

M/s NIMB Ace Capital Ltd.

Kathmandu, Nepal.

Distribution Center:

Date:.....

Subject : Amendment in SIP Registration

Dear Sir/ Madam;

With reference to above subject, I/we would like to amend the following details of my/our SIP registration of NIBL Sahabagita Fund;

BOID:

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Amendments

Amendment Section:	Previous Record	Amendment																
<input type="checkbox"/> SIP Due Date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<input type="checkbox"/> Model of SIPs	<input type="checkbox"/> Unlimited Installments <input type="checkbox"/> Limited Term <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 20px;"></td></tr></table>		<input type="checkbox"/> Unlimited Installments <input type="checkbox"/> Limited Term <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 20px;"></td></tr></table>															
<input type="checkbox"/> SIP Interval	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi- Annually <input type="checkbox"/> Annually	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi- Annually <input type="checkbox"/> Annually																
<input type="checkbox"/> SIP Installment Amount	In Figure: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table> NPR. In Words:		In Figure: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table> NPR. In Words:															
<input type="checkbox"/> Payment Mode	<input type="checkbox"/> Post-dated Cheques <input type="checkbox"/> Others <input type="checkbox"/> Standing Instruction with Bank: <u>Bank/Branch Name:</u> <u>Account Number:</u>	<input type="checkbox"/> Post-dated Cheques <input type="checkbox"/> Others <input type="checkbox"/> Standing Instruction with Bank: <u>Bank/Branch Name:</u> <u>Account Number:</u>																

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 Applicant's Signature