ANNEXURE – 4 THE NON MEMBER CLIENT REGISTRATION FORM

(THIS INFORMATION IS THE SOLE PROPERTY OF THE TRADING MEMBER AND WOULD NOT BE DISCLOSED TO ANYONE UNLESS REQUIRED BY LAW)

VERIFIED BY:	FOR OFFICE PURPOSES: NON MEMBER CLIENT CODE: (TO BE INSERTED BY THE EXCHANGE)	(EMPLOY	IAN CODE: EE CODE / D BY THE TRADING MEMBER)
Name:	VERIFIED BY:	AUTHO	RISED BY:
Address: Telephone No.: CLEARING MEMBER'S: Name: Address: Telephone No.: NON MEMBER CLIENT INFORMATION: PHOTO NAME OF THE NON MEMBER CLIENT: (SURNAME) (NAME) NAME OF THE FATHER'S/HUSBAND'S:	TRADING MEMBER'S:		
Telephone No.: CLEARING MEMBER'S: Name: Address: Telephone No.: NON MEMBER CLIENT INFORMATION: PHOTO NAME OF THE NON MEMBER CLIENT: (SURNAME) (NAME) NAME OF THE FATHER'S/HUSBAND'S:	Name:		
CLEARING MEMBER'S: Name:	Address:		
Name:	Telephone No.:		
Address: Telephone No.: NON MEMBER CLIENT INFORMATION: PHOTO NAME OF THE NON MEMBER CLIENT: (SURNAME) (NAME) NAME OF THE FATHER'S/HUSBAND'S:	CLEARING MEMBER'S:		
Telephone No.:	Name:		
NON MEMBER CLIENT INFORMATION: PHOTO NAME OF THE NON MEMBER CLIENT: (SURNAME) (NAME) NAME OF THE FATHER'S/HUSBAND'S:	Address:		
NAME OF THE NON MEMBER CLIENT:	Telephone No.:		
NAME OF THE NON MEMBER CLIENT:(SURNAME) (NAME) NAME OF THE FATHER'S/HUSBAND'S:	NON MEMBER CLIENT INFORMATION:		
(SURNAME) (NAME) NAME OF THE FATHER'S/HUSBAND'S:			РНОТО
(SURNAME) (NAME) NAME OF THE FATHER'S/HUSBAND'S:			
(SURNAME) (NAME) NAME OF THE FATHER'S/HUSBAND'S:			
	NAME OF THE NON MEMBER CLIENT: _	(SURNAME)	(NAME)
	NAME OF THE FATHER'S/HUSBAND'S: _	(SURNAME)	(NAME)

SEX: MALE / FEMALE

DATE OF BIRTH:	(DDMMYYYY)	
AGE:YEARS		
SIGANTURE:		
RESIDENCE ADDRESS:		
CITY:		
DISTRICT:		
ZONE:		
COUNTRY:NATIONALITY:		
TELEPHONE NUMBER: (RES)		
FAX NO:		
NAME OF EMPLOYER:		
OFFICE ADDRESS:		
		
CITY:		
DISTRICT:		
ZONE:	COUNTRY:	
I ELEPTIONE NUMBER (OFFICE))	
FAX NO / TELEX NO:		
RESIDENTIAL STATUS: NEPALE		
PASSPORT NO: OCCUPATION:		
MARITAL STATUS: SINGLE / MA		
SPOUSE INFORMATION:		
SPOUSE'S NAME:	(214245)	(MIDDLE MARIE)
) (NAME)	(MIDDLE NAME)
DATE OF BIRTH:OCCUPATION:		
IF EMPLOYED EMPLOYER'S NA	ME / SELF EMPLOYMENT:	
DETAILO		
DESIGNATION:		
PAN NO::		

INVESTOR TYPE:

INDIVIDUAL / PARTNERSHIP FIRM / FINANCIAL INSTITUTION / CORPORATES

BANK NAME:
BRANCH:
ADDRESS: ACCOUNT NO:
ACCOUNT TYPE: SAVINGS / CURRENT
TELEPHONE NUMBER(S):
FAX NO / TELEX NO:
TRADING EXPERIENCE:
YEARS IN COMMODITIES
YEARS IN DERIVATIVES YEARS IN STOCKS
YEARS IN ANY OTHER INVESTMENT RELATED FIELD
NEPAL DERIVATIVE EXCHANGE LIMITED ON THE FOLLOWING MARKET SEGMENTS: (PLEASE TICK IN THE RELEVANT BOXES)
1. FUTURES MARKET 2. SPOT MARKET
REFERENCES
NON MEMBER CLIENT INTRODUCED BY:
INTRODUCING NON MEMBER CLIENT CODE:
DECLARATION:
I / We hereby declare that the details furnished above are true and correct to the best o
my / our knowledge and belief and I / We undertake to inform you of any changes
therein immediately. In case any of the above information is found to be false or untrue
or misleading or misrepresenting I am / We are aware that I / We may be held liable fo it.
it.
Authorised Signatory (with company seal)
Name:
Place:
Date:

BANK ACCOUNT DETAILS: