

Business Partner (BP) ID Opening Form

BPID		Date			
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.					
1. BP Type:					
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporate Bodies	<input type="checkbox"/> Foreign Investors			
<input type="checkbox"/> General Insurance	<input type="checkbox"/> Investment Companies	<input type="checkbox"/> Provident/Pension/Trust/Gratuity Fund			
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Other(please specify)			
2. Residency of the Applicant:			3. Applicant's Detail:		
<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Single/First Applicant	<input type="checkbox"/> Second Applicant		
4. Name of the Account:					
5. Applicable for Individual:					
Father's Name		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender
Mother's Name		Date of Birth			
Occupation		E-TIN No (if any)			
NID/Passport No.:					
6. Applicable for Non-Individual:					
Type of Applicant	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Pension/Provident/ Gratuity/Mutual Fund	<input type="checkbox"/> Other (please specify)			
Trade License No		Issue Date			
Issuing Authority					
Registration No		Issue Date			
Issuing Authority					
VAT Registration (if any)		E-TIN no (if any)			
7. Contact Details:					
Mobile No.		Phone No.			
Email					
Present/Business Address					
Permanent Address					
8. Bank Details:					
Account Number					
Bank Name		Branch Name			
Routing Number		Account Type			
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		ID No.			
Address					
Relationship		Date of Birth			
Percentage		Signature of Nominee			

10. Signatory Details [Applicable for Non-Individual]

Details of 1st Signatory			
Name		NID/Passport No.	
Designation & Department			
Date of Birth		Father's Name	
Contact No		Mother's Name	
Details of 2nd Signatory			
Name		NID/Passport No.	
Designation & Department			
Date of Birth		Father's Name	
Contact No		Mother's Name	
Details of 3rd Signatory			
Name		NID/Passport No.	
Designation & Department			
Date of Birth		Father's Name	
Contact No		Mother's Name	

11. Photographs **13. Special Instruction**

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	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
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12. Specimen Signature

Signature with Date & Seal	Signature with Date & Seal	Signature with Date & Seal
Name:	Name:	Name:

For Bank Use Only

Initiated By	Authorized Officer of Government Securities Investment Window/Manager/Head of Treasury
Signature	Signature
Name:	Name:
Date:	Date:

- N.B.
- Certificate of Incorporation no. or Internal Revenue Service (IRS) or relevant document no. may be used instead of trade license in SL no. 6 for Non-resident individuals and institutional investors.
 - Based on relevant SWIFT messages, the information of the authorized signatories of the custodian bank may be used in Signatory details and Declaration & Signature for non-resident individuals and institutional investors.