

Account Opening Form (1 of 1) For Institutions

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

Date: _____

Section 1: Account Holder

Name of Institution: _____
Registration No.: _____ Date of Registration: _____ NTN: _____
Legal Status: ☐ Company ☐ Partnership ☐ Employee Fund ☐ Trust ☐ Others, Please specify: _____
Registered Address: _____
Mailing Address: _____ Province: _____
Contact Name: _____ Designation: _____
Mobile No.: _____ Phone No.(Office): _____ Email Address: _____

Section 2: Bank Details (Note: Bank Account must be in the name of the Entity)

Bank Account Title: _____ Bank Name: _____
IBAN: _____ Branch Name: _____ Branch Code: _____
Address: _____

Section 3: Operating Instructions

1. **Signing Authority:** For Institutional Accounts: ☐ Any authorized signatory ☐ All Authorized Signatories (Note: Provide Board Resolution with list of Authorized Signatories)
2. **Payment Instructions:** ☐ Reinvest Dividend ☐ Disburse Dividend 3. **Modes of Transactions:** ☐ Online ☐ Physical ☐ Both
4. **Withholding Tax (For Institution):** ☐ Not Exempt ☐ Exempt* (Kindly provide Withholding Tax Exemption Affidavit)
5. **Purpose and intended nature of business relationship:** Investment (others please specify) _____

Section 4: Know your customer(KYC) Details for Entity

Number of Ultimate Beneficial Owners (UBOs): _____ Nature of Business: _____ Type of Counter Parties: _____
(Please provide details of UBOs of your Institution using "Declaration for Ultimate Beneficial Ownership")

- | | | | |
|--|---------|----------|---------|
| a) 1) Is your entity operating in any country other than Pakistan? (If "Yes", please fill point #2 below): | Yes | No | |
| 2) Does your entity belong to a country that is not part of FATF (Financial Action Task Force*): | Yes | No | |
| b) Does your entity 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) Does your entity deal in high value items i.e. Gold, Silver, Diamonds, Metals, Gems etc.? | Yes | No | |
| e) Is your entity a resident or inhabitant of Southern Punjab or Afghan Border? | Yes | No | |
| f) Is your entity's Directors/ UBOs domestic or foreign "Politically Exposed Person" (PEP)? | Yes | No | |
| g) Is your entity's Directors/ UBOs or their family member a close associate of a domestic or foreign PEP? | Foreign | Domestic | Neither |
| | 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 5: 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، جے ایس انویسٹمنٹس لمیٹڈ (جے ایس آئی ڈی) 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 نادرا ویسٹس کے ذریعے، بینک اکاؤنٹ (IBAN) سے متعلق اور موبائل نمبر کی توثیق کرنے کا اختیار ہے ایس انویسٹمنٹس لمیٹڈ کو دیتے ہیں۔ میں / ہم پاکستان سے ڈیویڈنڈ یا میرے اکاؤنٹ میں رجسٹر یوٹس کی فروخت سے حاصل ہونے والی آمدنی کی واپسی کا مطالبہ نہیں کریں گے ماسوائے جس کی اسٹیٹ بینک آف پاکستان یا فنانس آف فنانس، حکومت پاکستان کے قوانین کے تحت اجازت دی گئی ہے۔ میں/ ہم تسلیم کرتے ہیں کہ مجھے / ہمیں جے ایس انویسٹمنٹس لمیٹڈ (جے ایس آئی ڈی) 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 سمجھتا / سمجھتے 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 Authorized Signature	Specimen Signature for records Authorized Signature	Specimen Signature for records Authorized Signature	Specimen Signature for records Authorized Signature
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Reference Notes: ● If any field is not applicable, please write N/A. ● Management Company or Trustee has the right to reject application. ● All correspondence will be made with the "Contact Name" provided in Section 1 for Institutional accounts. ● Zakat deduction will not be applicable. For Institutions, from must be signed by the persons as per the list of authorized signatories, along with company stamp. *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).

For Official Use

Channel Partner: _____ Region / City: _____ Branch Name / Code: _____
Relationship Manager: _____ Account Number (If Any): _____

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
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?	☐ Yes ☐ No
7	Are you a U.S. Citizen?	☐ Yes ☐ No
8	Do you hold a U.S. Permanent Resident Card (Green Card)?	☐ Yes ☐ No
9	Are you a Resident/ Citizen of any other country? (Please specify)	☐ Yes ☐ No
10	Are you Dual National (Please specify what nationality do you hold)	☐ Yes ☐ No
11	Are you a Resident of any country other than Pakistan? (Please specify)	☐ Yes ☐ No
12	Do you have any tax obligation in a country other than Pakistan?	☐ Yes ☐ 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)	☐ Yes ☐ No
14	Have you a given Power of Attorney to any Person residing overseas?	☐ Yes ☐ No Please provide Attorney's Address:
15	W8BEN/ W9 Forms/ W8BENE Submitted with date of submission.	☐ Yes ☐ 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

COMMON REPORTING STANDARD (CRS) FORM FOR CORPORATE CLIENTS

Part 1 – Identification of Account Holder

Legal Name of Entity: _____ Country of Incorporation: _____
 Current Address: _____
 Mailing Address: _____

Part 2 – Entity Type (Please provide the Account Holder's Status by ticking one of the following boxes)

1. (a) Financial Institution – Investment Entity
 - i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution ☐
 - ii. Other Investment Entity ☐
- (b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company ☐
 If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.
 _____ . _____ . _____
- (c) Active NFE – a corporation which is regularly traded on securities market, provide name of that market: ☐

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation

- (d) Active NFE – a Government Entity or Central Bank ☐
- (e) Active NFE – an International Organization ☐
- (f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE) ☐
- (g) Passive NFE (Note: if ticking this box please also complete Part 2(2) below) ☐

2. If you have ticked 1(a)(i) or 1(g) above, then please:

- (a) **Indicate the name** of any Controlling Person(s) of the Account Holder:
 (i) _____ (ii) _____
- (b) **Complete** "Controlling Person tax residency self-certification form" for each Controlling Person.

Part 3 – 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.

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Part 4 – 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 authorised 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 _____ Signature _____ 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 _____