

Folio / Account No: _____

Date:

D	D	M	M	Y	Y	Y	Y
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PART 1: IDENTIFICATION OF INDIVIDUAL ACCOUNT HOLDER

Name as per CNIC (Mr./Ms./Mrs.): _____ Father/Husband Name: _____

Family Name / Surname: _____ CNIC / NICOP / Passport No:

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Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 City of Birth: _____ Country of Birth: _____

Current Address: _____ Country: _____

Mailing Address: _____ Country: _____
(Please only complete if different to the current address)

PART 2: COUNTRY OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER ("TIN")

Please indicate countries where Account Holder is tax resident and TIN for each country or equivalent number. If a TIN is unavailable please provide the appropriate reason A, B or C as explained below:
Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents;
Reason B - The Account Holder is unable to obtain a TIN or equivalent number (Please explain reason of not obtaining TIN);
Reason C - No TIN is required for that country/ jurisdiction.(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).

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

	COUNTRY 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 3: DECLARATIONS 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 BMA Funds setting out how BMA Funds 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 provided 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 the Account Holder (or I am authorized to sign for the Account Holder) 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 BMA Funds within 30 days of any change in circumstances which affects the tax residency status of the individual identified above or causes the information contained herein to become incorrect or incomplete, and to provide BMA Funds with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

SIGNATURE: _____

Date:

D	D	M	M	Y	Y	Y	Y
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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.

PRINT NAME: _____



CAPACITY: _____

GUIDELINES FOR FILLING OUT ACCOUNT OPENING FORM - INDIVIDUAL

- (i) Please fill CRS Self Certification for Joint Account Applicant also.
- (ii) Even if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.
- (iii) This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other mandatory field information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification
- (iv) This form is intended to request information consistent with local law requirements
- (v) Please fill in this form if you are an individual account holder, sole trader or sole proprietor. For joint or multiple account holders, use a separate form for each individual person. Where you need to self-certify on behalf of an entity Account Holder, do not use this form. Instead, you will need an "Entity tax residency self-certification." Similarly, if you are a controlling person of an entity, please fill in a "Controlling person tax residency self-certification form" instead of this form.
- (vi) If you are filling in this form on behalf of someone else. Please tell us in what capacity you are signing in Part 3. For example, you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a power of attorney. A legal guardian should complete the form on behalf of an account holder who is a minor.
- (vii) As a financial institution, we are not allowed to give tax advice. Your tax adviser may be able to assist you in answering specific questions on this form. Your domestic tax authority can provide guidance regarding how to determine your tax status.

For further information or any other queries, you are requested to contact our representatives.

BMA ASSET MANAGEMENT COMPANY LIMITED.

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