

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:		<input type="checkbox"/> Savings	<input type="checkbox"/> Investment	<input type="checkbox"/> Business Transactions	
		<input type="checkbox"/> Loan Repayments	<input type="checkbox"/> Intercompany Settlement		
Source of Funds:				Initial Deposit	
<input type="checkbox"/> Business Income <input type="checkbox"/> From Business Owners <input type="checkbox"/> Return On Investments				Currency _____ Amount _____	
<input type="checkbox"/> Others (Please specify) _____					
Expected Transaction Amount and Number of Transactions per month:			Type/Nature of Transaction :		
Currency: _____ Amount: _____ No. of Transactions: _____			<input type="checkbox"/> Cash <input type="checkbox"/> Cheques <input type="checkbox"/> Remittances		
Existing Relationship with Standard Chartered Bank			<input type="checkbox"/> Yes <input type="checkbox"/> 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)

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(R)

(L)

Name _____

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)