

The United States Government has implemented the Foreign Account Tax Compliance Act (FATCA) and Habib Bank Limited (HBL) has agreed to ensure its compliance where ever HBL operates. HBL is required to collect information in relation to an entity's tax residency and classification under the FATCA . In certain circumstances (including if we do not receive this information from you), we are obliged to share information on your account with local and /or US Tax Authorities. Please complete all relevant sections below as per your entity status. If you are not sure how to complete this Self Certification Form and / or if you have any questions on or in relation to FATCA, any of the US IRS Forms, about your organization's classification or this Self-Certification Form, please contact your tax or legal advisor. The accompanying glossary overleaf contains key definitions.

Date            Branch

### Account Details

Account Name

Account Number                      Customer ID

### Entity Type

- I/We certify that the entity is not a financial institution
- Please select any one Entity Type:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Unlisted Public Ltd.                          | <input type="checkbox"/> Listed Public Ltd.                     | <input type="checkbox"/> Public Multinational Co. |
| <input type="checkbox"/> Partnership Firm                              | <input type="checkbox"/> Private Multinational Co.              | <input type="checkbox"/> Private Ltd Co.          |
| <input type="checkbox"/> Public Sector Cooperation / Autonomous Bodies | <input type="checkbox"/> Club / Association / Trust / NGO / NPO |   |

### Entity Identification Details

Entity's Name

Country of Incorporation

Permanent Address

Country

Postal Code / Zip Code (if any)

Mailing Address (if different from above)

Country

Postal Code / Zip Code (if any)

Nature of Business

Source of Income

### Entity Identification Details

I/We certify that the Entity is not Tax Resident of any other country besides listed below.

Please indicate the Entity's place of Tax residence	Country of Tax Residency	National Tax No. (NTN) / Tax Identification No. (TIN)	If no NTN/TIN is available then provide explanation
(if resident in more than one country, detail all countries of Tax residence and associated tax identification numbers)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Entity FATCA Classification (Non-Financial Foreign Entities - NFFEs)

- Please select any one of the Entity Classification
- Active NFFE
  - Passive NFFE with U.S. Substantial Business Owner (SBO) holding more than 10% shares in the Entity business. *Please also submit IRS Form W-8BEN-E.*
  - Passive NFFE with no US Substantial Business Owner (SBO)
  - Direct Reporting NFFE. *Please also submit IRS Form W-8BEN-E / W-8IMY.*
  - Sponsored Direct Reporting NFFE. *Please also submit IRS Form W-8BEN-E / W-8IMY.*
  - Excepted Territory NFFE
  - Publicly Traded NFFE or NFFE affiliate of a Publicly Traded Corporation. *Please state the name of the Exchange on which the Company is listed*
- 
- Non Profit Organization
  - 501(c) Organization
  - Non-Financial Group Entity
  - Excepted Non-Financial start-up company
  - Excepted Non-Financial Entity in liquidation or bankruptcy

### U.S. Entity (To be filled out by U.S. Entity only)

U.S. Person  U.S. TIN/EIN  *Please also submit IRS Form W-9*

Specified U.S. Person  U.S. TIN/EIN  *Please also submit IRS Form W-9*

### Declaration and Undertakings

I/We declare (as an authorized signatory of the Entity) that the information provided on this form is, to the best of my/our knowledge and belief it is true, correct and complete. I/We agree and undertake that if there is any change in any information which I/We have provided in this form, I/We shall submit a new form within thirty (30) calendar days.

Authorized Signatory Name

Authorized Signature

Capacity in which the declaration is made

Date          
D D M M Y Y Y Y

Authorized Signatory Name

Authorized Signature

Capacity in which the declaration is made

Date          
D D M M Y Y Y Y

### For Bank Use only

	Name	Signature	Date
Customer Service Officer / Relationship Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Processed by	<input type="text"/>	<input type="text"/>	<input type="text"/>