Please complete all details in <b>BLOCK</b> Letters. Fill all names correctly and mark ( <b>v</b> ) 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:	3. Applicant's Detail:						
		Single/First Applicant	: Seco	ond Applican	t		
4. Name of the Account:							
5. Applicable for Individu	al:						
Male Fem	nale Other		Date of Birth:	D D M	M Y	Y Y Y	
Mother's Name:	Mother's Name: Father's Name:						
NID/Passport No.:			e-TIN No. (ifany)				
Occupation:							
6. Applicable for Non-Ind	ividual:						
Type of Applicant:							
Limited Company Pension/Provident/ Proprietorship Partnership Other Gratuity/Mutual Fund							
Trade License No.:	Gratuity	Issue Da	te	Issuing Auth	ority		
Registration No.:		Issue Da	te	Issuing Auth	ority		
VAT Registration No.	(If Any):		e-TIN No. (if a	ny)			
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	
						✓	

## 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:

otographs		
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

## 12. Specimen Signature

Applicants	Name of Applicant/Authorized Signatory	Signature with Date (Official Seal is Mandetory for Signatory)
		<b>~</b>

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

Either or Survivor Anyone Can Op	perate Any Two will Operate		
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 relavent document no. may be used instead 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.