



CRS SELF CERTIFICATION FORM (FOR ENTITY ACCOUNTS)

 New Account Classification

 Change in Circumstances

Section A. Identification Information

Title of Account:	Account Number:
Country of Incorporation:	CIF Number:
Registered Address:	Mailing Address:
City/State:	City/State:
Country:	Country:
Contact No. (Pakistan):	Contact No. (Other than Pakistan):

Section B. Tax Residence Information (other than Pakistan and USA)

No.	Country / Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If no TIN is available, enter Reason
1			<input type="checkbox"/> Non issuing country <input type="checkbox"/> Not requested/ disclosed by tax authority <input type="checkbox"/> Not acquired, please provide reason *
2			<input type="checkbox"/> Non issuing country <input type="checkbox"/> Not requested/ disclosed by tax authority <input type="checkbox"/> Not acquired, please provide reason *
3			<input type="checkbox"/> Non issuing country <input type="checkbox"/> Not requested/ disclosed by tax authority <input type="checkbox"/> Not acquired, please provide reason *

* Please provide reason for TIN "Not acquired"

Note: If entity is a tax resident of more than three countries, please use a separate / additional sheet.

If entity is not a tax resident in any jurisdiction, indicate the jurisdiction in which your place of effective management / principal office is situated.

Section C. Entity Type *

Financial Institution

Depository Institution Investment Entity Custodial Institution or Specified Insurance Company

Active Non-Financial Entity (NFE) by reason of following: (Only select one check box for the entity's applicable status)

<input type="checkbox"/>	Less than 50% of:
	i) the gross income for preceding year is passive income and
	ii) the assets held are assets that produce or held for production of passive income
<input type="checkbox"/>	Public Listed Entity or the related entity (direct/indirect ownership of more than 50% of the vote & value in an Entity) of a public
<input type="checkbox"/>	Government Entity, International Organization, Central Bank or a wholly owned entity by any one or more of the foregoing
<input type="checkbox"/>	Entity established exclusively for religious, charitable, scientific, artistic, cultural, athletic or educational purposes
<input type="checkbox"/>	Start-up NFE
<input type="checkbox"/>	Entity is in the process of liquidating its assets or is organizing with the intend to continue operations in a business
<input type="checkbox"/>	Others, please specify

Passive Non-Financial Entity (NFE) by reason of following: (Only select one check box for the entity's applicable status)

<input type="checkbox"/>	Not an active NFE
<input type="checkbox"/>	Investing Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

* In case of any query regarding above, please contact your tax advisor.

Section D. Determination of Controlling Person

No.	Name	Address	Country of Tax Residence	Tax Identification Number (TIN)	Date and Country of Birth

Note: If you have more than three Controlling Person, please use separate / additional sheet.

Section E. Applicant Confirmation

I / We hereby confirm that the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for National Bank of Pakistan or any of its affiliates, subsidiaries (including branches) (collectively "the Bank") to share my information with domestic or overseas regulators or tax authorities where necessary/ applicable to establish my tax liability in any jurisdiction. I / We also agree and undertake to notify the Bank within 30 calendar days if there is a change in any information of the Entity, which has been provided to the Bank.

Authorized Signatory 1:	Signature	Authorized Signatory 2:	Signature
Name:		Name:	
Designation:		Designation:	
Name of Entity: _____		Seal of Entity: _____	

Section F. Branch Authorisation

We confirm that the responses of the applicant(s) have been cross verified against information provided by them in the Account Opening Form and during the KYC process and that no discrepancy has been found therein.

Name of Branch Account Opening Officer:	Signature
Date:	
Name of Branch Manager:	Signature
Date:	