

# Account Opening Form (1 of 2) For Individuals

(No Cash Acceptable)  
( نقد رقم وصول نہیں کی جاتی )



www.jsil.com | 111-222-626

Date: \_\_\_\_\_

## Section 1: Principal Account Holder

Name: Mr/Mrs/Ms: \_\_\_\_\_  
Father's/ Husband's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
CNIC/Passport No. \*(in case of Minor, provide B-Form number or juvenile card: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
CNIC Issue Date: \_\_\_\_\_ CNIC Expiry Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Marital Status:  Married  Single Nationality: \_\_\_\_\_ Resident:  Yes  No  
Mailing Address: \_\_\_\_\_ Province: \_\_\_\_\_  
Mobile no. \_\_\_\_\_ Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

### In case of Minor Account:

Name of Guardian: \_\_\_\_\_  
Relation with minor: \_\_\_\_\_ Guardian CNIC: \_\_\_\_\_ CNIC Issue Date: \_\_\_\_\_  
Mobile no. \_\_\_\_\_ Phone No. \_\_\_\_\_ CNIC Expiry Date: \_\_\_\_\_

## Section 2: Joint Account Holder / Nominee Details | All Joint Holders must fill out and submit KYC form

DETAIL Type:  Joint Account Holders (For Joint Account Only)  Nominee(s) (For Single Account Only)\*

1. Name (Mr/ Mrs/ Ms): \_\_\_\_\_ Share (in joint holding or nomination %\*): \_\_\_\_\_  
Father's / Husband's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
CNIC/ Passport No.\*(in case of Minor, provide B-Form number): \_\_\_\_\_ CNIC Issue Date: \_\_\_\_\_ CNIC Expiry Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Marital status:  Married  Single Nationality: \_\_\_\_\_ Resident: Yes No Relationship with Principal: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Province: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name (Mr/ Mrs/ Ms): \_\_\_\_\_ Share (in joint holding or nomination %\*): \_\_\_\_\_  
Father's / Husband's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
CNIC/ Passport No.\*(in case of Minor, provide B-Form number): \_\_\_\_\_ CNIC Issue Date: \_\_\_\_\_ CNIC Expiry Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Marital status:  Married  Single Nationality: \_\_\_\_\_ Resident: Yes No Relationship with Principal: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Province: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Name (Mr/ Mrs/ Ms): \_\_\_\_\_ Share (in joint holding or nomination %\*): \_\_\_\_\_  
Father's / Husband's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
CNIC/ Passport No.\*(in case of Minor, provide B-Form number): \_\_\_\_\_ CNIC Issue Date: \_\_\_\_\_ CNIC Expiry Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Marital status: Married Single Nationality: \_\_\_\_\_ Resident: Yes No Relationship with Principal: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Province: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

\* Declaration for assigning Nominees: I, hereby, nominate the above \_\_\_\_\_ (mention number) person(s) hereinafter referred to as Nominee(s) to be entitled to receive total number of units and any unpaid pending dividend(s) held in my above stated account maintained with JS Investments Limited according to their respective shares as in case of my death. I hereby agree and accept that nomination(s) shall not be binding upon Management Company and the Trustees, who may at their sole discretion, demand for Succession Certificate or any other mandate from a competent authority or an indemnification by the Nominee(s) before releasing the proceeds of or transferring the units held in my account to the Nominee(s). I further undertake and agree that the Management Company and/or Trustees shall not be liable or held responsible for any issues or disputes arising out of this nomination. The entitlement to a fraction of a unit may be consolidated and proceeds/ ownership of units and unpaid dividend(s) may be paid/transferred to the above nominees.

## Section 3: Bank Details (Note: Bank Account must be in the name of the Principal Account Holder)

Bank Account Title: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
IBAN: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
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

### For Official Use

Channel Partner: \_\_\_\_\_ Region / City: \_\_\_\_\_ Branch Name / Code: \_\_\_\_\_  
Relationship Manager: \_\_\_\_\_ Comments: \_\_\_\_\_

# Account Opening Form (2 of 2) For Individuals

## Section 4: Operating Instructions

1. **Signing Authority:**  (Singly) Principal Account Holder Only  All Principal and Joint Holder(s)  (Either/Or) Principal or Joint Holder(s)
2. **Payout Instructions:**  Reinvest Dividend  Disburse Dividend
3. **Modes of Transactions:**  Online  Physical  Both
4. **Zakat Deduction**  Yes  No\* (\*kindly provide zakat Exemption affidavit)
5. **Purpose and intended nature of business relationship:** **Investment (others please specify)** \_\_\_\_\_

## Section 5: Know Your Customer (KYC) Details for Principal Account Holder (Joint Holders, if any, must fill out and submit separate KYC forms)

Source of Income: Salary Business Inheritance Savings/ Investments Other, Please specify: \_\_\_\_\_  
Occupation: Private Service Govt. Service Homemaker Student  Retired Self-Employment Real Estate Dealer Metals & Precious Stones Dealer  
Lawyer/ Legal Advisor Accountant/ Tax advisor Other, Please specify: \_\_\_\_\_ Nature of Business (Sole Proprietor): \_\_\_\_\_  
Incase of Homemaker/ Student, please specify dependency on: \_\_\_\_\_ Type of Counter Parties (Sole Proprietor): \_\_\_\_\_  
Expected Investment  Under Rs. 100,000  Under 500,000  Under 1,000,000  Over 1,000,000  
Expected No. of Transactions: \_\_\_\_\_ Expected Monthly Turnover in account: \_\_\_\_\_

- a) 1) Are you a resident/ national of any country other than Pakistan? (If "Yes", please fill point #2 below):  Yes  No  
2) Do you belong to a country that is not part of FATF (Financial Action Task Force\*):  Yes  No
- b) Do you have any business relationship or transactions in/ from offshore Tax Haven countries?  Yes  No
- c) Has any Financial Institution ever refused to open your account.  Yes  No
- d) Do you deal in high value items i.e. Gold, Silver, Diamonds, Metals, Gems etc.?  Yes  No
- e) Are you a resident or inhabitant of Southern Punjab or Afghan Border?  Yes  No
- f) Is your total investment in JS Investments more than Rs. 25 million?  Yes  No
- g) Do you hold a high profile position i.e. Sports or Media Personality?  Yes  No
- h) Are you acting on behalf of any other person? (If "yes", please provide "Declaration for Ultimate Beneficial Ownership").  Yes  No
- i) Are you a domestic or foreign "Politically Exposed Person" (PEP)?  Foreign  Domestic  Neither
- j) Are you a family member or close associate of a domestic or foreign "Politically Exposed Person" (PEP)?  Foreign  Domestic  Neither

\* FATF members: Argentina | Australia | Austria | Belgium | Brazil | Canada | China | Denmark | Finland | France | Germany | Greece | Hong Kong (China) | Iceland | India | Ireland | Italy | Japan | Korea | Luxembourg | Malaysia | Mexico | Netherlands | New Zealand | Norway | Portugal | Russian Federation | Singapore | South Africa | Spain | Sweden | Switzerland | Turkey | United Kingdom | United States

## Section 6: Declaration

I/We hereby acknowledge that I/We have fully understood all the reference notes. I/We hereby ratify that the information provided on this form is correct and we shall immediately update JS Investments Limited (JSIL) if there is any change in the information, including change in source of wealth/ income. I/We hereby authorize JSIL to verify any or all information related to KYC, CNIC verification using NADRA Verisys, IBAN and Mobile Number verification as provided herein above in this form. I/We will not claim repatriation from Pakistan of dividend or sales proceed of unit(s) registered in my/our account except as permissible under the rules of State Bank of Pakistan or Ministry of Finance, Government of Pakistan. I/We hereby acknowledge that I/We have been informed of the general risks of investment in mutual funds by JSIL, through its authorized representatives and distribution agents, to my/our complete satisfaction. I/We fully understand that past performance does not necessarily indicate future performance and no guarantee of any profit or return on investments in any Mutual Funds is given.

میں/ ہم تسلیم کرتے ہیں کہ میں/ ہم نے تمام حوالہ جات کو مکمل طور پر سمجھ لیا ہے۔ میں/ ہم اس بات کی توثیق کرتے ہیں کہ اس فارم میں فراہم کردہ معلومات درست ہے اور اگر معلومات میں کوئی تبدیلی بشمول دولت / آمدنی کے ذریعہ میں تبدیلی ہوئی تو، بے پس انویسٹمنٹس لمیٹڈ (بے پس آئی لٹل) کو فورے طور پر مطلع کریں گے۔ میں/ ہم اس فارم میں فراہم کردہ کسی بھی / تمام معلومات جو کہ (KYC) سے متعلق یا شناختی کارڈ کی تصدیق نادرہ ویریسس کے ذریعے، بینک اکاؤنٹ (IBAN) سے متعلق اور موبائل نمبر کی توثیق کرنے کا اختیار بے پس انویسٹمنٹس لمیٹڈ کو دیتے ہیں۔ میں/ ہم پاکستان سے ڈیویڈنڈ یا میرے اکاؤنٹ میں رجسٹرڈ یوٹس کی فروخت سے حاصل ہونے والی آمدنی کی واجبی کا مطالبہ نہیں کریں گے ماسوائے جس کی اسٹیٹ بینک آف پاکستان یا فٹس آف فنانس، حکومت پاکستان کے قوانین کے تحت اجازت دی گئی ہے۔ میں/ ہم تسلیم کرتے ہیں کہ مجھے / ہمیں بے پس انویسٹمنٹس لمیٹڈ (بے پس آئی لٹل) نے اپنے با اختیار نمائندوں اور تقسیم کار ایجنٹوں کے ذریعے، میرے / ہمارے مکمل اطمینان کے لئے میوچل فنڈز میں سرمایہ کاری کے عمومی خطرات سے مطلع کیا گیا ہے۔ میں/ ہم یہ بات سمجھتے / سمجھتی ہیں کہ ماضی کی کارکردگی کسی بھی لحاظ سے مستقبل کے نتائج کی ضامن نہیں ہے اور کسی میوچل فنڈز میں سرمایہ کاری پر کسی بھی منافع کی کوئی ضمانت نہیں دی ہے۔

Specimen Signature for records

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

Specimen Signature for records

Joint 1 (if any) / Authorized Signature

Specimen Signature for records

Joint 2 (if any) / Authorized Signature

Specimen Signature for records

Joint 3 (if any) / Authorized Signature

**Note:** In case of Minor/ Guardian, please submit clear copy of "B-Form" or SNIC. In case of thumb impression/ shaky/ immature signature, please submit a photograph (which may be a digital photograph). In all such cases two witnesses are required to sign the form.

Witness (1) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

CNIC/ Passport No.: \_\_\_\_\_

Witness (2) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

CNIC/ Passport No.: \_\_\_\_\_

**Reference Notes** ● If any field is not applicable, please write N/A. ● In case the Principal Holder is Minor, guardian's CNIC copy shall be provided. ● Management Company or Trustee has the right to reject application. ● All correspondence will be made with the Principal Holder (or Guardian in case of Minor) for Individual accounts. ● Web portal User ID and Password (if request) shall be sent via Email. ● Zakat Exemption Affidavits of all joints holders are required for Zakat Exemption. In case of Non-muslim, Zakat deduction will not be applicable. ● \*Passport number in case of foreigner only. ● Natural person(s) having shareholding/ voting rights of more than 25% shall be considered as UBO. Moreover, natural person(s) as Directors, Settlor, Trustee(s), Beneficiaries for Foundations, Trust or non-profit organizations shall also be considered UBO(s). \*Share percentage in joint holding account is for tax treatment.

## Risk Profiling Questionnaire (RPQ)

For Individual Clients

Name of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Q. 01 Please select your age range?

- A.  Over 60 years or below 18 years  
 B.  Between 50 and 60 years  
 C.  Between 30 and 50 year  
 D.  Between 18 and 30 year

Q. 02 How do you consider your capital market experience and knowledge, as an investor?

- A.  Basic  
 B.  Average  
 C.  Above Average/ Good  
 D.  Very Good

Q. 03 What are you looking for in terms of your investment objective?

- A.  Capital preservation and regular income with very low risk investments avenues  
 B.  Capital preservation and regular income with low risk investment avenues  
 C.  Capital growth and regular income with medium risk investment avenues  
 D.  Capital appreciation and returns with high risk investment avenues

Q. 04 Please select your average monthly income?

- A.  Less than PKR 100,000  
 B.  Between PKR 100,000 and PKR 500,000  
 C.  Between PKR 500,000 and 1000,000  
 D.  More than PKR 1000,000

Q. 05 What levels of fluctuation in your investment would you generally accept?

- A.  Less than PKR 5%  
 B.  Between 5% to 10%  
 C.  Between 10% to 20%  
 D.  More than 20%

### How to Score your Risk Profile

- Each option has points associated with it. Score the answers in ascending order (A = 1, B = 2, C = 3, and D = 4).
- Please select one option under each question given
- Calculate all the scores given to each question in below table;

Question No.	Your Points
01	
02	
03	
04	
05	
<b>Total Score</b>	

The level of risk mentioned below is driven after ascertaining general risk factors applicable to the Mutual Funds industry;

Total Score	Risk Level	General Description
1 - 6	Low	Principle at Low risk
7 - 13	Medium	Principle at Medium risk
14 - 20	High	Principle at High risk

### Declaration:

This RPQ has been filled to the best of my knowledge and I agree that this questionnaire only provides some indication of my risk profile, which may or may not exactly reflect my ability to take risk and/ or risk tolerance level. Moreover, JSIL has provided all the necessary advice about the Fund(s), under its management. I agree that any misleading or inaccurate information provided herein may give wrong outcome of the recommendation made. Further, JSIL will not be held liable for any financial consequences.

I hereby declare that -please tick (  ) the box;

- I wish to proceed with the recommended Fund as per the Risk Profiling Questionnaire  
 I have decided to purchase other Fund(s) that is not recommended as per Risk Profile Questionnaire and I understand the risk associated with the Fund(s) of my choice

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**Disclaimer:** All investments in mutual funds are subject to market risks. Past performance is not necessarily indicative of future results. Please read the Offering Documents to understand the investment policies and the risks involved.

# 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

# Declaration / Undertaking on "Source of Income" & "Source of Funds"

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Father's / Husband's name: \_\_\_\_\_

CNIC No. \_\_\_\_\_

JSIL A/C # \_\_\_\_\_

Further to my request for opening of account with **JS Investments Limited ("JS Investments")**, I do hereby declare the following:

## A. Source of Income (where "Income" means money received on regular basis in exchange providing goods or services or investing capital)

My monthly income is: PKR \_\_\_\_\_ and,

Please check mark one or more options that apply to you, and attach relevant documentary proofs:

- I am a **Self-employed individual**. <Attach Business ownership / Proprietorship / Partnership document | Professional membership card OR Any other equivalent document>
- I am a **Salaried individual**. <Attach proof of Employment e.g. Job card | Employment Letter>
- I earn regular **Investment Income**. <Attach Proof of Investment Income>
- I am a **Company owner** of a "Limited Company". <Attach Form A or Form B, and Form 29>
- I have **No Source of Income**. <For **Retired person** OR **Un-employed** OR **Housewife/Homemaker** etc>
- I am a **Minor**. <Attach Guardian's Source of Income>

## B. Source of Funds (where "Funds" refers to the amount(s) you invest in schemes managed by JS Investments)

(Only Required if investment amount is more than Rs. 2 million)

Please check mark one or more options that apply to you, and attach relevant documentary proofs:

- My investment is funded by **my current Income**. <Attach documentary proof of income, for example: "Pay-slip" OR "Profit statement of Partnership / Business / Company" OR "Proof of Investment Income" OR Equivalent document>  
Note: (If Investment amount is more than 4 times your annual income declared in Section A above, you must declare additional "Source of Funds" from the options in Section B)
- My investment is funded by my **Savings** from past income. <Attach documentary proof of Savings, for example "Wealth statement" OR "Past Employment Experience Certificate & Pay-slip" OR "Past Business ownership document & Profit statement of business" OR Other Equivalent document>
- My investment is funded by my **Father / Husband / Son** Or \_\_\_\_\_. <Attach CNIC, KYC Form, and Declaration / Undertaking of Source of Income / Funds for the person funding your investment.>
- My investment is funded by "**Sale of Asset**" Or "**Inheritance**" Or \_\_\_\_\_. <Attach proof of funding e.g. "Property sale document" OR "Succession & Inheritance document" OR Other Equivalent document>

I undertake that in case of changes in information above, I shall immediately declare the same to **JS Investments**.

I also hereby undertake responsibility of the truthfulness, accuracy and completeness of facts/ information stated herein and agree to hold **JS Investments** and its officers, severally and jointly, indemnified and harmless from and against any adverse consequences including all loss(es), damage(s), cost(s) and expense(s) (including legal form) that may result on account of any defect in the truthfulness, accuracy and completeness of facts and information stated herein.

Sincerely yours,

\_\_\_\_\_  
Authorized Signature

## COMMON REPORTING STANDARD (CRS) FORM FOR INDIVIDUAL CLIENTS

### Part 1 – Identification of Individual Account Holder

Name as per CNIC (Mr/ Mrs/ Ms): \_\_\_\_\_  
 Father/ Husband Name: \_\_\_\_\_ CNIC Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Mailing 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.

	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 JSIL setting out how JSIL 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 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 JSIL 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 JSIL with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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