**Subscription Application Form for RGoB Bond**

**1. Name: …………………………………………………………………………………**

**2. Gender (please tick): Male [ ] Female [ ]**

**3. Date of Birth (individual applicant): ………./…………./………[day/month/year]**

**4. CID/License/Registration No………………………………………………………**

**5. Tax Payer Number(TPN)……………………….**

**6. Applicant(s) Status (please tick):**

Individual [ ], Partnership/Company [ ], Institution/Organization [ ], Others [ ] Please specify: ……………………………………...………………….

**7. Mode of payment (please tick):**

Internet Bank Transfer [ ] Mobile Banking Transfer [ ] Cash/cheque deposit in Bank [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Units of Bonds Applied****(1 unit = Nu. 1,000)[[1]](#footnote-1)** | **Journal no./Deposit slip no./transaction ref. no** | **Dated** |
| (In Figures) |  |  |  |
| (In Words) |  |

**Subscription amount remitted (in figures)[[2]](#footnote-2):……………………………………………**

**(In words): ………………………………………………………………………………..**

**8. Bank Particulars for Payment of Coupon/principal amount**

* Account Holder’s Name: …………………………………………………
* Bank Account Number: ………………………………………………….
* Bank Name: ……………………………………Branch…………………
* Account Type: Saving Account [ ] Current Account [ ]

**9. Source of Fund:** …………………………

**10. Nominee (for individual investor)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl #** | **Name** | **CID** | **Relationship** | **Share (%)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**11. Guardian’s Details (if applicant is a minor)**

Name: ………………………………………… Date of Birth: ……/………../……….

CID No: ………………………………………. Relationship: ………………………..

**12. Full Address of the Applicant**

|  |  |
| --- | --- |
| **Present Address** | **Permanent Address** |
|  |  |

**13. Contact:**

**Phone no (office): ……………………………Mobile no: ………………………………**

**Email ID: ……………………………**

**14. Documents required:**

* Copy of CID (for individual)
* License/Registration (for institution/company)
* Evidence of subscription deposit (screenshot of mobile payment, copy of deposit slip etc.,)

**15. Declaration**

I/We the applicant hereby declare that the information provided in this form is correct and true to the best of my/our knowledge. If the above information provided is found to be incorrect, the application may be cancelled.

………………………….

Signature of applicant Official Seal (for institution /company)

Date: ……………………

1. Minimum application should for Nu.10,000 (10 units of Nu. 1000 face value) [↑](#footnote-ref-1)
2. Amount remitted should equal number of units applied multiplied by Nu.1000 [↑](#footnote-ref-2)