



Foreign Account Tax Act (FATCA) Information Form

For Individual Account Holders

1. Name: _____
2. Country of Birth: _____
3. Country of Residence: _____
4. Residential Address: : _____
 City _____ State/Province _____ Country _____
5. Current or Mailing Address: _____
 City _____ State/Province _____ Country _____
5. Contact Details (With Country and City Code):
 - Land Line Numbers:
 1. _____ 2. _____ 3. _____
 - Mobile Phone Numbers
 1. _____ 2. _____ 3. _____
 3. Please confirm the following (Please mark the correct option)

a. Are you a US Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. US Resident or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Do you hold a Permanent Resident Card (Green Card)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If answer of the question 3 is yes, please provide the following information:

4. US Taxpayers Identification Number (TIN): _____

Declaration:

I hereby confirm that the information provided above is true, accurate and complete. I undertake to notify the Company within 30 calendar days if there is a change in any information which I have provided to the company.

I have also read and signed the enclosed "letter of consent regarding sharing and disclosing my personal and other information".

 Signature of Account Holder/Customer



Date: _____

To,

AWT Investments Limited (AWTIL),

Horizon Vista, Commercial 10, Block 4, Scheme 5,

Clifton, Karachi.

Attn:

Re: Consent to "AWTIL" to use and disclose personal and other information

I/We hereby confirm the information provided below is true, accurate and complete.

Name: _____

Country of Residence: _____

Country of Birth: _____

Please confirm the following:

	Yes	No
Are you a U.S. Resident	—	—
Are you a U.S Citizen	—	—
Do you hold a U.S. Permanent Resident Card (Green Card)	—	—

I/We hereby provide consent to and authorize AWT Investments Limited ("AWTIL") or any of its affiliates including branches (collectively "AWTIL") in respect of the following:

(i) to disclose and furnish and share information pertaining to my/our account to domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.



(ii) to deduct withholding tax from my/our account when required to do so by domestic or overseas regulators or tax authorities or pay out, from my/our account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives. I/ We acknowledge and accept that AWTIL will not be required to reimburse me/us for any amount withheld or deducted by AWTIL, any affiliate, any delegate or any other person.

(iii) to comply with any obligations, requirements, policies, procedures, measures or arrangements for sharing information within the group of AWTIL and/or any other use of information in accordance with any group-wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing, fiscal evasion, avoidance of taxation or other unlawful activities.

(iv) to close, transfer or block our account if required under any applicable laws, regulations, agreements with local or overseas regulators or authorities and directives.

I/We shall indemnify and hold AWTIL harmless against any claim, damages, costs, expenses and other direct and/or indirect consequence of AWTIL disclosing, furnishing and sharing any information pertaining to my/our bank account with any domestic or overseas regulators or tax authorities.

I/We agree and undertake to notify AWTIL, immediately, if there is a change in any information which we have provided to AWTIL.

I/We understand that if I/we do not consent to the disclosure and sharing of information pertaining to our account, AWTIL reserves the right to not accept our application for the opening of an account.

Further to this consent form, I/we agree to complete, sign and provide such additional forms as may be prescribed from time to time and required to be furnished to AWTIL, in relation to the consent for disclosure given herein.

Yours faithfully,

Customer Name: _____

Signature: _____

CNIC No: _____