



The Punjab Provincial Co-operative Bank Ltd.

CRS SELF CERTIFICATION FORM (FOR INDIVIDUALS and SOLE-PROPRIETORS)

New Account Classification

Change in Circumstances

Section A. Identification Information

Name of Account Holder:	Account Number:
Residence Address:	CIF Number:
	Date of Birth:
	Country of Birth:
City/State:	Contact No. (Pakistan):
Country:	Contact No. (Other than Pakistan):

Section B. Tax Residence Information (Other than Pakistan and USA)

No.	Country / Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If no TIN is available, enter Reason
1			<input type="checkbox"/> Non issuing country <input type="checkbox"/> Not requested/ disclosed by tax authority <input type="checkbox"/> Not acquired, please provide reason *
2			<input type="checkbox"/> Non issuing country <input type="checkbox"/> Not requested/ disclosed by tax authority <input type="checkbox"/> Not acquired, please provide reason *
3			<input type="checkbox"/> Non issuing country <input type="checkbox"/> Not requested/ disclosed by tax authority <input type="checkbox"/> Not acquired, please provide reason *

* Please provide reason for TIN "Not acquired"

Note: If you are a tax resident of more than three countries, please use a separate / additional sheet

Section C. Applicant Confirmation

I hereby confirm that the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for PPCBL or any of its affiliates, subsidiaries (including branches) (collectively "the Bank") to share my information with domestic or overseas regulators or tax authorities where necessary/ applicable to establish my tax liability in any jurisdiction. I also agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.

Signature of Applicant:

Date:

Note: Each account holder/beneficial owner/guardian (for minor) will individually sign the self-certification form.

Section D. Branch Authorization

We confirm that the responses of the applicant(s) have been cross verified against information provided by them in the Account Opening Form and during the KYC process and that no discrepancy has been found therein.

Name of Branch Account Opening Officer:	Signature
Date:	
Name of Branch Manager:	Signature
Date:	