PORTFOLIO MANAGEMENT SERVICES
Account Opening Form - Individual

NIBL CAPITAL
Wealth Management

Recent Photograph

Please complete this form using black ink within the boxes in BLOCK LETTERS.

SECTION 1 - Individual Details

Title: ☐ Mr. ☐ Miss ☐ Mrs. ☐ Other

Principal Applicant's Name:

Applicant's Name (In Nepali):

Joint Applicant (if applicable):

Marital Status: ☐ Married ☐ Unmarried ☐ Divorced

Address:

Residential

Country		Zone		District	
VDC/SM/M		Ward No.		Block No.	
Mobile No.		Fax No.		Tole	
Home Ph.		Work Ph.		Email	

Permanent

Country		Zone		District	
VDC/SM/M		Ward No.		Block No.	
Mobile No.		Fax No.		Tole	
Home Ph.		Work Ph.		Email	

Father's Name:

Grandfather's Name:

Spouse's Name:

Date of Birth	D D M M Y Y Y Y	Place of Birth		Current age	
Nationality		PAN No.			
Citizenship No.		Issued Date		Issued Place	
Passport No.		Issued Date		Issued Place	

Educational Qualification: ☐ Post Graduate ☐ Graduate ☐ Higher Secondary ☐ Matriculation

Occupation: ☐ Salaried ☐ Business ☐ Professional ☐ Retired ☐ Housewife ☐ Other

if Currently Employed,

Employer's Name	
Employer's Address	
Designation	

SECTION 2 - Bank Details

Account type: ☐ Current ☐ Call ☐ Savings ☐ Other

Name of Bank:	
Address:	
Account No.:	

(Note: In case of multiple accounts, please provide details on a separate sheet)

SECTION 3 - Type of Service

Service type: ☐ Discretionary(i) ☐ Non-discretionary(ii) ☐ Buy/Sell Advisory(iii) ☐ Administrative Service(iv)

i. This is for clients who wish to delegate decision making on investment matters to our team of professional advisers.

ii. The portfolio manager manages the fund in accordance with the expressed direction given by the client.

iii. Buy/Sell Advisory is designed for clients who do not wish to receive investment advice but only give instructions for transactions to be executed on their behalf.

iv. The administrative service is for clients who wish to receive ONLY the back office related services.

SECTION 4 - Investment Details

Investment Amount(NPR):

Expected time period the client wants to stay invested: Years: Months

Investment Objective: ☐ Regular Income ☐ Capital Growth ☐ Capital Growth & Regular Income ☐ Financing Specific Project ☐ Speculative Profits ☐ Other

Risk Appetite: ☐ Low ☐ Medium ☐ High

Expected Turnover: ☐ Low ☐ Medium ☐ High

Desired Portfolio Allocation: ☐ Debt Instruments ☐ Stocks/Shares ☐ Bank Deposits ☐ Mutual Fund

Name of the Preferred Product:

Systematic Investment Plan*(applicable as per product type):* ☐ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually

Systematic Withdrawl Plan*(applicable as per product type):* ☐ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually

Sources of Funds: ☐ Salary ☐ Inheritance ☐ Income from Investment/s ☐ Personal Savings ☐ Family Fund ☐ Sale of Assets ☐ Pension/Social Benefits ☐ Other

SECTION 5 - Income & Expense Details

Please indicate all amounts in NPR '000

Income	Current Yr.	Previous Yr.	Expenses	Current Yr.	Previous Yr.
Salary			House Related		
Business Earning			Education		
Rental income			Medical		
Pension			Loan/s		
Sale of Assets			Insurance		
Dividends			Vehicle Related		
Interest on Savings			Personal Expenses		
Others			Others		
Total Income			Total Expenses		

SECTION 6 - Assets & Liabilities

Please indicate all amounts in NPR '000

Assets(present value)	Current Yr.	Previous Yr.	Liabilities(present value)	Current Yr.	Previous Yr.
Land			Loans from:		
Building					
Vehicle			- Banks		
Deposit/Savings					
Life Insurance			- Financial Institutions		
Investment					
- Shares/Stocks			- Personal Loan		
- Debenture/Bonds					
- Mutual Fund			- Others		
- Others					
Total Assets			Total Liabilities		

SECTION 7 - Nomination Details

I hereby nominate the under mentioned nominee as my beneficiary to receive the amount to my credit in the event of my death or physical disabilities, which may affect my decision making and authorize NIBL Capital to transfer the total investments of my account to the nominated person.

Nominee's Full Name	
Nominee's Full Address	
Phone Number	
Citizenship Number	
Relationship to Applicant	

Date of Birth: (Mandatory if nominee is a minor) D D M M Y Y Y Y

SECTION 8 - Payment & Return Details

Total Amount Paid to NIBL Capital as initial investment:

In Words:

In Figures:

Mode of Payment: ☐ Cheque ☐ Cash ☐ Fund Transfer ☐ Other

From Cheque/DD No.

To Cheque/DD No.

Name of the Bank	
Bank's Address	

Returns Transfer:

I/We request NIBL Capital to transfer the returns of my investment from my Portfolio Management Service account to:

Account Holder's Name:

Account Number:

Name of the Bank	
Branch/Address	

SECTION 9 - Declaration & Signature

I/We have read and understood the terms and conditions set out in the provided Portfolio Management Services' Agreement. I hereby declare that all information and particulars furnished by me in this application are true to my knowledge and I have not suppressed, inflated or hidden any fact whatsoever. I agree and undertake to immediately inform NIBL Capital in case of any changes in the information given in this application or in separate sheet/s with this application. I/We also agree to furnish such further information as NIBL Capital or SEBON or the Stock Exchanges may require me to from time to time. I/We hereby authorize NIBL Capital to buy/sell shares of Nepal Investment Bank Limited or securities of institutions to which NIBL Capital has forwarded its underwriting commitments during public issuance of the same on my behalf if felt necessary by its discretion.

Also, I declare that the investment amount is earned through lawful means abiding the prevailing laws including Anti-money Laundering. Should there be doubt or in the event of receiving any information in terms of my investment amount being earned against the above mentioned laws, NIBL Capital reserves the right to block the service and banks accounts maintained to operate PMS and inform the same to the concerned authorities.

Date: D D M M Y Y Y Y

Authorized Signatory (ies)

SECTION 9 - Declaration & Signature

Client Code:

Product Code:

Date of Application:

Application Received by: