

BP (Business Partner) ID OPENING FORM

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																			
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Date																		
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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:

<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident
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3. Applicant's Detail:

<input type="checkbox"/> Single/First Applicant	<input type="checkbox"/> Second Applicant
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4. Name of the Account:

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5. Applicable for Individual:

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:	
Mother's Name:	Father's Name:	
NID/Passport No.:	e-TIN No. (if any)	
Occupation:		

6. Applicable for Non-Individual:

Type of Applicant:				
<input type="checkbox"/> Limited Company	<input type="checkbox"/> Pension/Provident/ Gratuity/Mutual Fund	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Trade License No.:	Issue Date	Issuing Authority		
Registration No.:	Issue Date	Issuing Authority		
VAT Registration No. (If Any):	e-TIN No. (if any)			

7. Contact Details:

Present Address/ Business 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

10. Signatory Details (Applicable for Non-Individual)

Name	Designation and Department	Personal Details	
		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

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

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

13. 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	_____ Authorized Officer of Government Securities Investment Window/Manager/Head of Treasury	

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.