



Institutional Details:

Recent PP size
Photograph

Name of the Organization:

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Registration No.

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Registration Date: _____ Location: _____

Year of establishment

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PAN/VAT No. _____

Organization Registered With _____

Primary Business Activity(s) _____

Legal Status

Sole Proprietorship

Partnership

Public Limited

Others _____

List of Director's Details:

Sr. No.	Director's Name	Address	Father's Name	Grandfather's Name

Management Team:

Sr. No.	Name	Address	Father's Name	Grandfather's Name

Registered Address

Zone _____ District _____ V.D.C/M.C. _____
 Street _____ Ward No. _____ Telephone _____
 Post Box _____ Fax No. _____
 Email _____
 Mailing Address (if different from above): _____

Bank Details:

Bank Name	
Address	
Account No.	
Account Type	
Source of Income	

Primary Contact Person

Name																																																
	(LAST NAME)										(MIDDLE NAME)										(FIRST NAME)																											

Designation _____ Email _____
 Contact No. (W) _____ Ext. _____ Mobile No. _____

Secondary Contact Person

Name																																																		
	(LAST NAME)										(MIDDLE NAME)										(FIRST NAME)																													

Designation _____ Email _____
 Contact No. (W) _____ Ext. _____ Mobile No. _____

Name of the Authorized person: _____ Signature: _____

Portfolio Details (To be Completed by Relationship Officer)

Type of Portfolio Service

Institutional Discretionary Portfolio Management Services

Advisory Services

Portfolio Size (in NPR)

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Amount in Words _____

Declaration and Signatory

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/us in this application are true to my/our knowledge and I/we have not suppressed, exaggerated or hidden any fact whatsoever. I/We agree and undertake to immediately inform Siddhartha 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 provide such further information as to when Siddhartha Capital/SEBON/NEPSE may require from time to time. I/We hereby authorize Siddhartha Capital to buy/sell units and shares of its schemes and companies associated with Siddhartha Capital or securities of institutions to which Siddhartha 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, Siddhartha Capital reserves the right to block the service and banks accounts maintained to operate PMS and inform the same to the concerned authorities.

Applicant's Signature

Date:

Document Checklist – Please provide copies of listed documents

Institutional

1. Certificate of Incorporation
2. Proof of Physical Address
3. Tax Registration/ Renewal certificate
4. BOD resolution to open portfolio management account.
5. Signature and Citizenship certificate of authorized person to who Power of Attorney have been given by the BOD to operate the account.
6. Board Power of Attorney to operate accounts (in case of authority is given to someone other than the member of BoD/Partner)
7. Photograph of BoD members
8. List and Citizenship Cards of A/c holder
9. Xerox of Pan No. registration

Additional documents to be provided

In case of Limited Liability Company	Memorandum of Association Articles of Association List of Directors duly signed with home address and phone numbers
In case of Partnership Company	Partnership Deed Certificate of Partnership
In case of Society/ Association/ Clubs/ Trusts/ Co-operatives/ Non-profit Institutions locally registered or incorporated	Constitution/ Deed/ By laws Photographs of the head of the institution/ trustees and at least two members of the Board Photograph of account operator List of Office bearers and addresses
In case of INGOs	Agreement, between Social Service Council and the institution, if any Agreement with the Government, if any Recommendation of the respective country or embassy Constitution Photograph of local representative
In case of Sole Proprietor	Declaration of Sole Proprietorship

For Official Use Only

Application screened by: _____

Documents completed: Yes No

Application approved by: _____

Account Opening date: _____

Client Code: _____

Portfolio Code: _____