

# HBL

ASSET MANAGEMENT LTD.

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## Account Opening Form

(For Institutional Only)

### General Instructions

1. Fill the form in block letters. Please do not overwrite as it might lead to errors in processing your application.
2. All fields are mandatory except for Official Use only.
3. Please tick in the appropriate box where applicable, otherwise mark N/A (Not Applicable).
4. It is the responsibility of the applicant to understand the general instructions, terms and conditions and risk disclosure mentioned in this form.
5. All cheques should be made in favor of "CDC Trustee HBL (Name of fund)"
6. Please submit complete documents including list of all directors on company letterhead, CNIC(s), Latest Audited Financial Statements, Memorandum and Articles of Association and Board Resolution along with this form.
7. Redemption proceeds will be made to the bank account as specified on this form only.
8. If assistance is required in filling this form, please contact (021) 111-425-262.

Date

Folio Number  
(for office use only)

### Corporate Information

Name of Entity

NTN No.  CUIIN/Reg No. (as per NCCPL)

Date of Incorporation / Registration  Place of Incorporation

Purpose of Account  Investment & Cash Management

Registered Office Address

Business Address

Contact Person  Designation

Tel. (Off)  Mobile  Fax

Email

### Bank Details

IBAN

Account Number

Bank Name  City

Branch Name & Address

Frequency of Account Statement  Monthly  Quarterly  Semi-annually\*  Through Email  \*Default Option

### Cash Dividend Payment/Bonus

Dividend pay-out instruction: (Please tick one)\*  Cash Dividend  Dividend Reinvest (Net of applicable taxes) \*In case no option is selected, reinvestment is considered as default option

IBAN

Account Number

### Operational Instructions

To be signed by:

Single Signatory  All authorised signatories  Jointly (Any Two)  Others (Please specify)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorised Signatory

Authorised Signatory

Authorised Signatory

Official Stamp

## Know Your Customer (KYC)

This section is meant and adopted to establish the identity of the client by using reliable, independent source of documents, data and information, as per SECP AML/CFT laws reference and other regulatory requirements.

Customer Type  Trust/Clubs/Associations/Societies/NGOs  Government Organisation  
 Joint Stock Company (Public, Private)  District Government/Local Government Organisations  
 Partnership (Registered/Unregistered)  Foreign Missions/International  
 Others (Please specify) \_\_\_\_\_

Nature of Business  Import/Export  Manufacturing  Agriculture  Trading  Others (Please specify) \_\_\_\_\_

Geographies Involved  Sindh  Punjab  Balochistan  KPK  Others (Please specify) \_\_\_\_\_

Types of Counter Parties  Individual  NPO / Trust  Business  Others (Please specify) \_\_\_\_\_

Possible mode of transactions  Online & Physical

Expected amount of investment in a year (Rupees) \_\_\_\_\_

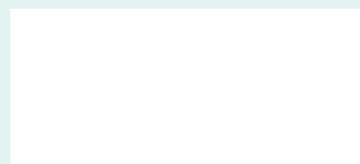
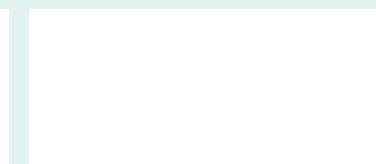
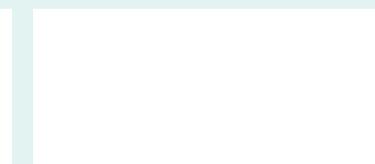
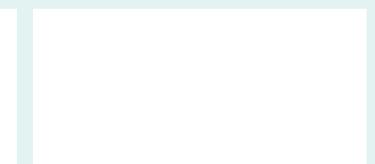
Expected number of investment transactions in a year \_\_\_\_\_

### Name of Directors/Trustee/Partners

	Name	Nationality (please specify)	Country of Residence	Place of Birth
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## Declaration and Signature

We request you to open our account in HBL Asset Management as per the given details. We hereby acknowledge having read and understood the relevant Trust Deed, Offering Document and Associated Risks. We confirm that the information furnished by us herein, is true, correct and complete in all respects.

			
Authorised Signatory	Authorised Signatory	Authorised Signatory	Official/Stamp

## For Official Use Only

Risk Category <input type="text"/>	CRS Status <input type="text"/>	FATCA Status <input type="text"/>
<input type="checkbox"/> Form duly completed	<input type="checkbox"/> Relevant copies and documents attached	Distributor Name <input type="text"/>
Distributor Code <input type="text"/>	Purchase ID. <input type="text"/>	User ID. <input type="text"/>
Application Processed by <input type="text"/>	IT Updated on <input type="text"/>	Signature & Stamp <input type="text"/>

I/We, the undersigned Applicant(s), hereby allow HBL Asset Management Limited to perform all the required KYC related verifications including but not limited to NADRA Verisys, IBAN and Mobile Number verification as applicable pertaining to the Applicant(s), its beneficial owners, authorised signatories, Directors/Trustees/ Members of Governing Body etc.

			
Authorised Signatory	Authorised Signatory	Authorised Signatory	Official/Stamp

**Entity tax residency self-certification FORM -** (please complete parts 1-3 in BLOCK CAPITALS)

**Part 1 – Identification of Account Holder**

A. Legal Name of Entity/Branch\*

B. Country of incorporation or organisation

C. Registered Office

Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)\*

Line 2 (e.g. Town/City/Province/County/State)\*

Country\*

Postal Code/ZIP Code (if any)

D. Mailing Address (please only complete if different to the address shown in Section C above)

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

Line 2 (e.g. Town/City/Province/County/State)

Country\*

Postal Code/ZIP Code (if any)

**Part 2 – Entity Type** Please provide the Account Holder's Status by ticking one of the following boxes.

1. (a) Financial Institution

i. An Investment Entity located in a Non - Participating Jurisdiction and managed by another Financial Institution  
(Note: if ticking this box please also complete Part 2 (2) below)

ii. Other Investment Entity

(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

<input type="text"/>																			
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(c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation  
If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of:

- (d) Active NFE – a Government Entity or Central Bank
- (e) Active NFE – an International Organisation
- (f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)
  - i. Active NFE by reason of income and Assets
  - ii. Active NFE Holding NFE that are Member of a Non-Financial Group
  - iii. Active NFE Start-up NFE
  - iv. Active NFE that are Liquidating or emerging from Bankruptcy
  - v. Active NFE Treasury Centers that are Members of a Non-Financial Group
  - vi. Active NFE Non-Profit NFE
- (g) Passive NFE (Note: if ticking this box please also complete Part 2 (2) below)

2. If you have ticked 1(a)(i) or 1(g) above, then please:

a. Indicate the name of any Controlling Person(s) of the Account Holder:\*

<input type="text"/>
<input type="text"/>
<input type="text"/>

b. Complete "Part 3 and 4" for each Controlling Person.\*

**Part 3 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent\* ("TIN") (see Appendix)**

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/Reportable Jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each jurisdiction of residence (rather than for each Reportable Jurisdiction).

*If the Account Holder is not tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.*

*If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet*

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

**Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

**Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

**Reason C** - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A,B or C
1			
2			
3			

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

1	
2	
3	

**Part 4 – Declaration 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 **HBL Asset Management Limited** setting out how **HBL AML** 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 reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

**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 HBL Asset Management Limited within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide **HBL Asset Management Limited** with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature:\*

Print name:\*

Date:\* (dd/mm/yyyy)

**Note:** Please indicate the capacity in which you are signing the form (for example 'Authorised Officer').

If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: \*

## General Instructions

1. WE DO NOT ACCEPT CASH OR BLANK/BEARER CHEQUE / ہم نقد رقم وصول نہیں کرتے
2. Investors are advised to make cheques in favour of CDC Trustee HBL (Name of Fund) only.
3. Mandatory fields\*

Date

Folio Number

(for existing investor)

Account Title\*

Mr./Mrs./Ms./Messrs

CNIC No.\*

## This Investment

HBL Fund Name	Amount (Rs.)	Amount in words	Class or Type of Units
			<input type="checkbox"/> *Growth <input type="checkbox"/> Income
			<input type="checkbox"/> *Growth <input type="checkbox"/> Income

Income Units: (Please tick one) This option is available for Income and Money Market Funds only and is subject to minimum balance requirement.

- \*Flexible Income Plan: Income based on performance of the fund.
- Fixed Income Plan: Income based on requirements of the investor, please specify amount Rs. \_\_\_\_\_ (Please note that in case of Fixed Income Plan if the income required exceeds income earned on the Fund, the principal invested may deplete over time).

Payment Frequency: (Please tick one)

 \*\*Monthly Quarterly Semi-Annually Annually \*\*Default Option

By choosing income unit I/we hereby authorise HBL AMC to redeem my units to pay my income at regular intervals based on the above instructions.

## Instrument Details

Account Title\*

Mr./Mrs./Ms./Messrs

Account Number/IBAN\*

Bank Name\*

Branch Name\*

City\*

RTGS/Cheque/Online/P.O. No.

Front-End Load Percentage charged: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: All taxes as levied under Government Regulations will also be applicable.

## Declaration &amp; Signature

I/We, the undersigned, would like to purchase the units of the investment scheme as per the details mentioned above. I/We, hereby indemnify that the decision to make investment in Low/Medium/High Risk Funds has solely undertaken at my/our own discretion, and none of the employees or representatives of HBL AMC has convinced/forced to undertake the aforesaid investment. I/We have read and understood the relevant Trust Deeds, Offering Documents (including any supplemental documents), Risk Profile table\* and understand the associated risks. I/We have understood that past performance is not necessarily indicative of future results and HBL AMC, its officer, representative and employee does not provide any guaranteed return or assurance of minimum profit/return. Except where expressly stated in offering document, HBL AMC does not promise capital protection in any fund/plan. I/We fully understand that gain/loss on investment is completely dependent on market fluctuation/movement of price/yield of underlying instruments. I/We am/are entirely responsible and able to bear loss (if any) incurred as a result of above investment decision. I/We agree that HBL AMC is not liable to compensate in the event of loss or dilution in actual investment. I/We have also received and understand Fund Manager Report and/or basic fund information as applicable in respect of related investment scheme(s). I/We understand that I/we can take refund of my/our first investment (Cooling-Off Right for individuals only) within six working days in any collective investment scheme (CIS) managed by HBL AMC on applicable NAV along with charged Front-end Load (after deduction of any Back-end Load or Contingent Load), if I/we send a written request within three (3) business days from Account Statement issuance date. I/We confirm that I/we have understood the details of Sales Load to be deducted including taxes, as % of NAV. I/We confirm that in case of investment in riskier fund, risk profile of the account to be assumed accordingly.

Were you facilitated by our investment advisor/distributor  Yes  No

Authorised Signatory/Official Stamp	Authorised Signatory/Official Stamp	Authorised Signatory/Official Stamp	Authorised Signatory/Official Stamp

## For Official Use Only

 Form duly completed Relevant copies and documents attached

Previous Balance Rs. \_\_\_\_\_

Signature &  
Stamp

Distributor /Agent Code \_\_\_\_\_

Distributor /Agent Name \_\_\_\_\_

For Distributor Mandatory

Application Processed by \_\_\_\_\_

Transaction ID \_\_\_\_\_

Ver. 3/24

\*Fund Type &amp; Risk Level

Category of CIS/Plans	Risk Profile	Risk of Principal Erosion
HBL Mehfooz Munafa Fund	Very Low	Principal at very low risk
HBL Cash Fund, HBL Money Market Fund, HBL Islamic Money Market Fund, HBL Islamic Savings Fund	Low	Principal at low risk
HBL Islamic Fixed Term Fund	Moderate	Principal at moderate risk
HBL Income fund, HBL Islamic Income Fund, HBL Financial Sector Income Fund, HBL Government Securities Fund	Medium	Principal at medium risk
HBL Stock Fund, HBL Multi Asset Fund, HBL Islamic Stock Fund, HBL Equity Fund, HBL Islamic Equity Fund, HBL Energy Fund, HBL Growth Fund, HBL Investment Fund, HBL Islamic Asset Allocation Fund	High	Principal at high risk

"The above Risk Profile table is given as per the requirement of SECP Circular 6 of 2022 dated June 09th, 2022 "Requirements for assessing Suitability and risk categorization of collective investment schemes"

## GUIDELINES

1. Please complete the Investment Request Form in BLOCK LETTERS and write with a ball point pen.
2. This form is required at the time of purchasing units of the respective fund(s).
3. Subject to realisation of payment instrument; units will be allocated on the basis of applicable Net Asset Value (NAV) for the business day on which correctly filled Investment Form has been received (within cutoff times) at Distributor Offices or Authorised Branches or at Head Office of HBL AMC.
4. Upon completion and submission of this form you will be provided a customer's copy duly signed and stamped by the authorised representative.
5. It shall be the responsibility of the applicant to pay all stamp & other duties, taxes and processing charges (if applicable) upon submission of this form.
6. If investment form is received by HBL AMC and/or its distributor after the cutoff time, that transaction will be processed on the next working day and HBL AMC will not be responsible for any loss consequent to processing of investment form on the next working day.
7. If cheque is returned unpaid the application will be rejected.
8. Investor should contact HBL AMC if acknowledgment of investment is not received within 7 working days from investment date.

### Account Holder Information

9. In case of existing Unit Holders please specify the Investor ID No. as allotted at the time of account creation.

### Investment & Payment Detail

10. All Investment amount to be accepted only in PKR currency.
11. Investor must properly tick mark the option for Type of Units in the form.
12. Minimum Investment (in line with offering document).
13. Payment shall be made through, payee account cheque, pay order, demand draft in favour of "CDC -Trustee [HBL (Name of Fund)]".

### Units - Mode of Holding

14. For issuance of Physical Unit Certificate(s), please fill the Service Request Form and enclose it along with investment Form. Please note that Physical Unit Certificate(s) shall be used upon payment of Rs. 100/- per certificate. Unless indicated by the applicant, only Jumbo Certificate shall be issued.

S. No.	Fund Name	Funds Category	Risk Profile	Risk of Principal Erosion
1	HBL Mehfooz Munafa Fund	Fixed Rate/Return	Very Low	Principal at very low risk
2	HBL Cash Fund	Money Market	Low	Principal at low risk
3	HBL Money Market Fund	Money Market	Low	Principal at low risk
4	HBL Islamic Money Market Fund	Shariah Compliant Money Market	Low	Principal at low risk
5	HBL Islamic Savings Fund	Shariah Compliant Money Market	Low	Principal at low risk
6	HBL Income Fund	Income	Medium	Principal at medium risk
7	HBL Financial Sector Income Fund	Income	Medium	Principal at medium risk
8	HBL Islamic Income Fund	Shariah Compliant Income	Medium	Principal at medium risk
9	HBL Government Securities Fund	Income	Medium	Principal at medium risk
10	HBL Stock Fund	Equity	High	Principal at high risk
11	HBL Islamic Stock Fund	Shariah Compliant Equity	High	Principal at high risk
12	HBL Equity Fund	Equity	High	Principal at high risk
13	HBL Islamic Equity Fund	Shariah Compliant Equity	High	Principal at high risk
14	HBL Energy Fund	Equity	High	Principal at high risk
15	HBL Growth Fund	Equity	High	Principal at high risk
16	HBL Investment Fund	Equity	High	Principal at high risk
17	HBL Multi Asset Fund	Balanced Scheme	High	Principal at high risk
18	HBL Islamic Asset Allocation Fund	Shariah Complaint Asset Allocation Scheme	High	Principal at high risk
19	HBL Islamic Fixed Term Fund	Shariah Complaint Fixed Rate/Return	Moderate	Principal at Moderate risk

"The above Risk Profile table is given as per the requirement of SECP Circular 6 of 2022 dated June 09th, 2022 "Requirements for assessing Suitability and risk categorization of collective investment schemes"

### Provisional Receipt

Deposit Slip No.  Received Rs.  from  for sale of

Name of Bank  Branch

Date  Signature & Stamp

Units will be allocated on realization of funds

All the Non-Banking Financial Companies are required to obtain and maintain information about the beneficial owner(s) (ultimate natural persons) of legal person(s) and arrangements who own or control 25% shares or voting rights or ownership or controlling interest.

In exceptional cases, where no natural person(s) are identified, the information of the natural person(s) to be provided who hold the position of senior management official(s) of the legal person(s) or arrangement (e.g. Chief Executive Officer / Managing Director / President / Chairman etc.).

Following details are required to be filled for each ultimate natural person(s) who owns or controls 10% or more or in exceptional cases the details of the person(s) stated in the above paragraph:

**1. Full Name** (as per Identity Document)

Father / Husband Name  Date of Birth 

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

NIC / NICOP / Passport No.  Nationality

% of Ownership

Residential Address

**2. Full Name** (as per Identity Document)

Father / Husband Name  Date of Birth 

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

NIC / NICOP / Passport No.  Nationality

% of Ownership

Residential Address

**3. Full Name** (as per Identity Document)

Father / Husband Name  Date of Birth 

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

NIC / NICOP / Passport No.  Nationality

% of Ownership

Residential Address

**4. Full Name** (as per Identity Document)

Father / Husband Name  Date of Birth 

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

NIC / NICOP / Passport No.  Nationality

% of Ownership

Residential Address

**5. Full Name** (as per Identity Document)

Father / Husband Name  Date of Birth 

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

NIC / NICOP / Passport No.  Nationality

% of Ownership

Residential Address

**6. Full Name** (as per Identity Document)

Father / Husband Name  Date of Birth 

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

NIC / NICOP / Passport No.  Nationality

% of Ownership

Residential Address

**Attestation:**

I, \_\_\_\_\_, (client's authorized person), hereby certify, to the best of my knowledge, that the information provided above is complete and correct as on dated \_\_\_\_\_.

Signed & Stamped: \_\_\_\_\_

Date: \_\_\_\_\_

# Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)

▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code.  
▶ Go to [www.irs.gov/FormW8BENE](http://www.irs.gov/FormW8BENE) for instructions and the latest information.  
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form for:

Instead use Form:

- U.S. entity or U.S. citizen or resident . . . . . W-9
- A foreign individual . . . . . W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) . . . . . W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) . . . . . W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) . . . . . W-8IMY

## Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization
---	--

3 Name of disregarded entity receiving the payment (if applicable, see instructions)

4 Chapter 3 Status (entity type) (Must check one box only):

<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Foreign Government - Controlled Entity
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign Government - Integral Part
		<input type="checkbox"/> International organization	

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III.  Yes  No

5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)

<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).  <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.  <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.  <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. <input type="checkbox"/> Account that is not a financial account.
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6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address)

City or town, state or province. Include postal code where appropriate.	Country
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7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.	Country
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**Part I Identification of Beneficial Owner (continued)**

8 U.S. taxpayer identification number (TIN), if required \_\_\_\_\_

9a GIIN _____	b Foreign TIN _____	c Check if FTIN not legally required <input type="checkbox"/>
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10 Reference number(s) (see instructions) \_\_\_\_\_

Note: Please complete remainder of the form including signing the form in Part XXX.

**Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)**

11 Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment

<input type="checkbox"/> Branch treated as nonparticipating FFI.	<input type="checkbox"/> Reporting Model 1 FFI.	<input type="checkbox"/> U.S. Branch.
<input type="checkbox"/> Participating FFI.	<input type="checkbox"/> Reporting Model 2 FFI.	

12 Address of disregarded entity or branch (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address) . \_\_\_\_\_

City or town, state or province. Include postal code where appropriate. \_\_\_\_\_

Country \_\_\_\_\_

13 GIIN (if any) \_\_\_\_\_

**Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)**

14 I certify that (check all that apply):

a  The beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

b  The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

<input type="checkbox"/> Government	<input type="checkbox"/> Company that meets the ownership and base erosion test
<input type="checkbox"/> Tax-exempt pension trust or pension fund	<input type="checkbox"/> Company that meets the derivative benefits test
<input type="checkbox"/> Other tax-exempt organization	<input type="checkbox"/> Company with an item of income that meets active trade or business test
<input type="checkbox"/> Publicly traded corporation	<input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received
<input type="checkbox"/> Subsidiary of a publicly traded corporation	<input type="checkbox"/> No LOB article in treaty
	<input type="checkbox"/> Other (specify Article and paragraph): _____

c  The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 Special rates and conditions (if applicable—see instructions):  
 The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 14a above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_  
 Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part IV Sponsored FFI**

16 Name of sponsoring entity: \_\_\_\_\_

17 Check whichever box applies.

I certify that the entity identified in Part I:

- Is an investment entity;
- Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; and
- Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

I certify that the entity identified in Part I:

- Is a controlled foreign corporation as defined in section 957(a);
- Is not a QI, WP, or WT;
- Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; and
- Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

**Part V Certified Deemed-Compliant Nonregistering Local Bank**18  I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; and
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

**Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts**19  I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); and
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

**Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle**

20 Name of sponsoring entity: \_\_\_\_\_

21  I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; and
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

**Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity**22  I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013 ;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; and
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

**Part IX Certain Investment Entities that Do Not Maintain Financial Accounts**23  I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), and
- Does not maintain financial accounts.

**Part X Owner-Documented FFI**

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a  (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; and
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

**Part X Owner-Documented FFI (continued)**

Check box 24b or 24c, whichever applies.

- b  I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
    - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
    - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); and
    - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
  - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c  I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d  I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

**Part XI Restricted Distributor**

- 25a  (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
  - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
  - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
  - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
  - Does not solicit customers outside its country of incorporation or organization;
  - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
  - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; and
  - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b  Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c  Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

**Part XII Nonreporting IGA FFI**

- 26  I certify that the entity identified in Part I:
- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and \_\_\_\_\_ . The applicable IGA is a  Model 1 IGA or a  Model 2 IGA; and is treated as a \_\_\_\_\_ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
  - If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor \_\_\_\_\_ .  
The trustee is:  U.S.  Foreign

**Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue**

- 27  I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

**Part XIV International Organization**

Check box 28a or 28b, whichever applies.

- 28a  I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).
- b  I certify that the entity identified in Part I:
- Is comprised primarily of foreign governments;
  - Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
  - The benefit of the entity's income does not inure to any private person; and
  - Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

**Part XV Exempt Retirement Plans**

Check box 29a, b, c, d, e, or f, whichever applies.

- 29a  I certify that the entity identified in Part I:
- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
  - Is operated principally to administer or provide pension or retirement benefits; and
  - Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.
- b  I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
  - No single beneficiary has a right to more than 5% of the FFI's assets;
  - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; and
    - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
    - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
    - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); or
    - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.
- c  I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
  - Has fewer than 50 participants;
  - Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
  - Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
  - Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; and
  - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

**Part XV Exempt Retirement Plans (continued)**

- d  I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e  I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f  I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); or
  - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

**Part XVI Entity Wholly Owned by Exempt Beneficial Owners**

- 30  I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
  - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
  - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
  - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; and
  - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

**Part XVII Territory Financial Institution**

- 31  I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

**Part XVIII Excepted Nonfinancial Group Entity**

- 32  I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
  - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
  - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); and
  - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

**Part XIX Excepted Nonfinancial Start-Up Company**

- 33  I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) \_\_\_\_\_ (date must be less than 24 months prior to date of payment);
  - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
  - Is investing capital into assets with the intent to operate a business other than that of a financial institution; and
  - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

**Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy**

- 34  I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on \_\_\_\_\_;
  - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
  - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; and
  - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

**Part XXI** 501(c) Organization

- 35  I certify that the entity identified in Part I is a 501(c) organization that:
- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated \_\_\_\_\_; or
  - Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

**Part XXII** Nonprofit Organization

- 36  I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.
- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
  - The entity is exempt from income tax in its country of residence;
  - The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
  - Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; and
  - The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

**Part XXIII** Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

- 37a  I certify that:
- The entity identified in Part I is a foreign corporation that is not a financial institution; and
  - The stock of such corporation is regularly traded on one or more established securities markets, including \_\_\_\_\_ (name one securities exchange upon which the stock is regularly traded).
- b  I certify that:
- The entity identified in Part I is a foreign corporation that is not a financial institution;
  - The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
  - The name of the entity, the stock of which is regularly traded on an established securities market, is \_\_\_\_\_; and
  - The name of the securities market on which the stock is regularly traded is \_\_\_\_\_.

**Part XXIV** Excepted Territory NFFE

- 38  I certify that:
- The entity identified in Part I is an entity that is organized in a possession of the United States;
  - The entity identified in Part I:
    - (i) Does not accept deposits in the ordinary course of a banking or similar business;
    - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; or
    - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; and
  - All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

**Part XXV** Active NFFE

- 39  I certify that:
- The entity identified in Part I is a foreign entity that is not a financial institution;
  - Less than 50% of such entity's gross income for the preceding calendar year is passive income; and
  - Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

**Part XXVI** Passive NFFE

- 40a  I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b  I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); or
- c  I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.



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