

D D M M Y Y Y Y

Mutual Fund

General Insurance Foreign Investors

Life Insurance Provident/Pension/Trust/Gratuity Fund

Corporate Bodies Others

Investment Companies

Resident Non-resident

Single/First Applicant Second Applicant

Male Female D D M M Y Y Y Y

NID/Passport No.:

6. Applicable for Non-Individual:

Partnership Other

Trade License No.:

7. Contact Details:

Present Address/ Business Address:

Permanent Address:

8. Bank Details

Account Number:

Routing No.:

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

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Signature of the

NomineeName

NID/Passport/

Birth Certificate

No.

Address Relation with

Account Holder

Date of

Birth

%

Payable

Email:

Bank Name: Branch Name:

Account Type:

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.

VAT Registration No. (If Any): e-TIN No. (if any)

Phone No.: Mobile No.:

Issue Date Issuing Authority

Registration No.: Issue Date Issuing Authority

Occupation:

Type of Applicant:

Limited Company Pension/Provident/

Gratuity/Mutual Fund

Proprietorship

Mother's Name: Father's Name:

e-TIN No. (if any)

2. Residency of the Applicant:

3. Applicant's Detail:

4. Name of the Account:

5. Applicable for Individual:

Other Date of Birth:

BP (Business Partner) ID OPENING FORM mshyw<sup>3</sup>-K

Please complete all details in BLOCK Letters. Fill all names correctly and mark (√) the relevant fields.

All Communication shall be sent only to the First Named Account Holder's correspondence address.

BPID Date

1. BP Type:

Individual10. Signatory Details (Applicable for Non-Individual)

11. Photographs

12. Specimen Signature

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

N.B.

1) Certificate of Incorporation no. or Internal Revenue Service (IRS) or relevant document no. may be used instead of trade licence in SL no. 6 for Non-resident individuals and institutional investors.

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 investors.

Only \_\_\_\_\_

Account will be operated by \_\_\_\_\_ with any one of the others

For the Use of Bank Only

Initiated By Authorized Officer of Government Securities

Investment Window/Manager/Head of Treasury

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Applicants Name of Applicant/Authorized Signatory Signature with Date

(Official Seal is Mandatory for Signatory)

Either or Survivor Anyone Can Operate Any Two will Operate

Date of Birth:

Contact No.:

Please Attach a Recent

Passport Size Color

Photograph of 1st

Applicant/Authorized

Signatory

Please Attach a Recent

Passport Size Color

Photograph of 2nd

Applicant/Authorized

Signatory

Please Attach a Recent

Passport Size Color

Photograph of Authorized

Signatory/ Nominee

Father's Name:

Mother's Name:

NID/Passport No.

NID/Passport No.

Date of Birth:

Contact No.:

Contact No.:

Father's Name:

Mother's Name:

Mother's Name:

NID/Passport No.

Date of Birth:

Name Designation and

Department Personal Details

Father's Name: