

FATCA FORM – INDIVIDUAL ACCOUNT

The Foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients. Under U.S. federal tax law, BMA Asset Management Company Limited (BMA Funds) is required to request certain taxpayer information from certain persons who maintain an account at BMA Funds (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfil BMA Funds requirements under U.S. federal tax law and will not be used for any other purpose.

SECTION A

- (1) **This section must be completed by any individual who wish to open an account.**
- (2) **Please complete this form for Principal account holder only.**

Account Title: (In Block Letters)

CNIC #:

ACCOUNT NO: (For office use only)

COUNTRY OF TAX RESIDENCE OTHER THAN PAKISTAN:

None USA Other (Please Specify) _____

PLACE OF BIRTH:

City: State: Country:

Please tick to appropriate check box

Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Form W-9.
Are you a US Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hold a US Permanent Resident Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Form W-9. In case you are Non-US Person; please fill Section B of this form and provide Non-US Passport and Certificate of Loss of Nationality (i.e. Form I-407).
Were you born in USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standing instructions to transfer funds to an account maintained in USA.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Form W-9. In case you are Non-US Person; please fill Section B of this form supported by other documentary evidence establishing the non-US status.
Do you have any Power of Attorney/ Authorized Signatory/ Mandate holder having US Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have US residence/ mailing/ Sole Hold Mail address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Form W-9. In case you are Non-US Person; please fill Section B of this form and provide non-US Passport and other documentary evidence establishing the non-US status.
Do you have US telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B:

This section must be filled by any individual who mark(s) any of the item number 4, 5, 6, 7 & 8 as 'Yes' but claims to be a Non-US Person along with documentary evidence.

I _____ declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify that I am not a US Person. I undertake to notify BMA Funds within 30 calendar days if this certification becomes incorrect.

Signature: _____

Declaration:

- I hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, I hereby consent for BMA Funds to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.
- Where required by domestic or overseas regulators or tax authorities, I consent and agree that BMA Funds may withhold from my Account(s) such amounts as may be required according to applicable laws, regulations and directives.
- I undertake to notify BMA Funds within 30 calendar days if there is a change in any information which I have provided to BMA Funds.
- I will indemnify and hold harmless BMA Funds from any loss, action, cost, expense (including, but not limited to sums paid in settlement claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which arises or is incurred by BMA Funds in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.

Name: _____ Signature: _____ Dated: _____

US Taxpayer Identification Number (in case of US Person): _____