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: | | | | | | | | | | | | | | | | | | | | | |

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								

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.

…… ……...…… Date: ...../..…../……

Applicant's Signature Approved By