



BO Account Information Modification Form

Date (DD-MM-YYYY): _____

Account Holder Details																		
Client Code:	_____																	
Account Name:	_____																	
CDBL Participant:	<table border="1"><tr><td>2</td><td>3</td><td>5</td><td>0</td><td>0</td></tr></table>	2	3	5	0	0												
2	3	5	0	0														
BO Id:	<table border="1"><tr><td>1</td><td>2</td><td>0</td><td>2</td><td>3</td><td>5</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1	2	0	2	3	5	0	0									
1	2	0	2	3	5	0	0											

Please modify the following information in my BO Account:

1. Contact Information:

Contact Information		
Particulars	Previous Information	Updated Information
Address		
City		
Post Code		
Division		
Country		
Telephone		
Mobile		
E-mail		
NID		
Passport No.		
Others (_____)		

2. NID Information:

NID Number:	_____
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3. Tax Information

Particulars	Information
eTIN	_____

4. Bank Information

Bank Information		
Particulars	Previous Information	Updated Information
Bank		
Branch		
A/C No.		
Routing No.		

N.B.: Please share a leaf of bank cheque book

5. Signature

Signature		
Particulars	Previous Signature	New Signature
First Applicant / Third Signatory (Only for the Company)		
Second Applicant		

Authority

I/We have authorized the above instructions.

Signature

Applicant	Name of applicant authorized signature in case of ltd. co.	Signature with Date
First Applicant / Third Signatory (Only for the Company)		
Second Applicant		

Office Use Only

Authorized Signature: _____

Date of modification: _____