



COLLATERAL REGISTRY

ACCOUNT OPENING FORM FOR COLLATERAL REGISTRY SYSTEM

BDCB/CR/05

SECTION A - CONTACT DETAILS OF AUTHORISED PERSON FOR FUTURE NOTICES, INFORMATION THAT MAY BE SENT BY THE COLLATERAL REGISTRY AND PASSWORD RETRIEVAL

Name of authorized person and their position:

Correspondence Address:

Postcode:

Telephone Number:

E-Mail Address:

SECTION B – FOR THE ACCOUNT

Name of entity ¹

Registration/Incorporation Number²:

Address:

Tel:

E-Mail:

¹ Name as stated on the Certificate of incorporation issued by Authorized body. For a Company- name appearing on the Certificate of Registration issued by the Registry of Companies. For a physical person- name on National Identity Card ² Registration number as stated on the Certificate of incorporation issued by the authorized body. For Company- registration number as on the Certificate of Registration issued by the Registry of Companies/Registration number. For a physical person National identity card number.

SECTION C – FOR THE USER

Name:

National Identity Card Number:

Tel:

E-Mail:

Relationship with the Account Holder or position within the Account holder's organization:

SECTION D – DECLARATION

We are providing this Form as a requirement to open an Account with the Collateral Registry, established under the Secured Transactions Order 2016.

We declare that the information given in this Form is complete and correct to the best of our knowledge and belief. We undertake to inform the Collateral Registry of any changes to the information included in this Form before registration with the Collateral Registry.

Name of signatory:

Position:

Signature and Stamp (if applicable):

Date:

FOR COLLATERAL REGISTRY USE ONLY

Received by:

Date:

Signature:

Processed by:

Date:

Signature:

Remarks:

NOTES ON THE COMPLETION OF FORM:

1. This Form should be completed in black or blue ink.
2. If you are completing this form by hand, please use block letters throughout. The last page must be signed.
3. All questions in this Form must be completed, any forms received incomplete or unsigned will be returned. Where a question does not apply please state "Not applicable" and provide an explanation.
4. Where the answer to a question is not provided, or the information given is provisional, the applicant should recognize that this may cause a delay.
5. The form should be completed on the basis of information that is known by the Applicant. Where information is not available, or matters are unknown, the applicant should provide further details or explanation in relation to the relevant information.
6. If there is insufficient space on the form, additional sheets may be appended. All additional sheets must be initialized by the Applicant
7. Supporting documentation where applicable, should be submitted with this Form.
8. All signatures must be original.

The Collateral Registry reserves the right to make such requests for additional information as it thinks fit.

Any questions regarding this Registration, or the information to be submitted, should be addressed to the collateral.registry@bdcb.gov.bn

List of **supporting documents**, all to be **CERTIFIED TRUE COPIES** required for submission:

- **Copy of National Identity Card for user specified in SECTION C – FOR THE USER**
- **For Companies – Certificate of Incorporation issued by the Registrar of Companies;**
- **For Firms/ Business Names – Certificate of Business Name**
- **Signed original Terms and Conditions of Use (initialized on every page)**