

Banking, Finance and Insurance Institute of Nepal Ltd. (BFIN)

S N: **APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP**

1) Name of the Organization:

2) Mailing Address:.....

Telephone No:

Fax No:

E-mail:

3) Type/Category for membership (*Please tick the appropriate box*)

- Government/Regulating Agency** ()
- Commercial Bank** ()
- Development Bank:** National Level () Regional Level () District Level ()
- Finance Company:** National Level () Regional Level () District Level ()
- Micro Finance Institution:** National Level () Regional Level () District Level ()
- Non-Bank Financial Institution** ()
- Insurance Company:** Life () Non-Life ()
- Capital Market Related Institution** ()
- Others:** Rating Agency () Development Agency () Public Sector Organization ()
- Private Sector Organization () Association ()

5) **Contact Person:**

Name of Contact Person.....Designation.....

Telephone Number..... Mobile No:E-mail ID.....

Fax No.....

6) **Payment Method:**

Membership Fee Amount (in Figure) Amount (in words):.....

<p>By Cash/Account Payee Cheque Banking Finance and Insurance Institute of Nepal Ltd. 5th Floor, Trade Tower, Thapathali, Kathmandu Phone: 01-5111017/18</p>	<p>By Direct Bank Deposit A/C Name: Banking Finance and Insurance Institute of Nepal Ltd. Bank A/C Details: NIC Asia Bank Limited, Thapathali Branch A/c: 5444052208052401 <i>(Please send the scan copy of Deposit Voucher to mail.bfin@gmail.com)</i></p>
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Acknowledgement and Declaration

- ❖ We undersigned declare that the information provided in this form is true and correct and will be used for the purpose of administration and communication by the **Banking, Finance and Insurance Institute of Nepal Ltd. (BFIN)**
- ❖ We understand, that as an Institutional Member of the **Banking, Finance and Insurance Institute of Nepal Ltd.(BFIN)**, we shall be bound by the prevailing membership guidelines of the Institute.
- ❖ We hereby declare that all the information given in this application is true, complete & correct.

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Authorization Signature & Stamp

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Date

<p>For office use only We recommend that,be accepted as an Institutional Member of the Institute.</p>		
<p>..... Membership No</p>	<p>..... Received By</p>	<p>..... Verified By</p>