## **BP (Business Partner) ID OPENING FORM**

·	Please complete all details in <b>BLOCK</b> Letters. 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.							
BPID				Date D	D M	M Y Y Y Y		
1. BP Type:				•				
Individual General Insurance Life Insurance Corporate Bodies Investment Companies  Mutual Fund Foreign Investors Provident/Pension/Trust/Gratuity Fund Others Others								
2. Residency of the Applicant:								
Resident Non-resident								
3. Applicant's Detail:								
		Single/First Applicant	Seco	ond Applicant				
4. Name of the Account:								
5. Applicable for Individu	al:							
Male Fem	Male Female Other Date of Birth: D D M M Y Y Y							
Mother's Name:	Father's Name:							
NID/Passport No.:	e-TIN No. (if any)							
Occupation:								
6. Applicable for Non-Ind	6. Applicable for Non-Individual:							
Type of Applicant:			•					
Limited Company		/Provident/ /Mutual Fund	Proprietorship	Part	tnership	Other		
Trade License No.:		Issue Da	te	Issuing Autho	ority			
Registration No.:		Issue Da	te	Issuing Autho	ority			
VAT Registration No.	(If Any):	f Any): e-TIN No. (if any)						
7. Contact Details:								
Present Address/ Bus	iness Address:							
Permanent Address:								
Phone No.:	Mobile No.:							
Email:								
8. Bank Details								
Bank Name:	Branch Name:							
Account Number:	Account Type:							
Routing No.:								
9. 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/Passport/ Birth Certificate No.	Address	Relation with Account Holder	Date of Birth	% Payable	Signature of the Nominee		

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

## 10. Signatory Details (Applicable for Non-Individual) **Designation and** Name **Personal Details** Department Father's Name: Mother's Name: NID/Passport No. Date of Birth: Contact No.: Father's Name: Mother's Name: NID/Passport No. Date of Birth: Contact No.: Father's Name: Mother's Name: NID/Passport No. Date of Birth: Contact No.: 11. Photographs Please Attach a Recent Please Attach a Recent Please Attach a Recent Passport Size Color Passport Size Color Passport Size Color Photograph of 1st Photograph of 2nd Photograph of Authorized Applicant/Authorized Applicant/Authorized Signatory/ Nominee Signatory Signatory 12. Specimen Signature Signature with Date **Applicants** Name of Applicant/Authorized Signatory (Official Seal is Mandetory for Signatory) 13. Special Instruction on Operation of Account (If Applicable)

Either or Survivor Anyone Only	Can Operate Any Two will Operate
Account will be operated by For	the Use of Bank Only
	· · · · · · · · · · · · · · · · · · ·
Initiated By	Authorized Officer of Government Securities Investment Window/Manager/Head of Treasury

## N.B.

- 1) Certificate of Incorporation no. or Internal Revenue Service (IRS) or relavent document no. may be used instead ② of trade licence in SL no. 6 for Non-resident individuals and institutional inverstors.
- 2) Based on relevant SWIFT messages, the information of the authorized signatories of the custodian bank may be used in SL. No. 10, 11, 12 and 13 for non-resident individuals and institutional inverstors.