

# SUNRISE OVERDRAFT SAVINGS ACCOUNT



Photo of  
Account  
Holder

Photo of  
Account  
Holder

\_\_\_\_\_ Branch

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

ODSA Silve      ODSA Gol      ODSA Platinur

Savings A/C No.

**Account Holder's:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_ Grandfather's Name: \_\_\_\_\_

Permanent Address: District: \_\_\_\_\_ Municipality/VDC \_\_\_\_\_ Ward no.\_\_\_\_ Block no.\_\_\_\_

Temporary Address: District: \_\_\_\_\_ Municipality /VDC \_\_\_\_\_ Ward no.\_\_\_\_ Block no.\_\_\_\_

Mailing Address: District: \_\_\_\_\_ Municipality /VDC \_\_\_\_\_ Ward no.\_\_\_\_ Block no.\_\_\_\_ P.O. Box No.\_\_\_\_

Contact Tel. No.: Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Citizenship Card no. \_\_\_\_\_ Issued Date \_\_\_\_\_ Place of issue \_\_\_\_\_

**For Joint Account**

**Account Holder's:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_ Grandfather's Name: \_\_\_\_\_

Permanent Address: District: \_\_\_\_\_ Municipality/VDC \_\_\_\_\_ Ward no.\_\_\_\_ Block no.\_\_\_\_

Temporary Address: District: \_\_\_\_\_ Municipality /VDC \_\_\_\_\_ Ward no.\_\_\_\_ Block no.\_\_\_\_

Mailing Address: District: \_\_\_\_\_ Municipality /VDC \_\_\_\_\_ Ward no.\_\_\_\_ Block no.\_\_\_\_ P.O. Box No.\_\_\_\_

Contact Tel. No.: Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Citizenship Card no. \_\_\_\_\_ Issued Date \_\_\_\_\_ Place of issue \_\_\_\_\_

**(In case the Overdraft is in the name of a Business Firm)**

Name of the Company: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Type of Company:     Sole Proprietorship     Partnership     Public Limited     Private Limited  
Others \_\_\_\_\_

Registered Address: \_\_\_\_\_

Registered Date: \_\_\_\_\_ Registration No.: \_\_\_\_\_ PAN No.: \_\_\_\_\_

Mailing Address: District: \_\_\_\_\_ Municipality /VDC \_\_\_\_\_ Ward no.\_\_\_\_ Block no.\_\_\_\_ P.O.Box No.\_\_\_\_

Contact Tel. No.: Office \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Account	Father's/Husband's	Grandfather's	Designation	Address and telephone
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Operators	Name	name		number

**List of Directors/Promoters of the Cor**

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Full Name	Full Address	Telephone Number	Mobile Number

Note: Please attach separate page if number of Directors is more than 5.

**Signature of Directors:**

<b>Name:</b>	<b>Name:</b>
<b>Name:</b>	<b>Name:</b>

Operation of Account:  Single  Joint  Others \_\_\_\_\_

**Nominees:**

I, \_\_\_\_\_ maintaining Savings and Current Account No. \_\_\_\_\_ with your Bank, hereby give details of the nominee(s) to receive sum of amount which may be due to me from Sunrise bank Limited in the event of my death.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Grandfather's Name: \_\_\_\_\_

Permanent Address: District: \_\_\_\_\_ Municipality/VDC \_\_\_\_\_ Ward no. \_\_\_\_\_ Block no. \_\_\_\_\_

Temporary Address: District: \_\_\_\_\_ Municipality /VDC \_\_\_\_\_ Ward no. \_\_\_\_\_ Block no. \_\_\_\_\_

Mailing Address: District: \_\_\_\_\_ Municipality /VDC \_\_\_\_\_ Ward no. \_\_\_\_\_ Block no. \_\_\_\_\_ P.O. Box No. \_\_\_\_\_

Contact Tel. No.: Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Citizenship card no. \_\_\_\_\_ Issued Date \_\_\_\_\_ Place of issue \_\_\_\_\_

**And in event of my death during the minority of the above nominee(s), I appoint:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Grandfather's Name: \_\_\_\_\_

Permanent Address: District: \_\_\_\_\_ Municipality/VDC \_\_\_\_\_ Ward no. \_\_\_\_\_ Block no. \_\_\_\_\_

Temporary Address: District: \_\_\_\_\_ Municipality /VDC \_\_\_\_\_ Ward no. \_\_\_\_\_ Block no. \_\_\_\_\_

Mailing Address: District: \_\_\_\_\_ Municipality /VDC \_\_\_\_\_ Ward no. \_\_\_\_\_ Block no. \_\_\_\_\_ P.O. Box No. \_\_\_\_\_

Contact Tel. No.: Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Citizenship card no. \_\_\_\_\_ Issued Date \_\_\_\_\_ Place of issue \_\_\_\_\_

Signature of the Account Holder \_\_\_\_\_

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Witness:

Signature: \_\_\_\_\_

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Signature Verified:

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

Address: \_\_\_\_\_

Statement: To be posted  To be collected

To be mailed

1. submitted Documents for Identification:

(a) Account Holder(s):

- i. One recent Passport sized photograph
- ii. Citizenship Certificate/Passport

## GENERAL CONDITIONS GOVERNING ACCOUNT

- THE LAWS AND REGULATIONS OF NEPAL AND CUSTOMS AND PROCEDURES COMMON TO BANKS IN NEPAL WILL APPLY TO AND GOVERN THE CONDUCT OF ACCOUNT OPENED WITH THE BANK.
- THE BANK RESERVES THE RIGHT TO AMEND THESE RULES AT ANY TIME AND IN ANY MANNER WHICH THE BANK DEEMS NECESSARY WITHOUT NOTICE TO THE APPLICANTS OR THE PUBLIC.
- THE BANK IS ENTITLED TO CLOSE THE ACCOUNT WITHOUT NOTICE IF THE CONDUCT OF THE ACCOUNTS IN OPINION OF THE BANK IS UNSATISFACTORY OF FOR ANY OTHER REASONS WHATSOEVER
- COMMISSIONS AND/OR SERVICE CHARGE WILL BE LEVIED BY THE BANK AS APPLICABLE
- THE FUNDS IN AN ACCOUNT WOULD BE CONSIDERED BY THE BANK TO BE SECURITY FOR ALL THE OBLIGATIONS PRESENT PR FUTURE OF THE ACCOUNT HOLDER TO THE BANK AND IN THE EVENT OF THE DISHONOR OF SUCH OBLIGATIONS THE BANK IS ENTITLED TO UTILIZE SUCH FUNDS AGAINST THE OBLIGATIONS OF THE ACCOUNT HOLDER TO THE BANK WITHOUT ANY NOTICE TO THE ACCOUNT HOLDER.
- THE ACCOUNT HOLDER MUST MAINTAIN THE PRESCRIBED MINIMUM BALANCE AS SET BY THE BANK FROM TIME TO TIME
- STATEMENT OF ACCOUNT WILL BE PROVIDED ON DEMAND
- THE ACCOUNT HOLDER HEREBY DECLARES THAT THE ACCOUNT AT SUNRISE BANK IS OPENED WITH MONIES, EARNED THROUGH LAWFUL MEANS. ALL TRANSACTIONS WHILE OPENING AND OPERATING OF ACCOUNT ARE LEGALLY VALID AND THIS ACCOUNT SHALL NOT BE USED/OPERATED AGAINST PREVAILING LAWS RELATING TO THE ANTI-MONEY LAUNDERING AND BANKING OFFENCE AND PUNISHMENT. IF THE BANK HAS DOUBT OR RECEIVED ANY INFORMATION IN TERMS OF MY/OUR ACCOUNT OPERATIONS AGAINST THE ABOVE MENTIONED LAWS, THE BANK SHALL RESERVE THE RIGHT TO BLOCK THE ACCOUNT AND INFORM THE SAME TO THE CONCERNED AUTHORITIES.

**OTHER CONDITIONS FOR SUNRISE ODSA: (Applicable only to those who utilize below mentioned facility)**

**THE CUSTOMER HEREBY COMPLIES WITH THE FOLLOWING CONDITIONS FOR ODSA:**

- THE CUSTOMER AGREES THAT HE/SHE SHALL ALWAYS MAINTAIN MINIMUM BALANCE PRESCRIBED BY THE BANK FROM TIME TO TIME IN CASE HE/SHE WANTS TO UTILIZE OVERDRAFT FACILITY LIMIT. UTILIZATION LIMIT SHALL BE MAXIMUM 90 % OF MINIMUM BALANCE.
- THE CUSTOMER HEREBY DECLARES THAT HE/SHE/ OR HIS/HER COMPANY IS NOT BLACK LISTED AT THE TIME OF AVAILING THE ODSA FACILITY HEREUNDER AND AGREES THAT THE BANK MAY CHECK THE SAME AT ANY TIME HEREINAFTER WITH CREDIT INFORMATION CENTER AT ITS OWN DISCRETION. IN EVENT THAT HE /SHE/ OR HIS/HER COMPANY IS FOUND TO HAVE BEEN BLACKLISTED, HE/SHE IRREVOCABLY AUTHORIZES THE BANK TO UTILIZE THE MINIMUM BALANCE MAINTAINED TOWARDS THE SETTLEMENT OF OUTSTANDING ODSA FACILITY IMMEDIATELY. THE CUSTOMER CAN CONTINUE TO OPERATE ODSA WITHOUT AVAILING OD FACILITY.
- THE CUSTOMER HEREBY AUTHORIZES THE BANK TO MARK LIEN ON ENTIRE MINIMUM BALANCE AMOUNT DEPOSITED/ MAINTAINED AMOUNT HEREUNDER AND TREAT SUCH AMOUNT TO BE A CONTINUING SECURITY IN FAVOR OF THE BANK. FURTHER, THE CUSTOMER HEREBY GIVES HIS/HER FREE AND FULL CONSENT THAT THE BANK MAY, AT ANY TIME IF SO DESIRES AND WITHOUT FURTHER NOTICE TO HIM/HER, OBTAIN PAYMENT FOR ANY OR ALL AMOUNTS DUE TO THE BANK FROM ALL OR PORTION OF THE BALANCE IN THE ODSA. HE/SHE IRREVOCABLY CONFIRMS THAT IT SHALL NOT BE LIQUIDATE D) OR ENCUMBER THEM IN ANY WAY AND / OR ACT IN ANY MANNER INCONSISTENT WITH THE SECURITY INTEREST OF THE BANK OVER THE SAID DEPOSIT(S) TILL SUCH TIMES ALL DUES TO THE BANK HAVE BEEN FULLY PAID. THE CUSTOMER HEREBY UNCONDITIONALLY AND IRREVOCABLY AUTHORIZES THE BANK TO LIQUIDATE AT ITS OWN DISCRETION THE MAINTAINED MINIMUM BALANCE AND RECOVER BANK'S DUES IN THE EVENT OF DEFAULT OR FAILURE TO PERFORM AN OBLIGATION HEREUNDER. THE CUSTOMER SHALL NOT RAISE ANY OBJECTIONS, HINDRANCES AND /OR CONTEST FOR THE SAID LIQUIDATION OR RECEIPT OF FUNDS BY THE BANK FROM THE SAID LIQUIDATION AND IRREVOCABLY WAIVE ANY AND ALL RIGHTS, IF AT ALL, CONFERRED UPON HIM/HER BY OPERATION OF LAW BY VIRTUE OF OUR OWNERSHIP OF THE DEPOSIT(S).THE CUSTOMER AGREES TO RECEIVE ONLY THE NET AMOUNT FROM THIS DEPOSIT AFTER DEDUCTING ALL OUR TOTAL PAYMENT OBLIGATIONS TOWARDS BANK.

The following documents have been submitted while requesting for opening account:

**1. Proprietorship Account**

- a) Declaration of Sole Proprietorship
- b) Copy of renewed registration certificate

- c) Identification Paper of Account Operator(s)
- d) Income Tax registration/renewal Certificate/PAN Certificate

**2. Partnership Account**

- a) Letter of Partnership duly signed by all partners

b) ~~Copy of Partnership Agreement/Deed~~

- c) Certificate of Part

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- d) Identification Paç

- e) Income Tax registration/renewal Certificate/PAN Certificate

**3. Account If Corporate Bodies (Certified copy of):**

- a) Memorandum and Articles of Association of the Company

- b) Resolution of the Board of Directors to open and operate the account and utilizing the limit of account holder

- c) List of Directors duly signed by respective Directors

- d) Company registration certificate

- e) Identification Paper of Account Operator(s)

- f) Income Tax registration/renewal Certificate/PAN Certificate

**4. Account of Clubs, societies and associations:**

- a) List of office bearers and addresses

- b) Copy of by-laws/constitutions

- c) Copy of resolution to open and operate the account

- d) Name and signature of persons authorized to operate the account

- e) Certificate of registrations/renewal

- f) Identification Paper of Account Operator(s)

Note: Please submit original documents while opening Account for verification purpose.

• Signature \_\_\_\_\_ Date\_\_\_\_\_

• I/WE HAVE READ THE ABOVE GENERAL CONDITIONS GOVERNING ACCOUNT AND HEREBY AGREE TO ABIDE BY AND BE BOUND BY THEM. MY /OUR SPECIMEN SIGNATURE/S ARE GIVEN BELOW AND WILL BE OPERATED BY:

• SINGLE  ANY ONE OF  ANY TWO OF  Others/specify\_\_\_\_\_

Name:	Name:
Name:	Name:

\_\_\_\_\_  
Signature of the Account Holder  
Date: \_\_\_\_\_

**INTRODUCER'S DECLARATION**

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I/we \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ declare that

I/we know that applicant(s) and he/she/they are fit and proper person(s) to open account with  
you.

Introducer's Signature:

Signature verified by:

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

Account No

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

**For Bank's Use Only**

Savings Account No

OD A/C No

Account Title: \_\_\_\_\_

Account Type

CCY

Customer Type

Prepared by:

Checked by:

Approved by:

Opened by:

Date:

Date:

Date:

Date:

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