Individual Tax Residency Self-Certification Form

Reason B The Account Holder is unable to obtain a NTN/TIN or equivalent number.

require the NTN/TIN to be disclosed)

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)".

note: I mand complete Fart 2 only it fax residency is	other than our a radium otherwise man	in the Applicable (14) A.	
Part 1 A. Name of Account Holder:*			
Family Name or Surname(s)			
First orGiven name(s)	Middle Name (s)		
B. Current Residence Address:*			
Line 1 (Name,Number,Street)			
Line 2(Town O /City O / Province O /County O /State O)			
Country C. Place of birth*	PostalCode /ZipCode		
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.		ОАОВОС	
2.		ОАОВОС	
3. O O O O O O O O O O O O O O O O O O O		ОАОВОС	
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 C No TIN/NTN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not

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riease explain in the following boxes why you are unable to obtain a f	in it 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 Account Holder's relationship with UBL Fund Managers an Managers and its Funds under management may use and share	d its Funds under management setting out how UBL Fund
I acknowledge that the information contained in this form Reportable Account(s) may be provided to the tax authorities and exchanged with tax authorities of another country or copursuant to intergovernmental agreements to exchange finance.	of the country in which this account(s) is/are maintained untries in which the Account Holder may be tax resident
I certify that I am the Account Holder (or am authorized to sign form relates. I declare that I have neither asked for, nor received, any management in determining my classification as a Reportable I	advice from UBL Fund Managers and its Funds under
I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.	Signature*
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	Print Name*
UBL Fund Managers with a suitably updated self-certification and Declaration with 90 days of such change in	
Capacity*	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