

FATCA Form for Non-Financial Entities

1. Name of organization that is the beneficial owner	
2. Country of incorporation or organization	

3. Status (entity type) (Must check one box only):

Corporation Disregarded entity Partnership Simple trust Grantor trust
 Complex trust Estate Government Central Bank of Issue Tax-exempt organization
 Private foundation

4. Please Answer the Following			If answer to question is YES, please provide following required information:
a) Is this entity a publicly listed Company or an affiliate of a publicly listed Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Exchange on which the company is listed: _____
b) Is this entity: i. Government owned? ii. A tax exempt Retirement Fund or Trust? iii. A tax exempt Not for Profit entity (Charity)?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Provide some documentary evidence to prove claimed status.
c) The Country of Incorporation and/or Parent Company Country of Incorporation is the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Please submit signed and complete W9 form; If No, please provide following information: Country of Incorporation (Col): _____ Parent Company Col: _____ Local Contact #: _____ International Contact #: _____
d) Is this entity an Active Non-Financial Entity or a Passive Non-Financial Entity*	<input type="checkbox"/> Active	<input type="checkbox"/> Passive	If Passive NFE, please submit signed and complete W8-BEN-E form

Note: If an Entity doesn't come under any of the classification as mentioned above, please provide signed and complete Form W-8BEN-E.

5. Declaration

- I/We, authorized signatories of _____, acknowledge and declare that the information provided above is correct and true and complete to the best of my/our knowledge and belief. I/We agree to provide supporting evidence and provide updates within 30 days in case any of the aforementioned information changes.
- In consideration of UBL Fund Managers Limited maintaining/continuing to maintain the account(s) with it, I / We expressly and unconditionally authorize UBL Fund Managers Ltd. to disclose relevant account information to third parties including the US tax authorities (or its representatives or agents) as well as take necessary action including stopping redemption from the account(s) and / or withholding of tax for the purpose of UBL Fund Managers Ltd. complying with its obligations under the US Foreign Account Tax Compliance Act ("FATCA").
- I / We undertake to fully cooperate with UBL Fund Managers Ltd. to ensure it meets its obligations under FATCA in connection with the account(s). I / We irrevocably confirm and undertake that I/We shall indemnify, defend and hold harmless UBL Fund Managers Ltd. its directors, officers and employees from any loss, action, cost, expense (including, but not limited to sums paid in settlement of claims, reasonable attorneys' and consultant fees, and expert fees), claim, damages, or liability which may be suffered or incurred by UBL Fund Managers Ltd. in discharging its obligations under FATCA and/or as a result of disclosures to the US tax authorities.
- I / We acknowledge and accept that the UBL Fund Managers Limited reserves the right to close or suspend without prior notice, the account(s) if required document / information is not submitted within stipulated time.



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6. Authorized Signatory Name, Sign & Date	Authorized Signatory Name, Sign & Date

* "Passive" entities generate >50% of their income from passive sources such as interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc., whereas "Active" entities generate >50% of their income from non-passive sources such as non-investment businesses like trading, manufacturing or provision of services etc. (Please refer to the Guidelines for Non-Individual Customers for detailed and additional information)