



ཀྲུལ་ཡོངས་དགོངས་ཁྲིམ་གྱི་ལྷན་ཁོག་དང་འཛོལ་རྩིས་ལྷན་ཁོག་།།

NATIONAL PENSION AND PROVIDENT FUND

Securing Future Together

Business details and intended funding			
Business Name*			
Nature of the Business*			
Proposed Location*			
License Number, if any			
Date of issue*			
Date of Expiry*			
Intended equity funding amount			
% of equity for offer			
Promoter(s) Details			
Name of the Promoter*			
Type of Business (Tick the Appropriate)	Sole Proprietorship	Partnership	Public Company
CID No.*			
Qualification and Experience*			
Contact Number*			
Email Address*			
Details of other Promoters, if any			
1	Name*	Contact Number*	CID*
2			
3			
4			

### Declaration

I/we hereby, declare that the **information given in this** application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

