

CUSTOMER DUE DILIGENCE REVIEW

Account Number		0 0 1 - 1 8 3 5 C A								Date		19/01/2016			
Account Holder's Name: Udaypur Mineral Tech Pvt Ltd										Account Opened Date: 27/02/2012					
Present Address: Lazimpat, Kathmandu-2						Permanent Address: Lazimpat, Kathmandu-2									
Contact No. 4436 328				Citizenship Nos. 86033				Issuing Office & date:							
Address verifying supporting documents obtained?										<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		Remarks, if any	
Mandate to operate the account given to Third Party?										<input type="checkbox"/> Yes		<input type="checkbox"/> No			<input type="checkbox"/> N/A
Identification of Third Party Signatory obtained?										<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			<input type="checkbox"/> N/A
Residential Address of Third Party Signatory verified?										<input type="checkbox"/> Yes		<input type="checkbox"/> No			<input type="checkbox"/> N/A
Relationship with the Third Party established?										<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			<input type="checkbox"/> N/A
Politically exposed person?										<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		Why?	
Monthly Turnover:				<input type="checkbox"/> Less Than 5 Lakhs		<input type="checkbox"/> Less Than 10 Lakhs		<input type="checkbox"/> Above 10 Lakhs							
Monthly Transaction:				<input type="checkbox"/> Less Than 15		<input type="checkbox"/> Less Than 25 Lakhs		<input type="checkbox"/> Above 25							
Purpose of Account:				<input type="checkbox"/> Remittance		<input type="checkbox"/> savings		<input type="checkbox"/> Business		<input type="checkbox"/> Others					
Source Of Fund:				<input type="checkbox"/> Salary		<input type="checkbox"/> Remittance		<input type="checkbox"/> Investment		<input type="checkbox"/> Sale of Asset					
				<input type="checkbox"/> Donation		<input type="checkbox"/> Borrowings		<input type="checkbox"/> Loan Repayment		<input type="checkbox"/> Others					
Account Turnover in Last Six Months:				Nos. of TXN		Amount Rs									
				12-1		12-1		20,000.00							
Any other remark of account holder noted?												20,000.00			

As per the points mentioned above, recommended categorization of account:

☐ High Risk ☐

☒ Low

Name listed in OFAC (Office of Foreign Assets Control)?

☐ Yes

☒ No

Reason for Recommendation:-

Information Update in Core Banking System:

☒ Yes

☐

Date Updated on:

19/01/2016

Branch Manager

Date:

CSD Staff

Date

19/01/2016



मिति : २०६८/११/१६

श्रीमान् प्रमुखज्यू
सिटीजन्स बैंक इन्टरनेशनल लि.
कमलादी, काठमाडौं ।


विषय : ABBS सेवा निःशुल्क उपलब्ध गराई दिने बारे ।


महोदय,

उपरोक्त सम्बन्धमा यस कम्पनीले त्यस बैंकको विभिन्न शाखामा कारोबार गर्दा आवश्यक पर्ने ABBS सेवा निःशुल्क उपलब्ध गराई दिनुहुन श्रीमान् समक्ष अनुरोध गर्दछु ।

सहयोगको लागि धन्यवाद ।

भवदीय


प्रबल जङ्ग पाण्डे
कार्यकारी निर्देशक

COO
rev. for approval
to provide for ABBS
in the A/G

BM-K/