



Mercantile Exchange Nepal Limited
— Where the Nation Trades —
AN ISO 9001:2015 CERTIFIED EXCHANGE

CLIENT REGISTRATION FORM — INDIVIDUAL —

Personal Information

Full Name: _____
Date of Birth: ____ dd/ ____ mm/ ____ yyyy Nationality: _____
Citizenship/Passport No.: _____ Permanent Account No.: _____
Address: _____
City: _____ E-mail: _____

Please affix a recent photograph in light background of the applicant/signatory and sign on the photograph

Trading Account Details

Name of Broker: _____
Name of Sub-Broker: _____ Sub-Broker Code: _____
Client Registration Number: _____ [To be filled by Clearing House]

Bank Account /eSewa Account Details

Name of Bank: _____
Name in Bank Record: _____
Branch: _____ Account No.: _____
Or,
eSewa ID (Mobile number or E-mail id): _____
Name in eSewa Record: _____

Declaration

I hereby declare that the information furnished in this application is true and correct and the documents annexed with this are true copies of its original. I undertake to inform the Broker/CM/CH, in writing, immediately of any changes in the information furnished by me in this application. The Broker/CM/Clearing House/Exchange will not be liable for any loss or damages or any other consequences arising on account of non intimation of changes in the above information.

I have read and understood the contents of the Risk Disclosure Document and terms and conditions of the agreement with broker/CM/CH and agree to abide by the same and also undertake to abide by the Bye-Laws and Rules of the Exchange.

Applicant's Signature: _____ Date: ____ dd/ ____ mm/ ____ yyyy

Documents To Be Submitted Along With The Client Registration Form

- Proof of Identity & Address Self Certified Copy of PAN Card
 Proof of Bank Account Number/eSewa Terms & Conditions, for product/s with delivery logic

Broker Verification

Mode of Commission Broker's eSewa Wallet Bank of Kathmandu [For eSewa Applicants only]

Name of Broker: _____ Date: _____

Authorized Person's Name: _____

Authorized Signature: _____ Seal: _____

Clearing House/Clearing Member Verification

Name of CH/CM: _____ Date: _____

Authorized Person's Name: _____

Authorized Signature: _____ Seal: _____

For Official Purpose Only