

Common Reporting Standard (Individual)



Please read these instructions before completing the form

Under the CRS, you are required to determine where you are 'tax resident'. Each jurisdiction has its own rules for defining tax residency. In general, cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency). If you are tax resident outside the country where your account is held we may need to give the national tax authority this information, along with information relating to your accounts. That your information may also be shared between different countries' tax authorities.

Who should complete this form

This form is applicable for Individual Account Holder, Sole Proprietor & Single Member Private Limited. For Joint or Multiple Account Holders, each individual is required to complete this form.

Where you need to self-certify on behalf of an Entity Account Holder, do not use this form. Instead, you will need to fill the "Entity CRS Self Certification Form". Similarly, if you are a controlling person of an entity, please fill in the "CRS Self Certification Form - Controlling Person" instead of this form.

Further Information

If you have any questions on defining your tax residency status, please consult your external adviser(s).

You can also find out more information on Common Reporting Standard on the website of Federal Board of Revenue, accessible at the following link: <http://www.fbr.gov.pk>

You can find summaries of defined terms, and other terms, in the Appendix available with branch.

Disclaimer: Nothing in this form shall be construed to mean provision of any legal or tax advice by HBL AMC.

CNIC/PP/NICOP/PO
/SNIC/ARC

Do you hold tax residency of any country/jurisdiction other than Pakistan and/or United States*

☐

Yes

☐

No

Authorised Signature

In case of 'Yes', you are required to complete this form.

In case of 'No', you are no longer required to complete this form.

Part 1 – Identification of Account Holder

A. Name of Account Holder*

Family Name or Surname(s)*

Title

First or Given Name*

Middle Name(s)

B. Current Residential Address

House/Apartment/Suite
Name, Number, Street

Town/City/Province/
County/State*

Country*

Postal Code/Zip Code (If any)

P.O. Box (If any)

C. Mailing Address

(Please only complete if different to the address shown in Section B)

House/Apartment/Suite
Name, Number, Street

Town/City/Province/
County/State*

Country*

Postal Code/Zip Code (If any)

P.O. Box (If any)

D. Date of Birth*

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

E. Place of Birth*

D D M M Y Y Y Y

Town or City of Birth

Country of Birth

Part 2 – Country of Tax Residence and Taxpayer Identification Number (TIN)*

Please fill-in the country(ies) details below:

	Name of Country of Tax Residence	Taxpayer Identification Number (TIN)	If no TIN is available mention Reason A, B or C
1.			
2.			
3.			

Note: Additional Country(ies) of Tax Residency (if any) to be listed in a separate sheet of paper. If your Taxpayer Identification Number (TIN) or equivalent number is unavailable, please provide the appropriate Reason A, B or C where indicated below:

- Reason A The country 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 (please explain why Account Holder is 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 authorities of the country of residence for tax purposes entered above do not require the TIN to be disclosed).

Please explain in the following relevant number box, why you are unable to obtain a TIN if you mentioned "Reason B" above.

1.
2.
3.

Part 3 – Declaration and Signature*

I/We understand that the information supplied by me/us is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with HBL AMC setting out how HBL AMC may use and share this information supplied by me/us. I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided either directly or indirectly 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 pursuant to intergovernmental agreements to exchange financial account information.

I/We certify that I/we am/are the Account Holder (or I/we am/are authorised to sign for the Account Holder) in respect of all the account(s) to which this form relates. I/We hereby declare and confirm that all information provided in this Self Certification Form is to the best of my/our knowledge and belief, correct, accurate and complete in all respects.

I/We hereby indemnify and hold HBL AMC and its directors, officers, representatives and employees harmless from all costs, expenses, losses, damages, liability, penalties incurred, suffered and/or imposed on HBL AMC as a result of any suits, proceedings and/or litigation arising out of or in any manner connected with this Self-Certification Form and/or the information supplied hereby. In case of change in any information provided through this form, I/we undertake to immediately notify HBL AMC of the same and provide an updated Self-Certification Form to HBL AMC within thirty (30) days.

Name

Signature

Date

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

D D M M Y Y Y Y

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 attach a certified copy of the Power of Attorney.

Capacity*