

# Individual Tax Residency Self-Certification Form

CRS-I

Please complete Parts 1– 3 in BLOCK CAPITALS. Fields marked with a \* are mandatory.

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

## Part 1

### A. Name of Account Holder:\*

Family Name or Surname(s)

First or Given name(s)  Middle Name(s)

### B. Current Residence Address:\*

Line 1 House/Apt/Suite Name, Number, Street)

Line 2 Town/City Province/County/State

Country  Postal Code / ZIP code

### C. Mailing Address: (Only complete if different from the address shown in Section B above)

Line 1 House/Apt/Suite Name, Number, Street)

Line 2 Town/City Province/County/State

Country  Postal Code / ZIP code

### D. Place of birth\*

Town or City of Birth\*  Country of Birth\*

## Part 2

Please provide in the table below information about Account Holders country of tax residence/tax filer/payer. If the Account Holder is a tax resident/filer/payer in more than three countries please use a separate sheet.

(Mandatory only if country of tax residence is other than Pakistan & USA otherwise mark “Not Applicable (N/A)”.)

	(i)Country where tax is paid (Tax Residency)	(ii)NTN/TIN or anyform of tax identification number	(iii)If NTN/TIN or any form of tax identification number is not available enter Reason A, B or C
1			
2			
3			

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

**Reason A** The country where the Account Holder is liable to pay tax does not issue TINs /NTN to its residents

**Reason B** The Account Holder is unable to obtain a NTN/TIN or equivalent number.

**Reason C** No TIN/NTN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the NTN/TIN to be disclosed)

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 POMFB setting out how POMFB 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 in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries 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 I have neither asked for, nor received, any advice from POMFB in determining my classification as a Reportable Person or otherwise.

\_\_\_\_\_

**Signature**

**Note:** If you are not the account holder please indicate the capacity in which you are signing the form. If signing under the power of attorney, please also attach certified copy of power of attorney.