

# Foreign Account Tax Compliance Act (FATCA) Checklist



For Institutions, Individual & Joint Account Holders (Please write clearly using BLOCK LETTERS)

\*If any of the below is selected as "YES" then kindly provide country specific supporting documents with details

| S# | Particulars   | Principal Applicant                                      | Joint Applicant 1  | Joint Applicant 2  | Joint Applicant 3  |
|----|---|--|--|--|--|
| 1  | Full Name   | First  |  |  |  |
|    |   | Middle   |  |  |  |
|    |   | Last   |  |  |  |
| 2  | Country of Residence:   |  |  |  |  |
| 3  | Country of Birth:   |  |  |  |  |
| 4  | CNIC/ POC/ NICOP:   |  |  |  |  |
| 5  | Country of Incorporation (For entities)   |  |  |  |  |
| 6  | Are you a U.S. Resident?  | <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 |
| 7  | Are you a U.S. Citizen?   | <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 |
| 8  | Do you hold a U.S. Permanent Resident Card (Green Card)?  | <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 |
| 9  | Are you a Resident/ Citizen of any other country? (Please specify)  | <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 |
|    |   |  |  |  |  |
| 10 | Are you Dual National (Please specify what nationality do you hold)   | <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 |
|    |   |  |  |  |  |
| 11 | Are you a Resident of any country other than Pakistan? (Please specify)   | <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 |
|    |   |  |  |  |  |
| 12 | Do you have any tax obligation in a country other than Pakistan?  | <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 |
|    | (Note: If "YES" then please specify the list of countries along with its respective tax number, social security number, or local equivalent.) |  |  |  |  |
| 13 | Are you a U.S. Owned Entity/ any other country? (Please specify)  | <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 |
|    |   |  |  |  |  |
| 14 | Have you a given Power of Attorney to any Person residing overseas?   | <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 |
|    | Please provide Attorney's Address:  |  |  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |
| 15 | W8BEN/ W9 Forms/ W8BENE Submitted with date of submission.  | <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 the information provided above is true, accurate and complete.

I/We hereby provide my/our consent to JS Investments Limited (JSIL) or any of its affiliates to disclose and furnish and share information pertaining to my/ our account to domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.

I/ We also authorize JSIL to deduct withholding tax from my/ our account when required to do so by domestic or overseas regulators or tax authorities or pay out, from my/our account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

I/We shall indemnify and hold JSIL harmless against any claim, damages, costs, expenses and other direct and/or indirect consequence of disclosing, furnishing and sharing any information with any domestic or overseas regulators or tax authorities.

I/We agree and undertake to notify the JSIL within thirty (30) calendar days if there is a change in any information which we have provided above.

Principal /Authorized Signature  
(Or Guardian in case of minor)

Joint 1 (if any) / Authorized Signature

Joint 2 (if any) / Authorized Signature

Joint 3 (if any) / Authorized Signature