

BP (Business Partner) ID OPENING FORM

সংযুক্তি-ক

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.

BPID		Date	D	D	M	M	Y	Y	Y	Y
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1. BP Type:

<input type="checkbox"/> Individual <input type="checkbox"/> General Insurance <input type="checkbox"/> Life Insurance <input type="checkbox"/> Corporate Bodies <input type="checkbox"/> Investment Companies	<input type="checkbox"/> Mutual Fund <input type="checkbox"/> Foreign Investors <input type="checkbox"/> Provident/Pension/Trust/Gratuity Fund <input type="checkbox"/> Others
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2. Residency of the Applicant:

Resident
 Non-resident

3. Applicant's Detail:

Single/First Applicant
 Second Applicant

4. Name of the Account:

5. Applicable for Individual:

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth: D D M M Y Y Y Y
Mother's Name:	Father's Name:
NID/Passport No.:	e-TIN No. (if any)
Occupation:	

6. Applicable for Non-Individual:

Type of Applicant:				
<input type="checkbox"/> Limited Company	<input type="checkbox"/> Pension/Provident/Gratuity/Mutual Fund	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Trade License No.:	Issue Date	Issuing Authority		
Registration No.:	Issue Date	Issuing Authority		
VAT Registration No. (If Any):	e-TIN No. (if any)			

7. Contact Details:

Present Address/ Business 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)

Name	Designation and Department	Personal Details	
		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:	
		Contact No.:	
		Father's Name:	

11. Photographs

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
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12. Specimen Signature

Applicants	Name of Applicant/Authorized Signatory	Signature with Date (Official Seal is Mandatory for Signatory)

13. 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
For the Use of Bank Only
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Initiated By </div> <div style="width: 45%; text-align: center;"> _____ Authorized Officer of Government Securities Investment Window/Manager/Head of Treasury </div> </div>

N.B.

- 1) Certificate of Incorporation no. or Internal Revenue Service (IRS) or relevant document no. may be used instead of trade licence in SL no. 6 for Non-resident individuals and institutional investors.
- 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 investors.