



# The Punjab Provincial Co-operative Bank Ltd.

## Foreign Account Tax Compliance Act (FATCA) Form

Information			
Name <i>(as mentioned on the Account Opening Form)</i>			
Country of Birth <i>(If country of birth is United States, please provide documents)</i>			
<b>Please tick Yes or No for each of the following questions:</b>			
1	Are you a U.S National / Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Are you a U.S. Resident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Do you hold a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Do you hold a U.S. Contact Number? <i>(If yes, please provide on AOF)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Do you hold a U.S. Address? <i>(If yes, please provide on AOF)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby confirm the information provided above is true, accurate and complete. I hereby expressly and unconditionally allow PPCBL ("Bank") to give the necessary information as deemed fit to any regulatory authority allowed access to such information under Pakistan statutes, rules, regulations or any other applicable law or to the US Treasury Internal Revenue Service of the United States of America (or its representatives or agents), and do hereby consent, agree and confirm that the Bank shall have the right to disclose my personal information with respect to any of my accounts with the Bank directly or indirectly to the U.S Treasury Internal Revenue Service of the United States of America (or its representatives or agents) when requested and as deemed necessary by the Bank, of whatsoever nature.

I acknowledge and accept that the Bank reserves the right to close or suspend without prior notice, any account for which required document/information is not submitted within stipulated time.

I undertake to notify the Bank within 30 days if there is a change in any information which I have provided to the Bank.

**Customer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I certify that I have made all reasonable enquiries to obtain the information required.

<b>BM Name</b>	
<b>Signature</b>	
<b>Date</b>	

### Note:-

- This form must be filled by an individual and submitted with Account Opening Form.
- Separate form must be filled for each individual i.e. each holder of an account in case of joint account, Mandate holder or Beneficial Owner if ultimate beneficiary is other than the customer.