



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

* Mandatory Fields

DATE (DD / MM / YY):

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INSTITUTIONAL UNIT HOLDER INFORMATION :

*Title of Account:		
*Company Name:	*NTN:	Registration No.: Issued by SECP
*CEO Name (Mr./Ms./Mrs.):		
*Registered Address:		
*Type of Organization: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Stock <input type="checkbox"/> Club Society/Association <input type="checkbox"/> Trust <input type="checkbox"/> Executors/Administrators <input type="checkbox"/> Government		
*Nature of Business:	Geographic Location of Activity:	
*Source of Funds: <input type="checkbox"/> Business Income <input type="checkbox"/> Debt <input type="checkbox"/> Equity <input type="checkbox"/> Others (please specify): _____		
*Phone Number:	Cell Number:	Fax Number:
Website:	E-mail:	

SIGNATORY NO. 1 INFORMATION :

*Name (Mr./Ms./Mrs.):		
*Father's/Husband's Name:		
*CNIC:	Passport No.: <small>(In case non-resident/foreign national)</small>	*Designation:
Residential Address:		
*Phone Number:	Cell Number:	Email:

SIGNATORY NO. 2 INFORMATION :

*Name (Mr./Ms./Mrs.):		
*Father's/Husband's Name:		
*CNIC:	Passport No.: <small>(In case non-resident/foreign national)</small>	*Designation:
Residential Address:		
*Phone Number:	Cell Number:	Email:

SIGNATORY NO. 3 INFORMATION :

*Name (Mr./Ms./Mrs.):		
*Father's/Husband's Name:		
*CNIC:	Passport No.: <small>(In case non-resident/foreign national)</small>	*Designation:
Residential Address:		
*Phone Number:	Cell Number:	Email:

SIGNATORY NO. 4 INFORMATION :

*Name (Mr./Ms./Mrs.):		
*Father's/Husband's Name:		
*CNIC:	Passport No.: <small>(In case non-resident/foreign national)</small>	*Designation:
Residential Address:		
*Phone Number:	Cell Number:	Email:

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:
 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: _____
Signatory No.1
 Signatory No. 2
 Signatory No.3
 Signatory No.4
 Stamp of the Institution

FOR OFFICIAL USE ONLY

DATE (DD / MM / YY):	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							TIME: _____ : _____ AM / PM
Branch / Distributor Name:	Customer Risk: <input type="checkbox"/> High <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:								

**INFORMATION / DOCUMENTS REQUIRED
AT THE TIME OF ACCOUNT OPENING AND INVESTMENT:**

General (Applicable to all Institutions):

- List and authorization of signatories
- Copy of CNIC of all signatories
- Board Resolution for Investment
- Copy of latest Financials / Audited Accounts

Partnership:

- Name of partnership and partners.
- Father's/Husband's Name of partners.
- Address.
- Telephone/Cell No(s).
- Copies of valid CNIC of all the partners.
- Copy of latest financials of partnership.
- Copy of Partnership deed.

Club Societies and Association:

- Certified copy of certificate of registration.
- Certified copy of by laws/ rules and regulations.
- Board/Governing body Resolution (investment & list of authorized signatories).
- Copy of latest financials of Society/ Association.

Government Accounts:

- Special resolution/authority from concerned administrative department duly endorsed by the Ministry of Finance or Finance Department of the concerned Government.
- Copies of CNIC of all officers of the Federal/Provincial/ Local Government that are duly authorized to operate such Accounts in their official capacity.

Joint Stock Companies:

- Name of Company and its Directors.
- Registered Address.
- Telephone No.
- Latest Audited Accounts of the company.
- Board Resolution (investment & list of authorized signatories).
- Copies of valid CNICs of all Directors
- Copies of Memorandum and Articles of Association

Trusts:

- Copy of valid CNICs of all the Trustees.
- Certified Copies of Trust Deed.
- Trustee/ Governing body Resolution (investment & list of authorized signatories)
- Copy of latest financials of the Trust.

Executors and Administrators:

- Copy of valid CNICs of Executors / Administrators.
- Certified copy of Letter of Administration.

ADDITIONAL INFORMATION

Tax Exemption:

- Copy of Valid Tax Exemption Certificate required under Section 150 of the Income Tax Ordinance, 2001 every year.
- Valid Approval / Recognition Certificate in case of Employees' Funds, Pension Funds, Provident Funds, Superannuation Funds, and Gratuity Funds.
- Any other valid documentation required under law to avail exemption.

Zakat Exemption:

- Copy of Valid Zakat Exemption Certificate, every year.
- Valid Approval / Recognition Certificate, in case of Employees' Funds, Pension Funds, Provident Funds, Superannuation Funds and Gratuity Funds.

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Data Entry in Asset Connect by:

Signature: _____

Name: _____

Designation: _____ **Date:** _____