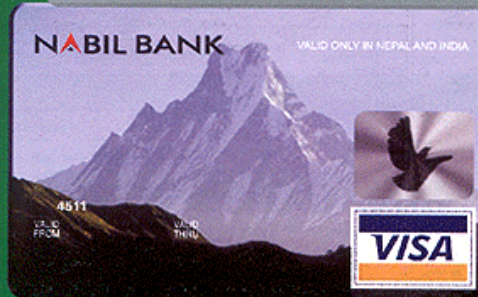
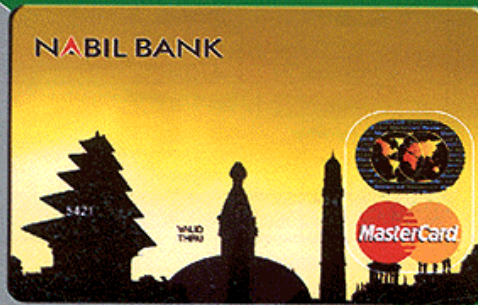


# The Safest and Most Convenient Way to Make Your Payment



NABIL CREDIT CARDS



# CARD APPLICATION FORM

(Please complete all sections of the application in capital letters or  where appropriate and attach relevant documents.

## 1. PERSONAL PARTICULARS

<b>Name</b> <input style="width: 100%;" type="text"/>			<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth</b> DD MM YY <input type="text"/> <input type="text"/> <input type="text"/>		<b>No. of Dependents</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	
(First name) (Middle Name) (Last Name)			<b>Please fill in the following</b>		<b>Type of Residence</b> <input type="checkbox"/> Rented <input type="checkbox"/> Owned by me <input type="checkbox"/> Owned by parents <input type="checkbox"/> Under Loan Scheme <input type="checkbox"/> Other (Specify)		<b>Years at current Residence:</b> <input type="text"/>	
<b>Nationality</b> <input type="checkbox"/> Nepali <input type="checkbox"/> Others _____			<b>Citizenship No.:</b> <input type="text"/>		<b>Education:</b> <input type="checkbox"/> Intermediate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others		<b>Type of Vehicle you own:</b> <input type="checkbox"/> 4 wheeler <input type="checkbox"/> 2 wheeler <input type="checkbox"/> None	
<b>Residential Address : (Please attach location map)</b> House No. : _____ Street Name: _____ Tole: _____ Ward No.: _____ P.O. Box: _____ Phone 1: _____ Phone 2: _____			<b>Passport No.:</b> <input type="text"/>		<b>Driving License No.:</b> <input type="text"/>		<b>Is the Vehicle:</b> <input type="checkbox"/> Own <input type="checkbox"/> Financed <input type="checkbox"/> Co. Provided	
			<b>Place of issue</b> <input type="text"/>		<b>Vehicle No.:</b> <input type="text"/>		<b>Statement Mailing:</b> <input type="checkbox"/> Office <input type="checkbox"/> Residence <input type="checkbox"/> Collect	

## 2. OCCUPATIONAL PARTICULARS

<b>You are</b> <input type="checkbox"/> Self Employed <input type="checkbox"/> Salaried		<b>If salaried, you work for:</b> <input type="checkbox"/> Public Sector <input type="checkbox"/> Ltd. Co. <input type="checkbox"/> INGO/NGO <input type="checkbox"/> Proprietor/Partnership		<b>Office Name and Address:</b> Tole: _____ P.O. Box: _____ City: _____		<b>Profession:</b> <input type="checkbox"/> Executive <input type="checkbox"/> CA <input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Journalist <input type="checkbox"/> others _____	
<b>If self employed, your firm is a ...</b> <input type="checkbox"/> Ltd. Co. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership		Years at current business/job _____ Years at previous business/job _____		Phone 1: _____ Mobile: _____ Phone 2: _____ Pager: _____ Fax: _____ E-mail: _____		Designation: _____	

## 3. FINANCIAL PARTICULARS

<b>Estimated Annual Income:</b> Annual Salary Income _____ Annual Business Income _____ Other Income _____ Total Income _____ Source of other income _____		<b>Estimated Annual Payments:</b> Loan _____ Income Tax _____ House Rent _____ Insurance Premium _____ Other Payments _____ Total Payments _____		<b>Name &amp; Address of your Main Bank:</b> Branch: _____ Phone: _____ A/c No.: _____ A/c Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Fixed Deposit		<b>If self employed Capital Investment (Rs. in Lakhs):</b> _____ <b>Annual Turnover (Rs. in Lakhs):</b> _____ <b>Existing Card</b> <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> None	
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## 4. SECURITY PARTICULARS

Father's Name: _____		Spouse Name: _____	
Mother's Name: _____		Grand Father's Name: _____	

## 5. TYPE OF CARD REQUESTED

<input type="checkbox"/> MasterCard <input type="checkbox"/> Rupee (Valid in Nepal & India)		<input type="checkbox"/> VISA <input type="checkbox"/> Rupee (Valid in Nepal & India)	
<input type="checkbox"/> USD (Valid Worldwide)		<input type="checkbox"/> USD (Valid Worldwide)	

## 6. PAYMENT OPTIONS

<input type="checkbox"/> 100%	<input type="checkbox"/> _____%
<input type="checkbox"/> 10%	

## 7. SUPPLEMENTARY CARD FACILITY (ADDITIONAL FAMILY CARD)

<b>Name</b> <input style="width: 100%;" type="text"/>			<b>Date of Birth</b> DD MM YY <input type="text"/> <input type="text"/> <input type="text"/>	
(First name) (Middle name) (Last name)			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
<b>Relationship:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister		<b>Occupation:</b> <input type="text"/>		<b>Passport No.:</b> <input type="text"/>
<b>Annual Income:</b> <input type="text"/>		<b>Citizenship No.:</b> <input type="text"/>		Signature of supplementary card nominee

## 8. DOCUMENTATION

Following must be submitted along with this application. i. A recent passport size photo ii. Copy of citizenship certificate or passport iii. Location map of residence.  
 A. For Salaried: i. Latest annual salary certificate in official letter head ii. Official guarantee (as applicable)  
 B. Self-employed: i. Company registration certificate ii. Tax registration certificate iii. Latest tax clearance certificate iv. Latest audited financial v. Official guarantee (depends upon case)

## 9. DECLARATION

I agree that Nabil Bank reserves the right to reject this application without assigning any reason or incurring any liability whatsoever. I authorize Nabil Bank or its agents to make any enquiries regarding my application. I acknowledge that I have received, read and understood all the terms and conditions and agreed to abide by them unconditionally. In token whereof I have signed the application form. I hereby declare that the information given in this form is correct and true to the best of my knowledge and belief.

**Signature of card applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Please check your application form. Processing will be delayed if you do not complete all related sections. Application will not be processed on non-receipt of any required documents.)

Paste Photograph here.

Primary Card Applicant

Paste Photograph here.

Supplementary Card Applicant

References:

1.		Phone:
2.		Phone:

**DEBIT AUTHORITY**

Nabil Bank Limited  
Kathmandu, Nepal  
Dear Sirs,

I/we the undersigned \_\_\_\_\_  
(Full name of authorized person) hereby irrevocably authorise you to debit my/our below mentioned account(s) for the full amount of any bill occurred through the use of the credit card issued to Mr./Mrs./Ms. \_\_\_\_\_  
(Full name of the card applicant) including any reissued card(s) and agree to undertake all the liabilities for all charges incurred due to the utilization of the credit card by the said cardholder together with any further sum to which you may be entitled in respect of the transactions.

Card type: \_\_\_\_\_ Account name: \_\_\_\_\_ Account number: \_\_\_\_\_

USD card \_\_\_\_\_

Rupee card \_\_\_\_\_

Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please provide debit authority in company letterhead if an official account)

**OFFICIAL GUARANTEE**  
(Please provide this in official letter head)

Nabil Bank Limited  
Kathmandu, Nepal  
Dear Sirs,

The company requests you to issue credit card in the name of Mr./Mrs./Ms. \_\_\_\_\_  
The company hereby guarantee to pay and satisfy you on your first demand up to the amount outstanding for all charges incurred due to the utilisation of the credit card issued in the said name along with any replacement cards and supplementary cards.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Office seal: \_\_\_\_\_

**NABIL BANK**

*Your bank, at your service.*

Address : Kantipath, P. O. Box 3729, Kathmandu, Nepal.

Tel. : 00977-1- 4227181, 00977-1- 4226681, 00977-1- 4223125

Fax : 00977- 1- 4226905, Tlx : 2836 NABILC NP