

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**Individual Tax Self Certification****Section A: (Mandatory for all new customers)**

- 1 Are you a tax resident of any country or countries outside of Pakistan? Yes No
- 2 If "YES" please specify which country or countries - mention all countries:
- Country 1: _____ Country 2: _____ Country 3: _____
- 3 Nationality - mention all countries:
- Country 1: _____ Country 2: _____ Country 3: _____
- 4 Please state your country of Birth: _____

Section B: (Mandatory for all US Citizens and / or US Tax residents)

- 1 Please provide your US Tax Identification Number (TIN) in the field below.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section C: (Mandatory for those born in US, but claiming not to be a US Citizen or US Residents for tax purposes)

- 1 If you were born in the US, but have never obtained US citizenship please provide reason, why?

Reason:

- 2 If you were born in the US, but have either lost or relinquished your US citizenship please provide a copy of Certificate of your Loss of US Nationality or a reasonable explanation as to why you do not have such a certificate:

Reason:

Section D: (Mandatory for all new customers)

I hereby certify that the information I have provided in this form is true, correct and complete, I confirm that under no circumstances shall the Bank, its employees or its contractors be liable for any direct, indirect, incidental, special, punitive or consequential damages that may result in any way from their reliance on the information I have provided. I confirm that I have provided this Self Certification willingly without advice or help from the Bank. I understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my application or other appropriate action taken against me.

I authorize the Bank to disclose the information relevant to my account(s) and its operations to the concerned tax authorities for the purpose of complying with the laws of my/ our country of tax residence. I further agree and undertake to notify the Bank within thirty (30) calendar days if there is a change in any information which I have provided to the Bank.

Customer Full Name: _____

(As per identity document)

--

Signature

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Account Holder Power of Attorney/ Mandate Guardian Other (please specify) _____

Capacity of signature (please tick 1 box only)

For Bank Use Only

Reviewed By: _____

RM/ Accounts Officer

Branch Manager

Customer CIF/ Base Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--