



To,  
Machhapuchchhre SIP Yojana,  
Kathmandu, Nepal.  
Distribution Centre: .....

Date (मिति): 

D	D	M	M	Y	Y	Y	Y
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**Subject: Amendment in SIP Registration**

Dear Sir/Madam,

With reference to above subject, I/we would like to amend the following details of my/our SIP registration of Machhapuchchhre SIP yojana. उपरोक्त विषयको सन्दर्भमा, म/हामी माछापुच्छ्रे एसआइपी योजनाको, मेरो/हाम्रो एसआइपी दर्ताको निम्न विवरणहरू संशोधन गर्न चाहन्छौं ।

**Unit Holder's Information (इकाईधनीको विवरण):**

<b>BOID (हितग्राही खाता):</b>	<input type="text"/>	—	<input type="text"/>
<b>Name (English) In BLOCK Letter:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Amendments**

Amendment Section	Previous Record	Amendment																
<input type="checkbox"/> SIP Due Date	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
<input type="checkbox"/> Model of SIP	<input type="checkbox"/> Unlimited Installment <input type="checkbox"/> Limited Installment _____ Month/Year	<input type="checkbox"/> Unlimited Installment <input type="checkbox"/> Limited Installment _____ Month/Year																
<input type="checkbox"/> SIP Interval	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually																
<input type="checkbox"/> SIP Installment Amount	In Figure (अंकमा): <input type="text"/> In Words (अक्षरमा): <input type="text"/> <input type="text"/>	In Figure (अंकमा): <input type="text"/> In Words (अक्षरमा): <input type="text"/> <input type="text"/>																

Applicant's Signature  
(निवेदकको दस्तखत)

**FOR OFFICIAL USE ONLY**

**Application Verified By**

Name : .....

Signature: .....