

**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
------	---	---	---	---	---	---	---	---

- 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
---	---	---	---	---	---	---	---

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>
--	--	--

**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		
<b>For the Use of Bank Only</b>		
_____ Initiated By	_____ Manager, Treasury/Government Securities Investment Window	_____ Head of Treasury