



Please complete Part 1-4 in BLOCK CAPITALS.

NOTE: Fill and complete Part 2 only if Tax Residency is other than Pakistan & USA otherwise mark "Not Applicable (N/A)".

### Part 1 – Identification of Controlling Person

Name as per CNIC (Mr/ Mrs/ Ms): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal name of Controlling Entity: \_\_\_\_\_

### Part 2 – Country of Residence for Tax Purposes and related Taxpayer Identification Number ("TIN")

**Note:** Mandatory if country of tax residence is other than Pakistan & USA, otherwise mark "Not Applicable (N/A)".

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 – Type of Controlling Person (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

- |   |                          |
|---|--------------------------|
| a. Controlling Person of a legal person – control by ownership                    | <input type="checkbox"/> |
| b. Controlling Person of a legal person – control by other means                  | <input type="checkbox"/> |
| c. Controlling Person of a legal person – senior managing official                | <input type="checkbox"/> |
| d. Controlling Person of a trust – settlor  | <input type="checkbox"/> |
| e. Controlling Person of a trust – trustee  | <input type="checkbox"/> |
| f. Controlling Person of a trust – protector                                      | <input type="checkbox"/> |
| g. Controlling Person of a trust – beneficiary                                    | <input type="checkbox"/> |
| h. Controlling Person of a trust – other  | <input type="checkbox"/> |
| i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent     | <input type="checkbox"/> |
| j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent     | <input type="checkbox"/> |
| k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent   | <input type="checkbox"/> |
| l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent | <input type="checkbox"/> |
| m. Controlling Person of a legal arrangement (non-trust) – other-equivalent       | <input type="checkbox"/> |

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

\_\_\_\_\_  
Authorized Person

\_\_\_\_\_  
Capacity