the time depending on my / our personal situation and objectives.

دستبرداری: میں/ ہم اس فارم کے ذریعہ اعلان کرتا ہوں کہ میں نے اس رسک پروفائل کی تشخیص کے سوالنامے کو خود ہی پڑھا، سمجھا اور اسے مکمل کیا ہے۔ میں سمجھتا ہوں کہ یہ سوالنامہ صرف میری طرف سے فراہم کردہ معلومات کی بنیاد پر خطر است کی نوعیت کا اندازہ کرنے میں مدد کرتا ہے اور اس میں سرمایہ کاری اسکیم / پلان کا انتخاب کرنے کا مطلق حق میرے / ہمارے پاس ہے جیسا بھی مجھے / ہمیں مناسب لگے، اگرچہ یہ میرے / ہمارے رسک پروفائل کے مقابلے میں مختلف ہو سکتا ہے۔ میں/ ہم اس بات سے باخبر ہوں کہ میری / ہماری ذاتی صورتحال اور مقصد کے لحاظ سے وقت کے ساتھ ساتھ میری / ہماری مالی ضروریات تبدیل ہو سکتی ہیں۔

Signature: Principal Unit Holder

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#### Fund Category and Risk Profile

Category	Fund Name / CIS	Investment Amount	Front End Load (One time cost*)
<b>Money Market</b>  <i>Risk Profile: Low</i> <i>Risk of Principal Erosion: Low risk</i>	UBL Money Market Fund	_____	_____ %
<b>Shariah Complaint Income</b>  <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium Risk</i>	Al-Ameen Islamic Sovereign Fund	_____	_____ %
<b>Shariah Compliant Asset Allocation</b>  <i>Risk Profile: Medium</i> <i>Risk of Principal Erosion: Medium risk</i>	Al-Ameen Islamic Asset Allocation Fund	_____	_____ %
<b>Shariah Complaint Equity</b>  <i>Risk Profile: High</i> <i>Risk of Principal Erosion: High Risk</i>	Al-Ameen Shariah Stock Fund	_____	_____ %

\*Excluding Taxes.

**RiskDisclaimers:** I/We have understood in detail with the help of the company representative of UBL Fund Managers Limited, the risks involved in my investment. I have understood the details of sales load and have reviewed the Total Expense ratio including management fee and selling & Marketing expenses as disclosed in the Fund Managers' Report/Term Sheet and as disclosed on the UBL Fund Managers' website under latest fund prices' section. I/We have carefully read, understood and accepted the terms and conditions given in the relevant Trust Deed(s) and Consolidated Offering Document(s) of the Fund(s)/Plan(s). I/We understand that investments in Mutual Funds and Pension Funds are subject to market risks, and fund prices may go up or down based on market conditions. I/We understand that past performance is not necessarily an indicator of future results and there are no fixed or guaranteed return.

Signature: Principal Unit holder

1. Mode of Payment	<input type="radio"/> Cheque	<input type="radio"/> Online Transfer	<input type="radio"/> Cashier Cheque/Pay Order
Remittance Number	Remittance from bank account	Branch Code	
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Branch Name			
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2. Mode of Payment	<input type="radio"/> Cheque	<input type="radio"/> Online Transfer	<input type="radio"/> Cashier Cheque/Pay Order
Remittance Number	Remittance from bank account	Branch Code	
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Branch Name			
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\*Amount should matched with selected fund(s) amount

Note: Payment can be made in the form of a cheque, Cashier Cheque / Pay Order (counterfoil also required) online account transfer. Payment shall be made in favor of "CDC Trustee UBL Funds" on in favor of CDC Trustee <Fund Name>, (Please mention Pre-IPO with fund name if investment being made during Pre-IPO period of fund).

The unit holders have the right to obtain a refund of their first time investment (cooling-off right) in a particular Collective Investment Scheme. The cooling-off right shall be available to the individual unit holders only. The cooling-off period shall comprise of three business days commencing from the date of issuance of investment report (transaction statement) to the unit holder only. The cooling-off right shall be exercised by the unit holder upon written request to the AMC. The investment amount will be refunded at the applicable NAV on the date the cooling-off right is exercised which shall be paid to the unit holder within six business days of receipt of writer request from the unit holder. The AMC shall also refund any sales load paid by the unit holder. However, contingent load (Back end load) shall be payable by the unit holder where applicable.

Would you like to opt for the dividend re-investment option (after deduction of tax)

☐ Yes ☐ No (where applicable)

**Note:** UBL Fund Managers Limited reserves the right to distribute, in the form and manner as deem fit, the remaining income after the distribution of the minimum accounting income as per the NBFC and NE Regulations 2008.

I/We, hereby authorize UBL Funds to share profile information with any third party(ies) for due diligence, Mobile CNIC pairing verification and for improvement in customer services. I/We hereby acknowledge having read and understood the Consolidated Offering Document(s) as amended from time to time, latest Fund Manager Report and/or Fact Sheet of the relevant CIS(s)/VPS(s)/Plan(s). I declare that I am the Ultimate Beneficial Owner of the amount invested and the funds are legitimate and not generated from Money Laundering Activities. I/We am/are fully informed and understand that investment in units of CIS(s)/VPS(s)/Plan(s) are not bank deposit, not guaranteed and not issued by any person. Shareholder of UBL Funds are not responsible for any loss to investor resulting from the operations of any CIS(s)/VPS(s)/Plan(s) launched by UBL Funds unless otherwise mentioned. Under the Cooling-off Right Investor can claim, first time investment in a CIS(s)/Plan(s)/VPS(s), through a written request at the applicable NAV on the date of the application within three business days of the said investment.

I/We understand that investment in mutual funds and/or pension funds are subject to market risks and fund prices may go up or down based on 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 hereby also acknowledge that I/We have reviewed and understood details of Sales Load, the Total Expense Ratio, Back-end and Contingent Load percentages including taxes of the Scheme as disclosed at UBL Fund website. Use of name and logo of UBL Bank / UBL Ameen as given above does not mean that it is responsible for the liabilities/obligations of UBL Fund Managers & Al-Ameen Funds or any investment scheme managed by it.

Signature: Principal Unit holder

Joint Account Holder

Joint Account Holder

Joint Account Holder

I/We hereby acknowledge and declare that the FATCA information provided in this form is correct and true and complete to the best of my/our knowledge and belief. I/We agree to provide supporting evidence and provide updates within 30 days in case any of the aforementioned information changes.

In consideration of UBL Fund Managers Limited maintaining continuing to maintain my/our accounts with it, I/We expressly and unconditionally authorize UBL Fund Managers Limited to disclose relevant account and/or personal information to third parties including the US tax authorities, as well as take necessary action including stopping redemption from any/all of my/our account(s) and/or withholding of tax for the purpose of UBL Fund Managers Limited's compliance with its obligations under the US Foreign Account Tax Compliance Act ("FATCA").

I/We undertake to fully cooperate with UBL Fund Managers Limited to ensure it meets its obligations under FATCA in connection with my/our account(s). I/We irrevocably confirm and undertake that I/We shall indemnify, defend, and hold harmless UBL Fund Managers Limited, its Directors, Officers, and Employees from any loss, action, cost, expense (including, but not limited to, sums paid in settlement of claims, reasonable attorney and consultant fees, and expert fees), claim, damages, or liability which may be suffered or incurred by UBL Fund Managers Limited in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

I/We acknowledge and accept that UBL Fund Managers Limited reserves the right to close or suspend, without prior notice, any/all of my/our account(s), if required documentation/information is not submitted within a stipulated time.

Signature:

Principal Unit holder / Guardian (Incase of minor)

Joint Account Holder

Joint Account Holder

Joint Account Holder

Name

Principal Unit holder / Guardian (Incase of minor)



I, \_\_\_\_\_, hereby confirm the following:

1. I have explained the risk of the Fund/Plan being subscribed by the investor
2. I have explained that the principal is at risk (in case of high risk funds) and the investor can lose money.
3. I have not made or implied any guarantee with respect to return/profit or the Principal investment amount.
4. I have not quoted any fixed return/profit percentage or amount to the investor.
5. I have explained the Risk Profiling Questionnaire to the Investor.
6. I have explained to the Investor about the Sales Load (if any) of the Scheme/Plan in which the investor is investing.

Signature

Name of Sales Agent: \_\_\_\_\_  
(ICM qualified only)

Date:

  -   -    

Signature

Name of Supervisor: \_\_\_\_\_  
(To sign only in case of non-ICM qualified Sales agent)

Date:

  -   -    

Distributor ڈسٹری بیوٹر	<input type="text"/>	Name of agent ایجنٹ کا نام	<input type="text"/>
Sub agent ذیلی ایجنٹ	<input type="text"/>	Reference agent Code ایجنٹ کوڈ کا حوالہ	<input type="text"/>
IC Location IC لوکیشن	<input type="text"/>	Remarks ریمارکس	<input type="text"/>
Eligibility اہلیت	<input type="text"/>	CRM Leads ایڈز CRM	<input type="text"/>
ID	<input type="text"/>		

Lead Referral Program (LRP) لیڈ ریفرل پروگرام (LRP)

Name of Leads referral provider لیڈ ریفرل مہیا کرنے والے کا نام	<input type="text"/>
Location لوکیشن	<input type="text"/>
Ref. No حوالہ نمبر	<input type="text"/>

1	ARC No	Alien Registration Card	14	KYC	Know Your Customer
2	CFT	Combating the Financing of Terrorism	15	MFS	Margin Financing System
3	CIS	Collective Investment Scheme	16	MTS	Margin Trading System
4	CNIC	Computerised National Identity Card	17	NAV	Net Asset Value
5	CPPI	Constant Proportion Portfolio Insurance	18	NBFC & NE Regulations	Non Banking Finance & Companies Notified Entities Regulations
6	CRS	Common Reporting Standard	19	NICOP	National Identity Card for Overseas Pakistanis
7	DFI	Development Financial Institution	20	NTN	National Tax Number
8	FATA	Federally Administered Tribal Areas	21	POC No	Pakistan Origin Card Number
9	FATCA	Foreign Account Tax Compliance Act	22	TIN	Taxpayer Identification Number
10	IBAN	International Bank Account Number	23	VAS	Value Added Service
11	IC	Investment Center	24	VPS	Voluntary Pension Scheme
12	ID Card	Identification Card			
13	IPO	Initial Product Offering			

# Validation for mismatch in investor risk profile and fund selection

Customer ID

(For Office Use)



TS2 #

**For assistance in filling out this form, speak with our Customer Care executive at 0800-00026 for sms HELP to 8258.**

You can submit the form to your nearest UBL Fund Managers Investment Center, designated UBL Branches or authorized distributor outlets. You can also courier the form to: UBL Fund Managers - Operations Office, 4th Floor, STSM Building, Beaumont Road, Civil Lines. Karachi, Pakistan.

## Validation for mismatch in investor risk profile and fund selection

Mr. Ms. Mrs.

☐☐☐

(Please write your name in block letters)

CNIC No

☐

NICOP No

☐

ARC No

☐

POC No

☐

Passport No

☐

The Investor Risk Profile as per the Account Opening Form is:

☐ Very Low ☐ Low ☐ Moderate ☐ Medium ☐ High

(Please tick only one box)

The Fund Risk Profile as per the Account Opening Form is:

☐ Low ☐ Moderate ☐ Medium ☐ High

### Declaration:

I have understood that I have the absolute right to choose the investment as I deem fit even if it does not matches with my risk profile. I also declare that I, with the help of the company representative of UBL Fund Managers Limited, have completely understood the risks involved in my investment as mentioned in the Offering Document and Fund Manager Report/ Term Sheet and I am responsible for all my current and future transactions.

Signature: Principal Unitholder

Name & Signature: Sales Agent

Individual Tax Residency Self-Certification Form

CRS-I

Please complete Parts 1– 3 in BLOCK CAPITALS. Fields marked with a \* are mandatory.  
 Note: Fill and complete Part 2 only if Tax Residency is other than USA & Pakistan otherwise mark "Not Applicable (N/A)".

Part 1

A. Name of Account Holder:\*

Family Name or Surname(s)

First or Given name(s)         Middle Name (s)

B. Current Residence Address:\*

Line 1 (Name, Number, Street)

Line 2 (Town ☐ /City ☐ /Province ☐ /County ☐ /State ☐ )

Country           Postal Code /Zip Code

C. Place of birth\*

Town or City of Birth\*           Country of Birth\*

Part 2

Please provide in the table below information about Account Holders country of tax residence. If the Account Holder is a tax resident in more than three countries/jurisdictions please use a separate sheet.  
 (Mandatory only if country of tax residence is other than Pakistan & USA otherwise mark "Not Applicable (N/A)".)

	(i)Country where tax is paid (Tax Residency)	(ii)NTN/TIN or any form of tax identification number	(iii)If NTN/TIN or any form of tax identification number is not available enter Reason A,B,or C
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

If a TIN is unavailable please provide the appropriate reason A, B or C:

- Reason A** The country where the Account Holder is liable to pay tax does not issue TINs /NTN to its residents
- Reason B** The Account Holder is unable to obtain a NTN/TIN or equivalent number.
- Reason C** No TIN/NTN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the NTN/TIN to be disclosed)



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

**1.**

**2.**

**3.**

### Part 3

### 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 UBL Fund Managers and its Funds under management setting out how UBL Fund Managers and its Funds under management 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 in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries 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 am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that I have neither asked for, nor received, any advice from UBL Fund Managers and its Funds under management in determining my classification as a Reportable Person or otherwise.

**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 UBL Fund Managers 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, and to provide UBL Fund Managers with a suitably updated self-certification and Declaration with 90 days of such change in

**Capacity\***

**Signature\***

**Print Name\***

**Date\***

**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 attached a certified copy of the power of attorney