



CUSTOMER DUE DILIGENCE (CDD) / KNOW YOUR CUSTOMER (KYC) & REGISTRATION FORM FOR INDIVIDUALS **NIT-R**

* Mandatory Fields

DATE (DD / MM / YY):

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PRINCIPAL UNIT HOLDER INFORMATION :

*Name (Mr./Ms./Mrs.): _____

*CNIC: _____ **Passport No.:** _____ ***Nationality:** _____
(In case non-resident/foreign national)

*Father's/Husband's Name: _____

*Address: _____

*Phone Number: _____ **Cell Number:** _____ **Email:** _____

*Occupation: Private Service Self Employed Government Service Housewife Student Retired Others(specify): _____

*Source(s) of Income: Salary Business Savings/Investments Inheritance Home Remittance Others (specify): _____

Annual/Monthly Income (Approx.): _____ ***Marital Status:** Single Married Divorced Widowed

1st JOINT UNIT HOLDER INFORMATION :

*Name (Mr./Ms./Mrs.): _____

*CNIC: _____ **Passport No.:** _____ ***Nationality:** _____
(In case non-resident/foreign national)

*Father's/Husband's Name: _____

*Address: _____

*Phone Number: _____ **Cell Number:** _____ **Email:** _____

*Occupation: Private Service Self Employed Government Service Housewife Student Retired Others(specify): _____

*Source(s) of Income: Salary Business Savings/Investments Inheritance Home Remittance Others (specify): _____

Annual/Monthly Income (Approx.): _____ ***Marital Status:** Single Married Divorced Widowed

2nd JOINT UNIT HOLDER INFORMATION :

*Name (Mr./Ms./Mrs.): _____

*CNIC: _____ **Passport No.:** _____ ***Nationality:** _____
(In case non-resident/foreign national)

*Father's/Husband's Name: _____

*Address: _____

*Phone Number: _____ **Cell Number:** _____ **Email:** _____

*Occupation: Private Service Self Employed Government Service Housewife Student Retired Others(specify): _____

*Source(s) of Income: Salary Business Savings/Investments Inheritance Home Remittance Others (specify): _____

Annual/Monthly Income (Approx.): _____ ***Marital Status:** Single Married Divorced Widowed

3rd JOINT UNIT HOLDER INFORMATION :

*Name (Mr./Ms./Mrs.): _____

*CNIC: _____ **Passport No.:** _____ ***Nationality:** _____
(In case non-resident/foreign national)

*Father's/Husband's Name: _____

*Address: _____

*Phone Number: _____ **Cell Number:** _____ **Email:** _____

*Occupation: Private Service Self Employed Government Service Housewife Student Retired Others(specify): _____

*Source(s) of Income: Salary Business Savings/Investments Inheritance Home Remittance Others(specify): _____

Annual/Monthly Income (Approx.): _____ ***Marital Status:** Single Married Divorced Widowed

NOTES TO THE INVESTOR:
Risk Disclaimer: Prices of units of the funds and income from them may go up or down. Investors are advised in their own interest to carefully read the contents of the Offering Document and Trust Deed of the respective funds, in particular, Investment Policy, Risk Disclosure, Disclaimers, and Warnings before making any investment decision.
Product Information: Read the offering document and product information carefully and consult your Investment Advisor before making investment decisions.
Account Opening: Please note that as required by the SECP, NIT reserves the right to refuse to open or terminate any Account at its discretion for reasons including unsatisfactory completion of CDD / KYC measures. CDD/KYC information is sought in compliance with Rules & Regulations governing NBFC's and NE's, which shall be applicable as amended from time to time.
Selection of Funds: The option for selection of funds for investment and options is the part of Investment / Account Opening Form.

DECLARATION:	Principal Holder	1 st Joint Holder	2 nd Joint Holder	3 rd Joint Holder
Are you acting on behalf of another person/entity? [If yes, please provide supporting document(s)]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you holding a senior position in any Govt./public office or political party? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any financial connections to offshore tax havens? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you dealing in high value items (e.g precious metals/stones)? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been refused by any financial institution? [If yes, please provide details]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

I/we hereby confirm that I/we have read and understood the instructions mentioned herein which apply to National Investment Trust Limited (NIT) and its funds National Investment (Unit) Trust Fund, NIT Government Bond Fund, and NIT Income Fund and any other fund(s) offered by NIT from time to time (Funds), for compliance of Customer Due Diligence (CDD) and Know Your Client (KYC) procedures for transaction in Funds' units issued by NIT. I/we agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable to NIT and respective Funds. I/we hereby declare that the particulars given herein are true, correct and complete to the best of my/ our knowledge and belief, the relevant documents submitted along with this application are genuine. I/we hereby undertake to promptly inform NIT of any changes to the information provided hereinabove and agree and accept that NIT is not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by NIT on the basis of the information provided by me/us and also due to my/our not intimating/delay in intimating such changes. I/we hereby authorize NIT to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us relating to the respective Funds in which I/we may transact/have transacted including all changes, updates to such information as and when provided by me/us if such required to be submitted under the laws. I/we hereby agree to provide any additional information/documentation that may be required by the NIT, in connection with this Application Form

Signatures: _____
Principal Unit Holder
1st Joint Unit Holder
2nd Joint Unit Holder
3rd Joint Unit Holder

FOR OFFICIAL USE ONLY

DATE (DD / MM / YY):

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 TIME: _____ : _____ AM / PM

Branch / Distributor Name: _____ Customer Risk: High Low

Registration ID (System Generated): _____ Account No(s): _____

Form reviewed and checked by: _____

Branch Stamp & Signature of the Branch Manager / Authorized Official: _____

CNIC(s) Verification from NADRA: Yes No Remarks: _____

**INFORMATION / DOCUMENTS REQUIRED
AT THE TIME OF REGISTRATION:**

Individual Account:

- *Copy of valid CNIC or Passport of principal unit holder
- *Business / Employment proof

Joint Account:

- *Copies of valid CNIC or Passport of principal and joint holder(s)
- *Business / Employment proof of principal and joint holder(s)

ADDITIONAL INFORMATION

Zakat Exemption:

- Copy of Valid Zakat Declaration of principal and joint holder(s)
- Copy of Declaration, in case of Non-Muslim

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Data Entry in Asset Connect by:

Signature: _____

Name: _____

Designation: _____ **Date:** _____