Application of NBL POS Merchant Service

Card Centre, Head Office Dharmapath, Kathmandu

Dear Sir,

3. Memorandum & Articles of Association

4. Board Resolution for NBL POS service

I/We request to enroll ourselves as a member of card business. Please find below the required information of our establishment.

Details of Business Entity															
Registered Name of E	Business:														
Address: Zone	Pr	ovince_								Di	stric	t			
City	Street									Building no./Name					
Registration No.:				Reg	istar	Off	ice &	ն Da	ıte:						
PAN/VAT ID:				Contact No.:						E-mail:					
Type of Business:	siness: Proprietorship Govt. Owned			Partnership Others						Pvt. Ltd.				Public Ltd	
Nature of Business:	Supermarket Restaurant			Entertainment Others						Wholesale					Retail
No. of Branches/Outlets: Business Since: mm/dd/yyyy A.D/ B.S															
Contact Person:															
Permanent Address:															
Designation:				Con	itact 1	No.:					M	obile	No.	.:	
Citizenship No.:	Citizenship No.:			Issued Date & Place:											
Account Details Maintained with NBL: Account No.:															
NPR															
USD						_									
Are you accepting cards now? Yes No							R								
If yes,															
No. of POS terminals: Daily			POS txns:						Daily POS sales amount:						
Required Docume	nts:														
Please attach copy of following documents as pplicable along with this application.															
1. Firm registration certificate copy 6. Latest tax clearance ce						cer	tifica	ate c	ору						
2. PAN/VAT registration certificate copy 7. Citizenship copy of directors & Proprietors						ietors									
3. Memorandum & Articles of Association				8. Merchant outlet tagged google map image											

9. Others

Location	on map of n	Merchant POS
		W X E
NCD-ii1O	Owners' D	etails
Name of Principal Owner: Permanent Address:		
Contact No.:	Mobile No.:	E-mail:
Citizenship No.:	Issued Date & Pl	lace:
Other Owners:		
1) Name:		Address:
Contact No.:	Citizenship No.:	Issued Date & Place:
2) Name:		Address:
Contact No.:	Citizenship No.:	
20.00		
3) Name: Contact No.:	Citizenship No.:	Address: Issued Date & Place:
Contact Ivo	Chizenship 110	Issued Date & Flave.
4) Name:		Address:
Contact No.:	Citizenship No.:	Issued Date & Place:
		his application form is true and correct. We also agree without signing any reason whatsoever.
	Photo of	Photo of
	Principal Owner	Contact Person
Signature of Principal Owner		Signature of Contact Person
Name:		Name:
Date: mm/dd/yyyy		Date: mm/dd/yyyy