

Ver.Feb.2020

Annual Estimated Transaction Amount: __

Retail Banking Non-Individual Account Opening Form Standard Chartered

Branch			D	ate	
ACCOUNT NUMBER:					
Account Type	Current	Saving	Others _	(Specify)	_
Currency	☐ NPR	USD	Others _		_
APPLICANT'S PARTIC	CULARS				
Name of the Company	/ Organization :				
Registered address :					
Mailing Address:					
P.O. Box:	District:	Municipality /V.D.C):	Ward No.	:
Tole/ Street/ Road. :	House	No.: Landline No.:	F	ax No. :	
Email 1 :		Email 2 :			
Registration Certificate	:				
Registration no:	Register	red at:	_ Registered Date	e:	
PAN no:	Nature of Busine	ess: Area c	of Work (Geography	/):	
Name and address of r	parent company (in case of su	ubsidiary company)			
ramo ana addreso or p	sarom company (in case of co	abolidary company)			
Number of Branch Netv	work and Details:				
Location	Main Office / Regional Office / Branch	Address	Landline No.	Mobile No	Contact Pe



List of Directors, Proprietors, Shareholders, Trustee Or Equivalent, Controller and Signatory

S.No	Full Name	Designation	Spouse's Name	Father's Name	Grand Father's Name	Permanent Address	Current Address	Landline No.	Mobile No.	Email Address	Relationship no. (For bank use only)
1:											
2.											
3.											
4.											
5.											



BANKING ACTIVITIES	S			
☐ Manufacturing	☐ Trading	☐ Services/Consultancy	Tourism (Hotel, Travel A Airlines Etc.)	gents,
☐ Export/Import	☐ Non-Profit/Social Welfare	☐ Development	☐ Others (Please specify)	
Annual Turnover Currency:	Amount:			
LEGAL STATUS				
☐ Sole Proprietorship	☐ Partnership	☐ Limited Company	☐ Society/Association/Com Club etc	nmittee/
☐ Multilateral Agency	☐ Education Establishment	☐ NGOs/INGOs	Others (Please specify)	
Resident Status Resident	☐ Non-Resident			
ACCOUNT INFORMA	TION			
Account Purpose:	■ Savings	☐ Investment	■ Business Transactions	
	☐ Loan Repayments	☐ Intercompany Settlen	nent	
Source of Funds:	■ Business Income	☐ From Business Owners	☐ Return On Investments	Initial Deposit
	☐ Others (Please spe	cify)		Currency Amount
Expected Transaction	Amount and Number o	f Transactions per month:	Type/Nature of Trar	nsaction :
Currency:	Amount:	_ No. of Transactions:	Cash	☐ Cheques ☐ Remittances
Existing Relationship v	vith Standard Chartered	Bank	□ No	
Group name to which	the applicant belongs_		_	
MODE OF ACCOUNT	(S) STATEMENT			
Account Statement is	to be sent monthly and	commencing date to be a	rranged by the Bank, unless	specified below.
☐ Sent By Post		☐ eStatement		
STATEMENT FREQU	ENCY			
_			rranged by the Bank, unless	
Monthly	☑ Quarterly ☐ H	alf Yearly	Uther Frequency	(Please specify)
Email ID (if selected fo	r eStatement)			
Cheque Book REQUE	EST			
		leaves (20, 50)	
Collection details Will be collected	via mailing address in p	erson.		
_	over the counter in pers			
The bank authorized s	ervice provider will anno	otate the details of the pro	of of Identification that is pro	oduced at the time of collection.



SCHEDULE TO MANDATE SIGNATORIES		
Please tick one		
Any one to sign Any two to sign		
Other (If you tick "Other" describe the alternative method of	operation in the Special Instruction	area below)
- and the desired accounts the distinction of the d	- Coporation in the Operation	
Specimen Signature		
	(R)	(L)
Name Title	Thumb Print	Impression
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Specimen Signature		
Name	(R)	(L)
Title	Thumb Print	Impression
Specimen Signature		
Spoomitor organization		
	(R)	(L)
Name Title	Thumb Print	Impression
nue		
Specimen Signature		
	(R)	(L)
Name		
Title	Thumb Print	Impression



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Please tick one		
Any one to sign Any two to sign		
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Other (If you tick "Other" describe the alternative method of	f operation in the Special Instruction area below)	
Specimen Signature		
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Name Title	Thumb Print Impression	
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Specimen Signature		
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Title	Thumb Print Impression	
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Name	(R)	(L)
Title	Thumb Print Impression	



Special Instruations:	
BANK USE ONLY	
Signature verified and app	roved by:
Date:	
NOMINEE FORM (applicable	e for sole proprietorship account only)
Ι	Son /daughter of hereby nominate
	to receive any sum of monies which may be due to me from this account held by your Bank in the event of my death.
Nominee's Father's/Mother's	Name Nominee's Relationship to me
Nominee's Telephone No.	Nominee's Mailing Address
Nominee's Age	Nominee's Citizenship No
If the Nominee is a minor at t	ne time of my death, I appoint Mr. /Mrs./Ms
Address	
Telephone No	to receive all monies due to me on behalf of the Nominee.



DECLARATION

We apply to open the above Account(s) with [Standard Chartered Bank Nepal Ltd.] (the "Bank"). The information provided in this form in any other document(s) provided to the Bank is true, accurate and complete. The Bank may decline our application without providing any reason in which event no contractual relationship will arise between the Bank and us. We further acknowledge that we have read, understood and agree to the Bank's prevailing terms related to account opening and the Most Important Document (MID) and we agree to be bound by them. We further understand and agree that the MID and other detailed information regarding Bank's fees and charges are subject to change and can be referred in the Bank's website as and when deemed required. We further agree to be bounded by any additional terms and conditions governing any facilities, products and/or services offered by the Bank as we may apply for and/or utilise from time to time.

Authorised Signatory Name Date BANK USE ONLY Signature verified and approved by: Date:	Date		_
BANK USE ONLY Signature verified and approved by:	Date		
BANK USE ONLY Signature verified and approved by:			_
Signature verified and approved by:	PSID:		
Signature verified and approved by:	PSID:		
	PSID:		
Date:			
Account Opening Application For	m (Bank use)		
Please complete in BLOCK LETTERS and " $$ " "x" where app	licable.		
REMARKS			
Branch	Central Operations		
Associate Master A/c	☐ Relationship Opened	☐ Yes	☐ No
ARM CODE	☐ Master Opened	☐ Yes	☐ No
Segment Code	☐ Subsidiary Opened	☐ Yes	☐ No
Risk Grade Assigned	☐ SIGCAP Opened	☐ Yes	☐ No
EDD/MEDD : Reason Code			
Business Classification Code			
Institutional Classification Code			
Customer Segment Code			
ISIC Code			
Minimum Balance			