PORTFOLIO MANAGEMENT SERVICES
Account Opening Form - Institutional

NIBL CAPITAL
Portfolio management

Recent Photograph

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

SECTION 1 - Company Details

Type:

☐ Sole Proprietorship ☐ Limited Company ☐ Limited Company ☐ Partnership Firm

☐ Association ☐ Societies/Clubs ☐ Others ____________

Company's Name (In English): ____________

Company's Name (In Nepali): ____________

Registration Number ____________ PAN/VAT Registration No. ☐☐☐☐☐☐☐☐☐☐

Address (Residential)

Country		Zone			District	
VDC/SM/M		Ward No.		Block No.	Tole	
Telephone		Fax No.			Email	

List of Directors:

S.N.	Name	Address	Telephone	Email

Chief Executive Officer's Details:

Name	Full Address	Telephone	Email

Associated Companies (if any)

Company's Name: ____________

Address (Residential)

Country		Zone			District	
VDC/SM/M		Ward No.		Block No.	Tole	
Telephone		Fax No.			Email	

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 advisors.

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

SECTION 5 - Balance Sheet Details

Please indicate all amounts in NPR '000

Particulars	Current Yr.	Previous Yr.
A. Shareholder's Fund		
- Share Capital		
- Reserves		
B. Loan		
- Term Loan		
- Short Term Loan		
Total(A+B)		
C. Fixed Assets		
D. Investments		
E. Current Assets		
- Receivables		
- Sundry Debtors		
- Advances		
- Cash & Bank Balance		

Less:		
- Current Liabilities		
- Proposed Divedend		
- Income Tax		
F. Net Current Assets		
Total (C+D+F)		

SECTION 6 - Profit & Loss Details

Please indicate all amounts in NPR '000

Particulars	Current Yr.	Previous Yr.
Direct Income		
Income From Other Sources		
A. Total Income		
Operating Expenses		
- Salary and Wages		
- Rent		
- Insurance		
- Depreciation		
- Repair and Maintenance		
- Utilities		
- Others		
B. Total Operating Expenses		
Operating Profit (Loss): A-B		
Less: Interest on Long Term Loan		
Less: Interest on Short Term Loan		
Profit (Loss)		
Less: Income Tax		
Net Profit (Loss)		

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)

FOR OFFICIAL USE ONLY

Client Code:

Product Code:

Date of Application:

Application Received by:

Assigned Advisor: