

Dipshikha Dhitopatra Karobar Company Pvt. Ltd.

Application form for internet (Online) Services for BO Account

The Manager,

.....Branch

Name of Depository Participant

Applicant's Name:

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Date of Birth	B.S. DD/MM/YYYY								A.D. DD/MM/YYYY							
Father's/Mother's Name																
Correspondence Address:																
Country:																
Zone:		District				VDC/ Municipality/ Metropolitan										
Tole:		Ward No. :				Block No.:										
Telephone No.:					Mobile No.:											
Fax No.:					E-mail ID:											

Operative Account's Details

Beneficial Owner Account No:	1	3	0	1	1	3	0	0								
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Declaration: I/We hereby declare that the information provided above is true and correct to the best of my/our knowledge. In case of misrepresentation and/or information provided is proved to be wrong, I/We hereby consent to borne any legal actions and the Depository Participant reserves right to close my/our account.

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Applicant's Signature

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Approved By

Date:/...../.....