

Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative. We will notify you through email and SMS upon receipt of the application form.

برائے مہربانی اس بات کو یقینی بنائیے کہ آپ کا درخواست فارم / چیک ہمارے نمائندے کو دینے سے قبل مکمل طریقے سے پُر اور دستخط شدہ ہو۔ درخواست فارم موصول ہونے پر ہم آپ کو بذریعہ ای میل اور ایس ایم ایس مطلع کریں گے۔

CONTROLLING PERSON RESIDENCY SELF-CERTIFICATION FORM

- Please complete Parts 1-4 in BLOCK CAPITALS..
- Fields marked with a * are mandatory.
- Fill and complete Part 2 only if Tax Residency is other than USA & Pakistan otherwise mark " Not Applicable (N/A)"

PART 1 – IDENTIFICATION OF A CONTROLLING PERSON	
A. NAME OF CONTROLLING PERSON	
FAMILY NAME OR SURNAME(S)*	
TITLE:	
FIRST OR GIVEN NAME*	
MIDDLE NAME(S)	
B. CURRENT RESIDENCE ADDRESS	
LINE 1 (E.G. HOUSE/APT/SUITE NAME, NUMBER, STREET, IF ANY)*	
LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE)*	
COUNTRY*	
POSTAL CODE/ZIP CODE (IF ANY)*	
C. MAILING ADDRESS (PLEASE COMPLETE IF SECTION B ABOVE NOT COMPLETED)	
LINE 1 (E.G. HOUSE/APT/SUITE NAME, NUMBER, STREET)	
LINE 2 (E.G. TOWN/CITY/PROVINCE/COUNTY/STATE)	
COUNTRY	
POSTAL CODE/ZIP CODE	
D. DATE OF BIRTH*(DD/MM/YYYY)	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>
E. PLACE OF BIRTH	
TOWN OR CITY OF BIRTH*	
COUNTRY OF BIRTH*	
F. PLEASE ENTER THE LEGAL NAME OF THE RELEVANT ENTITY ACCOUNT HOLDER(S) OF WHICH YOU ARE A CONTROLLING PERSON	
LEGAL NAME OF ENTITY 1	
LEGAL NAME OF ENTITY 2	
LEGAL NAME OF ENTITY 3	

PART 2 – COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT* ("TIN")

Please complete the following table indicating (i) where the Controlling Person is tax resident; (ii) the Controlling Person's TIN for each country/jurisdiction indicated; and, (iii) if the Controlling Person is a tax resident in a country/jurisdiction that is a Reportable Jurisdiction(s) then please also complete **Part 3 "Type of Controlling Person"**. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction).

(You can also find out more about whether a country/jurisdiction is a Reportable Jurisdiction on the OECD automatic exchange of information portal).

If the Controlling Person is tax resident in more than three countries/jurisdictions, please use a separate sheet

If a TIN is unavailable please provide the appropriate reason A, B or C:

Reason A - The country/jurisdiction where the Controlling Person is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C - No TIN is required. (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)

COUNTRY/JURISDICTION 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 – TYPE OF CONTROLLING PERSON (PLEASE ONLY COMPLETE THIS SECTION IF YOU ARE TAX RESIDENT IN ONE OR MORE REPORTABLE JURISDICTIONS)			
PLEASE PROVIDE THE CONTROLLING PERSON'S STATUS BY TICKING THE APPROPRIATE BOX.	ENTITY 1	ENTITY 2	ENTITY 3
a. CONTROLLING PERSON OF A LEGAL PERSON – CONTROL BY OWNERSHIP			
b. CONTROLLING PERSON OF A LEGAL PERSON – CONTROL BY OTHER MEANS			
c. CONTROLLING PERSON OF A LEGAL PERSON – SENIOR MANAGING OFFICIAL			
d. CONTROLLING PERSON OF A TRUST - SETTLOR			
e. CONTROLLING PERSON OF A TRUST – TRUSTEE			
f. CONTROLLING PERSON OF A TRUST – PROTECTOR			
g. CONTROLLING PERSON OF A TRUST – BENEFICIARY			
h. CONTROLLING PERSON OF A TRUST – OTHER			
i. CONTROLLING PERSON OF A LEGAL ARRANGEMENT (NON-TRUST) – SETTLOR-EQUIVALENT			
j. CONTROLLING PERSON OF A LEGAL ARRANGEMENT (NON-TRUST) – TRUSTEE-EQUIVALENT			
k. CONTROLLING PERSON OF A LEGAL ARRANGEMENT (NON-TRUST) – PROTECTOR-EQUIVALENT			
l. CONTROLLING PERSON OF A LEGAL ARRANGEMENT (NON-TRUST) – BENEFICIARY-EQUIVALENT			
m. CONTROLLING PERSON OF A LEGAL ARRANGEMENT (NON-TRUST) – OTHER-EQUIVALENT			

PART 4 – DECLARATIONS AND SIGNATURE*	
<p>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 MCBIM and the Collective Investment Schemes and Voluntary Pension Schemes under its management (hereinafter collectively referred to as the "MCBIM Schemes") setting out how MCBIM and MCBIM Schemes may use and share the information supplied by me.</p> <p>I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.</p> <p>I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of all the account(s) held by the Entity Account Holder to which this form relates.</p> <p>I declare that I have neither asked for, nor received, any advice from MCBIM and MCBIM Schemes in determining the classification of Entity Account as a Reportable Person or otherwise.</p> <p>I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.</p> <p>I undertake to advise MCBIM and MCBIM Schemes within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide MCBIM with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.</p>	

SIGNATURE*	
PRINT NAME*	
DATE*	
NOTE: IF YOU ARE NOT THE CONTROLLING PERSON 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.	
CAPACITY*	