



गारिमा विकास बैंक लिमिटेड (A Subsidiary of GARIMA BIKAS BANK LIMITED)

गारिमा क्यापिटल लिमिटेड
GARIMA CAPITAL LIMITED

समृद्धिको सारथी

PORTFOLIO MANAGEMENT SERVICES (PMS) ACCOUNT OPENING FORM-INDIVIDUAL

RECENT
PHOTOGRAPH

SECTION 1 - INDIVIDUAL DETAILS

INDIVIDUAL DETAILS (Please fill in BLOCK LETTERS and Tick boxes where applicable)

Principal Applicant's Name:					
Applicant's Name (in Devanagari):					
Joint Applicant's Name (If applicable):					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others	Date of Birth (B.S):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Separated	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	National ID:	<input type="text"/>	PAN No.:	<input type="text"/>
Citizenship No.:	<input type="text"/>	Issued Date:	<input type="text"/>	Issued Place:	<input type="text"/>
Passport No.:	<input type="text"/>	Issued Date:	<input type="text"/>	Issued Place:	<input type="text"/>
Spouse's Name:	<input type="text"/>				
Father's Name:	<input type="text"/>				
Mother's Name:	<input type="text"/>				
Grandfather's Name:	<input type="text"/>				
Grandmother's Name:	<input type="text"/>				

ADDRESS DETAILS: TEMPORARY

Country		Province		District	
Municipality		Ward No.		Block No.	
Mobile No.		Fax No.		Street Name	
Home Phone		Work Phone		Email	

☐ Tick if permanent address is same as temporary address as above.

PERMANENT

Country		Province		District	
Municipality		Ward No.		Block No.	
Mobile No.		Fax No.		Street Name	
Home Phone		Work Phone		Email	

.....
Applicant's Signature

Educational Qualification:

Occupation: ☐ Salaried-Govt. ☐ Salaried-Private ☐ Self Employment ☐ Housewife ☐ Retired ☐ Business
Others, Please Specify

(ASSOCIATED ORGANIZATION DETAILS)

Organization's Name	<input type="text"/>
Organization's Address	<input type="text"/>
Designation	<input type="text"/>

Are you involved with any political party registered in Nepal ? ☐ Yes ☐ No

Please provide details of your relatives who: 1) have attained high bureaucratic position in the government, 2) are involved in politics, 3) have attained noteworthy/prominent position, 4) have retired from noteworthy position.

Name	Involved Area	Position	Existing/Retired	Relationship	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 - GUARDIAN'S DETAILS (In Case of Minor)

Guardian's Full Name: Relation with Applicant:

Citizenship No.: Citizenship Issued Date & Place:

GUARDIAN'S CURRENT ADDRESS

Country	<input type="text"/>	Province	<input type="text"/>	District	<input type="text"/>
Municipality	<input type="text"/>	Ward No.	<input type="text"/>	Block No.	<input type="text"/>
Mobile No.	<input type="text"/>	Fax No.	<input type="text"/>	Street Name	<input type="text"/>
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>	Email	<input type="text"/>

SECTION 3 -BANK ACCOUNT DETAILS OF THE PRIMARY APPLICANT(Other than Managed by Portfolio Manager)

Bank Account Name:

Bank Account No.:

Bank Name:

Bank Branch Name:

Account Type: ☐ Savings ☐ Current ☐ Other

SECTION 4 - TYPES OF SERVICES

(A) Service type: (I) ☐ Discretionary (II) ☐ Non-discretionary (III) ☐ Advisory Service

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.

(B) IPO Apply Service: ☐ Yes ☐ No

i. This is for clients who wish for Garima Capital Limited to Apply IPO on their behalf .

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Applicant's Signature

SECTION 5 - INVESTMENT DETAILS

Initial Investment Amount (NPR):

Investment Period: Years Months

Investment Objective: ☐ Regular Income ☐ Capital Gain ☐ Speculative Profits

Other's please specify

Risk Appetite: ☐ Low ☐ Medium ☐ High

Desired Portfolio Allocation: ☐ Debt Instruments ☐ Stock/Shares ☐ Bank Deposits ☐ Mutual Funds

Sources of (%) Funds:

☐ Inherited Wealth ☐ Personal Saving ☐ Sale of Assets ☐ Salary

☐ Income from Investments ☐ Borrowing ☐ Family Fund ☐ Retirement/Pension

☐ Business Others, Please Specify

SECTION 6 - INCOME & EXPENSES DETAILS

Please indicate all amounts in NPR '000

Income	Yearly	Expenses	Yearly
Salary		Household Related	
Business Earning		Education Fee & Charges	
Rental income		Medical Exp.	
Pension		Loans	
Capital Gain		Insurance	
Dividends		Vehicle Related	
Interest on Savings		Personal Expenses	
Others (.....)		Others (.....)	
Total Income (A)		Total Expenses (B)	
Net Saving (A-B)			

SECTION 7 - ASSET & LIABILITIES

Please indicate all amounts in NPR '000

Assets (present value)	Amount	Liabilities (B) (present value)	Amount
Land		Loans From:	
Building		Banks	
Vehicle		Financial Institutions	
Deposit/Savings		Borrowing	
Investment		Others (.....)	
- Shares/Stocks			
- Debenture/Bonds			
- Mutual Fund			
- Others (.....)			
Total Assets (A)		Total Liabilities (B)	
Net Assets Value (NAV) (A-B)			

.....
Applicant's Signature

SECTION 8 - 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 Garima Capital Limited to transfer the total investments of my account to the nominated person.

Nominee’s Full Name:

Relationship with Applicant:

Date of Birth (Mandatory if nominee is a minor): (B.S.)

Citizenship No.: Date & Place of Issue:



NOMINEE’S CURRENT ADDRESS

Country		Province		District	
Municipality		Ward No.		Block No.	
Mobile No.		Fax No.		Street Name	
Home Phone		Work Phone		Email	

SECTION 9 - SITE MAP OF THE CLIENT’S RESIDENCE FROM THE MAIN ROAD

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Nearest Landmark: Distance:

SECTION 9 - FULL AND PARTIAL WITHDRAW DETAILS

RETURNS DETAILS (In case of partial Withdrawal/Termination)

I/We request Garima Capital Limited to transfer the returns of my investment from Portfolio Management Service account to:

Account Holder’s Name:

Bank Account Number:

Name and Address of Bank:

.....
Applicant’s Signature

SECTION 10 - CLIENT'S DECLARATION AND SIGNATORY:

I/we hereby declare that all the information and particulars furnished by me/us in the 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 Garima Capital Limited in case of any changes in the information given in this application or in separate sheet with this application. I/We also agree to provide further information as to when Garima Capital Limited or SEBON or NEPSE or CDSC or any other regulatory authorities may require from time to time. I/we hereby authorize, Garima Capital Limited to buy units of Garima Capital Limiteds IPO (which is to be issued into future) and to buy/sell units of institutions to which Garima Capital Limited has forwarded its underwriting commitments during public issuance of the same on my/our behalf it felt necessary by the discretion applicable to Discretionary Portfolio Management Services.

Also, I / We declare that the investment amount is earned through lawful means by abiding the prevailing laws & regulations including Anti Money Laundering (AML) related. Should there be any doubts or in the event of receiving any information with respect to my/our investment amount being on against the above mentioned laws, Garima Capital Limited reserves the right to terminate/suspend the service and inform the same to concerned authorities.

Applicant's Full Name:

Date:

Applicant's Signature

SECTION 11 - DOCUMENTS ENCLOSED

	Tick ✓		Tick ✓
Passport Size Photographs (5 copies)	<input type="checkbox"/>	Birth Certificate (In case of minor)	<input type="checkbox"/>
Copy of Citizenship Certificate	<input type="checkbox"/>	Employment Verification Letter	<input type="checkbox"/>
Copy of National ID Card	<input type="checkbox"/>	Source of Document	<input type="checkbox"/>
Copy of PAN Card	<input type="checkbox"/>	Proof of Relationship	<input type="checkbox"/>
Proof of Residential Address (water/Electricity bill/Lalpurj/Voter's Card)	<input type="checkbox"/>	Employee ID (For employee of government or any other organization)	<input type="checkbox"/>

The aforementioned documents including the relevant information required by this application form should also be provided by the joint applicant.

FOR OFFICIAL USE ONLY

Client Code: Agreement Date:

APPLICATION SCREENED BY:

Name:

Functional Title:

ASSIGNED RELATIONSHIP MANAGER:

1. INVESTMENT RELATED

Name:

Functional Title:

APPLICATION APPROVED BY:

Name:

Functional Title: