Controlling Person Tax Residency Self-Certification Form CRS - CP

Please complete Parts 1– 4 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 Controlling Person:*

Family Name or Surname(s)

First or Given name(s)

Middle Name(s)

B. Current Residence Address:*

Line 1 House/Apt/Suite 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*

Date of Birth*

D. Please enter the legal name of the relevant entity of which you are a Controlling Person*

Legal name of **Entity 1**

Legal name of **Entity 2**

Legal name of **Entity 3**

Part 2 Please provide in the table below information about Account Holders jurisdiction or country of tax residence. If the Account Holder is a tax resident in more than three countries/jurisdictions please use a separate sheet.
(Mandatory 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			
2			
3			

If a TIN is unavailable please provide the appropriate reason A, B or C along with resident no./ Iqama no./ Social security no. / passport no.

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

Type of Controlling Persons *

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

Please provide the Controlling Persons' status by ticking the appropriate box	**Entity 1**	**Entity 2**	**Entity 3**
a. Controlling Person of a legal person – control by ownership			
b. Controlling Person of a legal person – control by other means			
c. Controlling Person of a legal person – senior managing official			
d. Controlling Person of a trust person – settlor			
e. Controlling Person of a trust person – trustee			
f. Controlling Person of a trust person – protector			
g. Controlling Person of a trust person – beneficiary			
h. Controlling Person of a trust person – other			
i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent			
j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent			
k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent			
l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent			
m. Controlling Person of a legal arrangement (non-trust) – other-equivalent			

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 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 circumstances.

Capacity*

Signature*

Print Name *

Date* _____

Note: If you are not the Controlling Persons 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