



Collection Center



Application No. _____

Date.

UNIT PURCHASE FROM-INSTITUTIONAL

INSTITUTIONAL DETAILS

NAME OF COMPANY	<input type="text"/>									
TYPE OF ENTITY	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Partnership Firm	<input type="checkbox"/>	Pvt. Ltd.	<input type="checkbox"/>	Public Ltd.	<input type="checkbox"/>	Tax Exempted
BOID	<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"/>
CONTACT NUMBER	<input type="text"/>				EMAIL ADDRESS	<input type="text"/>				

DIRECTOR AND MANAGEMENT TEAM DETAILS

List of Director's Details:

S.N.	Director's Name	Designation	Address	Father's Name	Grandfather's Name
<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"/>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Management team Details:

S.N.	Name	Designation	Address	Father's Name	Grandfather's Name
<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"/>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PURCHASE DETAILS

SCHEME NAME	<input type="text"/>		NAV	<input type="text"/>
PURCHASE ORDER UNITS	In figure: <input type="text"/>	In words: <input type="text"/>		
DEPOSIT AMOUNT	In figure: <input type="text"/>	In words: <input type="text"/>		
(Including DP Fee Rs. 25/ Transaction)				
PAYMENT MODE	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Online Medium	<input type="text"/>

PURCHASE DETAILS

A/C HOLDER'S NAME	<input type="text"/>
BANK NAME	<input type="text"/>
BRANCH NAME	<input type="text"/>
A/C Number	<input type="text"/>

DIVIDEND RE-INVESTMENT PLAN (DRIP)

DIVIDEND OPTION Yes ☐ No ☐

I/we hereby agree to re-invest my/our entire dividend amount in the scheme after deducting the applicable tax and transaction fees as per prevailing laws & regulations at applicable NAV offered by Fund Manager. I/we declare that the instruction remains in force till the further request in writing

INSTITUTIONAL DETAILS

1) I/we hereby declare that I/we am/are applying with the above mentioned details to purchase the units of the scheme only after carefully reading the prospectus/scheme related documents published by the fund manager and completely understanding the risk associated with it.

2) Please provide the below details

Gross Annual Income Details In NPR (Please tick as applicable)	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25Lacs - 1 Cr <input type="checkbox"/> > 1 Crore
Politically Exposed Persos [PEPs]* (Also Applicable for authorized signatories/Promoters/Karta/Trustee/Whole Time Directors) (Please tick as applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable Any Other information (If Applicable), Please specify
Sister Concerns Name (If Applicable)	1. 2. 3. 4.

*PEPs are defined as individuals who are or have been entrusted with prominent public function e.g., Heads of states or Governments, senior politicians, senior Government/judicial/military officers, senior executives of state-owned corporations, important political party officials etc.

- 3) I/we hereby declare that the deposited amount to purchase the units is received from following legitimate source of fund and is not for money laundering and/or terrorist financing.
- 4) I/we hereby declare that the information provided in my/our beneficial owner account completely resembles with my/our personal information and agree that the information in aforementioned BOID in this application form can be used for KYC purpose.
- 5) I/we acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the specified information is found to be false or untrue or misleading or misrepresenting, I/we are aware that I/we shall be liable for it.
- 6) I/we also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your/Fund's end.

Company Seal

Applicant's Signature

SIGNATURE OF ACCOUNT OPERATORS

Name	Name	Name	Name
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE

TERMS AND CONDITIONS

- 1) All Clearing cheques are accepted for credit to account and the units of NICADDF shall be purchased subject to realization of cheques.

सबै विलयरिङ्ग भुक्तानी प्राप्त भएका चेकहरू भुक्तानी भई आए पश्चात मात्र खातामा जम्मा हुने गरी स्वीकृत गरिनेछ, र रकम खातामा आए पश्चात मात्र एन आई सी एशिया डाइनाफण्ड इकाई फण्डका इकाईहरू खरिद गरिनेछ ।

- 2) In case of non-realization of cheques, it is the responsibility of account holder him/herself to collect the returned cheque from respective distribution center.

भुक्तानीका लागि प्राप्त भएको चेक भुक्तान नभई फिर्ता भइमा सम्बन्धीत वितरक केन्द्रबाट चेक बुझिलिने जिम्मेवारी स्वयं निकेवकको हुनेछ ।

- 3) Similarly, in case of non-realization of cheque, NIC ASIA Capital Limited/Distribution Center will not take any liability for loss caused to buyer in any circumstances.

त्यस्तै, चेक भुक्तानी नभएर चेकको खरिदबाट श्रोतकतर्फ पर्न जाने नोक्सानीका लागि एन आई सी एशिया क्यापिटल लिमिटेड/वितरक केन्द्र कुनै पनि हालतमा जिम्मेवार हुने छैन ।

- 4) Dividend Re-investment Plan: Purchase minimum 100 units under the scheme and thereafter purchase unit should be in multiple of 10.

लाभांश पुनः लगानी योजना अन्तर्गत : योजनामा न्यूनतम १०० इकाई खरिद गर्न पुग्ने छ तथा त्यसपश्चात इकाई खरिद गर्दा १० इकाईको गुणात्मक हुनुपर्नेछ ।

FOR OFFICIAL USE ONLY

UNIT PURCHASE RECEIPT

Date.

Received from a sum of NPR.

in Words NPR.

for purchase of Units of NIC ASIA Equity Linked Invest Scheme through Cash/online Module

Cheque No. of Bank Name

Authorized Signatory & Stamp