

BP (Business Partner) ID OPENING FORM

Please complete all details in BLOCK Letters, please fill all names correctly and mark (v) the relevant fields. All Communication shall be sent only to the First Named Account Holder's correspondence address.



Date	D	D	M	M	Y	Y	Y	Y
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- 1. BP Type:**
- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Mutual Fund |
| <input type="checkbox"/> General Insurance | <input type="checkbox"/> Foreign Investors |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Provident/Pension/Trust/Gratuity Fund |
| <input type="checkbox"/> Corporate Bodies | <input type="checkbox"/> Others |
| <input type="checkbox"/> Investment Companies | |

2. Residency of the Applicant: Resident Non-resident

3. Applicant's Detail: Single/First Applicant Second Applicant

4. Name of the Account:

5. Applicable for Individual:

Male Female Other

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Mother's Name: _____ Father's Name: _____

NID/Passport No.: _____ TIN No.: _____

Occupation: _____

6. Applicable for Non-Individual:

Type of Applicant:

Limited Company Pension/Provident/Gratuity/Mutual Fund Proprietorship Partnership Other

Trade License No.: _____ Issue Date: _____ Issuing Authority: _____

Registration No.: _____ Issue Date: _____ Issuing Authority: _____

VAT Registration No. (If Any): _____ TIN No. (If Any): _____

7. Contact Details:

Present Address/ Business Address: _____

Permanent Address: _____

Phone No.: _____ Mobile No.: _____

Email: _____

7. Bank Details

Bank Name: _____ Branch Name: _____

Account Number: _____ Account Type: _____

8. Nominee(s) [Applicable for Individual Account Holder]

I/we authorize the following person(s) as Nominee(s) to receive/draw the amount in my/our account in the event of my/our death.

Name	NID No.	Address	Relation with Account Holder	Date of Birth	% Payable	Signature of the Nominee

9. Signatory Details (Applicable for Non-Individual)

Name	Designation & Department	Personal Details	
		Father's Name:	
		Mother's Name:	
		NID No.:	
		Date of Birth:	
		Contact No.:	
		Father's Name:	
		Mother's Name:	
		NID No.:	
		Date of Birth:	
		Contact No.:	
		Father's Name:	
		Mother's Name:	
		NID No.:	
		Date of Birth:	
		Contact No.:	

10. Photographs

<div style="border: 1px solid black; padding: 5px; width: 80%; margin: auto;"> Please Paste Recent Passport Size Color Photograph of 1st Applicant/Authorized Signatory </div>	<div style="border: 1px solid black; padding: 5px; width: 80%; margin: auto;"> Please Paste Recent Passport Size Color Photograph of 2nd Applicant/Authorized Signatory </div>	<div style="border: 1px solid black; padding: 5px; width: 80%; margin: auto;"> Please Paste Recent Passport Size Color Photograph Authorized Signatory/ Nominee </div>
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11. Specimen Signature

Applicants	Name of Applicant/Authorized Signatory	Signature with Date (Official Seal is Mandatory for Signatory)

12. Special Instruction on Operation of Account (If Applicable)

<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Anyone Can Operate	<input type="checkbox"/> Any Two will Operate
<input type="checkbox"/> Only _____		
<input type="checkbox"/> Account will be Operated by _____ with any one of the others		
For the Use of Bank Only		
_____ Initiated By	_____ Manager, Treasury/Government Securities Investment Window	_____ Head of Treasury