



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

Manufacturing     Trading     Services/Consultancy     Tourism (Hotel, Travel Agents, Airlines Etc.)     Commission Agents  
 Export/Import     Non-Profit/Social Welfare     Development     Others (Please specify) \_\_\_\_\_  
 Annual Turnover  
 Currency: \_\_\_\_\_     Amount: \_\_\_\_\_

### LEGAL STATUS

Sole Proprietorship     Partnership     Limited Company     Society/Association/Committee/ Club etc     Trust  
 Multilateral Agency     Education Establishment     NGOs/INGOs     Others (Please specify) \_\_\_\_\_  
 Resident Status  
 Resident     Non-Resident

### ACCOUNT INFORMATION

Account Purpose:     Savings     Investment     Business Transactions  
                                    Loan Repayments     Intercompany Settlement

Source of Funds: <input type="checkbox"/> Business Income <input type="checkbox"/> From Business Owners <input type="checkbox"/> Return On Investments <input type="checkbox"/> Others (Please specify) _____	Initial Deposit Currency _____ Amount _____
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Expected Transaction Amount and Number of Transactions per month: Currency: _____ Amount: _____ No. of Transactions: _____	Type/Nature of Transaction : <input type="checkbox"/> Cash <input type="checkbox"/> Cheques <input type="checkbox"/> Remittances
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Existing Relationship with Standard Chartered Bank     Yes     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 arranged by the Bank, unless specified below.

Sent By Post     eStatement

### STATEMENT FREQUENCY

Account Statement is to be sent monthly and commencing date to be arranged by the Bank, unless specified below.

Monthly     Quarterly     Half Yearly     Yearly     Other Frequency (Please specify) \_\_\_\_\_  
 Email ID (if selected for eStatement) \_\_\_\_\_

### Cheque Book REQUEST

Please supply one Cheque Book containing \_\_\_\_\_ leaves (20, 50)

Collection details

Will be collected via mailing address in person.  
 Will be collected over the counter in person

The bank authorized service provider will annotate the details of the proof of Identification that is produced 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)

Specimen Signature

(R)

(L)

Name \_\_\_\_\_

Title \_\_\_\_\_

Thumb Print Impression

Specimen Signature

(R)

(L)

Name \_\_\_\_\_

Title \_\_\_\_\_

Thumb Print Impression

Specimen Signature

(R)

(L)

Name \_\_\_\_\_

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(L)

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Title \_\_\_\_\_

Thumb Print Impression

Specimen Signature

(R)

(L)

Name \_\_\_\_\_

Title \_\_\_\_\_

Thumb Print Impression

Special Instructions:

**BANK USE ONLY**

Signature verified and approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**NOMINEE FORM (applicable for sole proprietorship account only)**

I \_\_\_\_\_ 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 the 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 \_\_\_\_\_

\_\_\_\_\_  
 Authorised Signatory  
 Name \_\_\_\_\_  
 Date \_\_\_\_\_

**BANK USE ONLY**

Signature verified and approved by: \_\_\_\_\_ PSID: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Account Opening Application Form (Bank use)**

Please complete in BLOCK LETTERS and “√” “x” where applicable.

**REMARKS**

Branch _____	Central Operations		
Associate Master A/c _____	<input type="checkbox"/> Relationship Opened	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARM CODE _____	<input type="checkbox"/> Master Opened	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Segment Code _____	<input type="checkbox"/> Subsidiary Opened	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk Grade Assigned _____	<input type="checkbox"/> SIGCAP Opened	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EDD/MEDD : Reason Code _____			
Business Classification Code _____			
Institutional Classification Code _____			
Customer Segment Code _____			
ISIC Code _____			
Minimum Balance _____			

\_\_\_\_\_  
 Checked/Approved

\_\_\_\_\_  
 Input & Checked  
 Central Operations

\_\_\_\_\_  
 SIGCAP Confirmed  
 (Central Operations)