

lf yes, Name of PEP यदी हो भने, उक्त व्यक्तिको नाम

Position पद

Have you been convicted for any crime तपाई कुनै अपराधमा कसुरवार ठहरिनु मएका छ ?

KYC Form for Individual Customer

DARBARMALIA Branch CIFID Screening ID KYC ID Bote 26 log 20 पि Fritti Name (ILLOCK LELER) THE REMINISTRATION Single Namidal Status Single Namidal Status	YOUR PARTNER FOR PROGRESS	ALLER AND RESTRICTION OF THE PARTY OF THE PA
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बाहिएसी मिट्टिंग सार्गारेक्सा में अपने परितार किया है स्वारंग के अपने मित्रे कार्यात्वर मंत्रिक मंत्रिक कार्यात्वर मंत्रिक मंत्रिक कार्यात्वर मंत्रिक कार्यात्वर मंत्रिक मंत्रिक मंत्रिक कार्यात्वर मंत्रिक कार्यात्वर मंत्रिक कार्यात्व मंत्रिक	Marital Status Single Married Other अविवाहित विवाहित उन्य	
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Permanent Address / खारची केगावा House No. Tole प्राच निया निया प्राच निया निया प्राच	Other ID No. Issuing Office	
सार ने वाह चं सार ने प्राचा / Municipality प्राचा / प्राचा ने प्राचा / प्राचा ने प्राचा / प्राचा ने प्रा		
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District	Rural/Municipality 7767 Province N	No. 06 Rural/Municipality 01671-51 Province No.
Phone No.	District Quast Zone MISTONIA	District MIGNISI Zone TO CIDIN
हमल पान. न पोत्रनं In case of residing in rented house बहालको घरमा बसेको भए In case of NRN ग्रेर आवसिय नेपाली भएमा	Phone No. Apy 7	73 779 Phone No. Mobile No. 900 87737
In case of residing in rented house / बहाळको घरमा बसेको घए NRN ID No. प्राचारपुर आईडि च Foreign Address हिदेश रिवर वेगाना Yone No. जोन च Mobile No. जोन च The of Visa प्राचारपुर आईडि च Foreign Address हिदेश रिवर वेगाना Yone No. जोन च Type of Visa Type of Visa Expiry Date च्यापाण प्राचाण		
NRN ID No. एनआरएन आईडि न Foreign Address विदेश रिक्षत देगाना None No.		
Name of Land Lord चर्चानीको नाम Mobile No. कान न Mobile No. नांबाइल न Type of Visa Fexpiry Date समापित मिति Expiry Date समापित मिति समापित		NRN ID No.
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प्रोत न मोबाइल न एक्ट्र/राज्य देश Type of Visa Expiry Date	घरघनीको नाम	विदेश रिथत ठेगाना
Education Qulification: Below SLC एसएलसी पुनि एसएलसी		शहर/राज्य देश
श्रीदिक योग्यता एसएलसी मुनि एसएलसी प्रविणला प्रमाणपत्र तह स्नातक स्नातकोतर अन्य Occupation: Service नीकरी निकरी मएमा Name of Institution/Firm संख्या/कार्यालयको नाम Address Contact No. सम्पर्क न Salary Rent विशेषण निवृतिभरण नि		भिसाको प्रकार समाप्ति मिति
In case of service / नोकरी मएमा Name of Institution/Firm संखा/कार्यालयको नाम Address Address उपाना Source of Income: Salary Business खबसाय वहाल निवृतिभरण निवृतिभरण जियेषण जन्य Annual Income आयको सोत Upto Rs. 1 lakh वार्षिक आय Upto Rs. 20 lakh क्ष १ लाख सम्म कि २० लाख सम्म कि ५० लाख सम्म कि	श्रीक्षेक योग्यता प्रसएलसी मुनि प्रसएलसी प्रा Occupation: Service Business Pr	वेणता प्रमाणपत्र तह ः स्नातक ः स्नातकोत्तरः ः अन्य rofessional ः Housewife ः Others
संस्था/कार्यालयको नाम Address ठेगाना Source of Income: Salary Business Rent Pension निवृतिभरण विभ्रेषण जन्म Annual Income विभ्रेषण प्रिक्त श्री के प्रिक्त भ लाख सम्म प्रिक्त श्री के तपाई एक्वपयस्थ व्यक्ति हुनुहुन्छ ? Are you a Highy Positioned Person (HPP) ? श्री श्री के तपाई एक्वपयस्थ व्यक्ति हुनुहुन्छ ?	In case of service / नोकरी भएमा	
Source of Income: Salary Business Rent Pension निवृतिभरण विप्रेषण जन्य Annual Income प्राप्त के न लाख सम्म प्रकृति प्राप्त सम्म प्रकृति प्रकृति प्रकृति प्रकृति सम्म प्रकृति प्रकृति सम्म प	संस्था/कार्यालयको नाम	पद/स्तर
आयको स्रोत तलब व्यवसाय वहाल निवृतिभरण विश्रेषण अन्य Annual Income वार्षिक आय Upto Rs. 1 lakh वार्षिक आय When the state of the state o		
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के तपाई उच्चपर्यस्थ व्यक्ति हुनुहुन्छ ? 🔲 हो 🗀 होइन - यदी हो मने, पद		The Part of the Control of the Contr
	Are you a Highy Positioned Person (HPP) ? Yes No	o If Yes, Position

Name of Political Party राजनैतिक दलको नाम Relationship with PEP राजनैतिक व्यक्तिसँगको सम्बन्ध

	Relationship (सम्बन्ध)	Full Name (पुरा नाम)	Citizenship No. (नागरिकता नं.)	Issuing Office (जारी गर्ने कार्यालय)	Date of Issi
1	Spouse (पति/पत्नी)	27 MORE	(mindan 1)	(जारा गम कावालव)	(जारा भाव
2	Father (युवा)	जनम्राज मह			
3	Mother (आमा)	दुम्बरी अह			
4	Grandfather (हजुरबुबा)	प्रति ध्रे अह			
5	Grandmother (हजुरआमा)				
6	Son 1 (छोरा 4)	संगट अह			
7	Son 2 (छोरा २)			JI V	
3	Daughter 1 (छोरी १)	म्ब्रीती अह			
	Daughter 2 (छोरी २)	217			
0	Daughter-in-law 1 (बुहारी १)				
1	Daughter-in-law 2 (बुहारी २)				
2	Father-in-law (ससुरा)				
you पाई vou	have Account in Citizens Ba	d (Green Card) Holder ? असोबास (ग्रिन कार्ड) धारक हुनुहुन्छ ?	तपाई संयुक्त राज्य अमेरिकाको न No डोइन No	गगरिक हुनुहुन्छ ? □ ही	
es,	को सिटिजन्स बैकमा खाता छ ? Name of Account	विकास क्रम्म केन्ट	ੀ ਹੈਜ Account No.	00/000/8	56 CF
ou	भने, खाताको नाम have Account in Other Banks ? अन्य बैकमा खाता छ [्] ?		(खाता नम्बर	Type of Acco	unt
Ma	p Permanent Address	Present Address Name of nearest lan		खाताको प्रकार Distanc	e(M)
	🔲 स्थायी ठेगाना 📗	हालको वेगाना नजिकैको प्रसिद्ध स्थान		दुरी (मि)	
	StermALE 			rus.	1
	StermAle Juterral Juterral	Show Sharn Marga			
atur	reby declare that all the info हों उपलब्ध गराइएका सम्पुर्ण विवर		are true and correct.	Right दायाँ	Left बॉया
itur :	reby declare that all the info हों उपलब्ध गराइएका सम्पुर्ण विवस	rmation and documents submitted to the bank एणहरू तथा कागजातहरू साँचो रहेको घोषणा गर्दछ्/गर्द Bank's Use Only	are true and correct.		Left बीया
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KYC Form for Individual Customer

DARBARMARGA Branch

Have you been convicted for any crime

तपाई कुनै अपराधमा कसुरवार टहरिनु भएका छ ?

Yes

26/09/2077 CIF ID KYC ID Screening ID Full Name PRA SHHA 5 ANT (BLOCK Letter) 92114 नाम (नेपालीमा) 201 Male 2007204085 Date of Birth Gender Other Female जन्ममिति लिल् पुरुष महिला 31+71 Marital Status Hindu Single अविवाहित विवाहित Other Religion Muslim Buddhist Christian Other वैवाहिक स्थिति अन्य धर्म हिन्द मुस्लिम बौद्धमार्गी किष्टियन अन्य 2058/01/10 Issuing Office जारी गर्ने कार्यालय 24243 Citizenship No. Issued Date NEPALI राष्ट्रियता नागरिकता न जारी मिति Issuing Office Issued Date assport No. Expiry Date पासपोर्ट न जारी गर्ने कार्यालय जारी मिति समाप्ति मिति Other ID No. Issuing Office Expiry Date समाप्ति मिति Issued Date अन्य परिचयपत्र ने जारी मर्ने कार्यालय जारी मिति Permanent Address / स्थायी ठेगाना Present Address / हालको ठेगाना Ward No. 0 9 House No. Tole Hson House No. Tole Ward No. धर म ETT F Province No. ०6 Rural/Municipality Rural/Municipality Province No. _03 गापा/नपा गापा/नपा District जिल्ला Zone MIEIMIM District Zone ON GAI अञ्चल जिल्ला अञ्चल Mobile No. Phone No. Phone No. Mobile No. मोबाइल न फोन नं Email PAN No. P.O. Box No. ईमेल पान न पोबन In case of residing in rented house / बहालको घरमा बसेको भए In case of NRN / गैर आवसिय नेपाली भएमा NRN ID No. एनआरएन आईडि न Name of Land Lord चरधनीको नाम Foreign Address विदेश स्थित ठेगाना City/State शहर/राज्य Country देश chone No. Mobile No Type of Visa Expiry Date भिसाको प्रकार समाप्ति मिति Education Qulification: Below SLC SLC Intermediate Bachelors Masters Others शैक्षिक योग्यता एसएलसी मृनि एसएलसी प्रविणता प्रमाणपत्र तह स्नातक रनातकोत्तर अन्य Service भोकरी Occupation: Business Professional Housewife Others व्यवसाय गुहिणी अन्य In case of service / नोकरी भएमा Name of Institution/Firm Designation/Position संस्था/कार्यालयको नाम पद/स्तर Address Contact No. ठेगाना सम्पक्त न Source of Income: Business व्यवसाय Salary Remittance Others आयको स्रोत तलव बहाल निवृतिभरण विप्रेषण अन्य Upto Rs. 1 lakh Annual Income Upto Rs. 20 lakh Upto Rs. 50 lakh Above Rs. 50 lakh वार्षिक आय रू १ लाख सम्म ल ५० लाख भन्दा बढी ल २० लाख सम्म क ५० लाख सम्म No Els-r If Yes, Position यदी हो भने, पद Are you a Highy Positioned Person (HPP)? के तपाई उच्चपदस्थ व्यक्ति हुन्हुन्छ ? No BIST Are you a Politically Exposed Person (PEP) or Associated with Any PEP? Yes के तपाई राजनैतिक प्रमावित व्यक्ति हुनुहुन्छ वा कुनै राजनैतिक प्रमावित व्यक्तिसँग सम्बन्धित हुनुहुन्छ ? If yes, Name of PEP यदी हो मने, उक्त व्यक्तिको नाम Name of Political Party राजनैतिक दलको नाम Relationship with PEP राजनैतिक व्यक्तिसँगको सम्बन्ध Position

	- 11 <u>2</u> 0 years and 12				
S.N.	Relationship (सम्बन्ध)	Full Name (परा नाम)	Citizenship No. (नागरिकता न)	Issuing Office	Date of Issu
1	Spouse (पति/पत्नी)		(-1141/04/01 -1.)	(जारी गर्ने कार्यालय)	(जारी मिति)
	Father (बुबा)				
-	Mother (अमा)	जयराम प्रत		11.20	7 6
		जानका द्वाय पन्त			
	Grandfather (हजुरबुबा)	गार पत्र पत्र			
	Grandmother (हजुरआमा)	गगा दाप पन			
_	Son 1 (छोरा १)	रूपिश पन			
100	5on 2 (छोरा २)	निकेश पन		=======================================	
-	Daughter 1 (छोरी १)	A STATE OF THE STA	- C- 7-	V 4	
1000	Daughter 2 (छोरी २)				
	Daughter-in-law 1 (बुहारी १)	V V	*		
11	Daughter-in-law 2 (वुहारी २)				
12	Father-in-law (ससुरा)				
तपाई you	have Account in Citizens Ba को सिटिजन्स बैकमा खाता छ ?	(Green Card) Holder ? Yes सोवास (ग्रिन कार्ड) धारक हुनुहुन्छ ? हो ि	के तपाई संयुक्त राज्य अमेरिकाको 	नागरिक हुनुहुन्छ ? 🗀 हो	🗀 होइन
yes,	Name of Account भने, खाताको नाम	नदा काल्याम केन्द्र	Account No.	00/000/8	56 CA
you	have Account in Other Banks?	Yes No If yes, Bank & Branch Nan	खाता नम्बर ne	Type of Acco	
ाईको	अन्य बैकमा खाता छ ?	🔲 छ - 🔛 छेन - यदी छ भने, बैंक र शाखाको न	ग्रम	याताको प्रकार	Sill L
e Ma 初	p Permanent Address रथायी ठेगाना	Present Address Name of nearest lai हालको देगाना नजिकको प्रसिद्ध स्थान	ndmark	Distance दुरी (मि)	e(M)
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/e he iमी य	Putolisa Chack	Mabi ska	Care true and correct	LU Right दायाँ	Left बॉया
त्रमा य	reby declare that all the info हों उपलब्ध गराइएका सम्पुर्ण विवर	Hove Hove Hove mation and documents submitted to the bank गहरू तथा कागजातहरू साँचो रहेको घोषणा गर्दछ्/गर	k are true and correct. र्वछी ।	Right दायाँ	
natur e:	reby declare that all the informal अपलब्ध गराइएका सम्पूर्ण विवर	mation and documents submitted to the bank शहरू तथा कागजातहरू साँचो रहेको घोषणा गर्दछ्/गर	k are true and correct. र्वछी ।		
natur e: ि १ ८	reby declare that all the informal उपलब्ध गराइएका सम्पुर्ण विवर	mation and documents submitted to the bank गहरू तथा कागजातहरू सौंची रहेको चोषणा गर्दछ्/गर	k are true and correct. र्वछी ।	Right दायाँ	
natur e: Si	reby declare that all the information of the control of the contr	Make Use Only ted by Customer	k are true and correct. वैछी ।	Right दायाँ	
natur e: St Pl	reby declare that all the info ताही उपलब्ध गराइएका सम्पूर्ण विवर प्राप्त का प्राप्त का सम्पूर्ण विवर upporting Documents Submit hotograph lentification Document	Herrel mation and documents submitted to the bank शहरू तथा कागजातहरू साँचो रहेको घोषणा गर्दछ्/गर Bank's Use Only ted by Customer Yes No Citizenship Passport	k are true and correct. र्वछी ।	Right दायाँ	
natur e: \$4 St Pl Id Er	reby declare that all the informal उपलब्ध गराइएका सम्पूर्ण विवर प्राप्त प्राप्त प्रमुण विवर प्राप्त प्र प्राप्त प्राप्त प्राप्त प्राप्त प्राप्त प्र प्राप्त प्र प्राप्त प्राप्त प्र प्राप्त प्र प्राप्त प्र प	mation and documents submitted to the bank शहरू तथा कागजातहरू साँचो शहेको घोषणा गर्वछ्/गर bank's Use Only ted by Customer Yes No Citizenship Passport Yes No	k are true and correct. वंधी।	Right दायाँ Thumb Impression s	
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natur e: Si 2 0 Pi Id Er Ac Ri	reby declare that all the informal जिल्ला माराइएका सम्पुर्ण विकर प्राप्त अपलब्ध गराइएका सम्पुर्ण विकर प्राप्त विकर्ण प्राप्त का सम्पुर्ण विकर प्राप्त का का सम्पुर्ण का सम्पुर्ण विकर प्राप्त का सम्पुर्ण का सम्पुर्ण विकर प्राप्त का सम्पुर्ण का सम्पुर्ण का सम्पुर्ण का सम्पुर्ण विकर प्राप्त का सम्पुर्ण का सम्पु	mation and documents submitted to the bank शहरू तथा कागजातहरू सीचो रहेको घोषणा गर्वछ्/गर ted by Customer Yes No Citizenship Passport Yes No Utility Bill Land Ownershi	V are true and correct. रिशी । Other ip Certificate son HPP PEP	Right दायाँ Thumb Impression з	
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natur e: 22 Si 24 Fild Er Ac Ri H: Th	reby declare that all the information and all the information becament mployee ID ddress Verifying Document isk Grading Low Risk as the information updated in the customer's name has been all the customer's name has been customer's name customer's name has been customer	Bank's Use Onleted by Customer Yes	V. Other	Right दायाँ Thumb Impression з	
HIT I	reby declare that all the information updated in customer's name has been elf Declaration Obtained	Bank's Use Onleted by Customer Yes	V. Other	Right दायाँ Thumb Impression з	

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KYC form for Corporate Customer

DARBARMARGABranch	
शाखा	
IF ID	

(135601)

Date 2066/08/28

Screeni	ng ID			1,	KYC II	种d D	
Jer CEIII							
Name o	f Firm/Company	HUMAN	WEL	FARE	DEVELO	PMENT	CENTE
Constitu संरचना	ution : Sole	e Proprietorship ल स्वामित्व	Partnership सामेदारी	Pvt. Ltd.	□ Public Ltd. ☐	Others अन्य	The second
	ition No.	802	Registration Da			o of Pogistration	प्रका कान्यनप्
	Registration	भे. न. पा		09679			17 - (10 - (10
ा भएक	ने स्थान	31.01.91	पान/भ्याट	1019161719	E G PAN/VAT	Registration Date 0 दर्ता मिति	2082062
Registo	ered Address /ਵਰ	The second second		Busi	ness Address / व्यवसायव	ने ठेगाना	
House N ਬਵ ਜੋ	loTole	स्बपु	Ward वार्ड न	No. १८ House	P. No Tole		Ward No वार्ड न
Rural/M गापा/न.प	unicipality 731	मदन नगर्प	(Amtho)	ce No Rural	/Municipality		Province No
District	-	Zone Zone	FILEIMIS	n Distri	ct	Zone _	
जिल्ला Phone N	10. A STXT	C62369 ax No.				अञ्चल Fax No.	
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Email • ईमेल 🔑	SW HW	1 CHEPALLO	yahro.	OIT		P.O. Box No पोसन	
Name o	f Key Contact Off	ficial don 2	ाज अंह		1.52	Mobile No.	ST8262362
100	f Key Contact Off पर्क व्यक्ति			Hotel Walder Fred		माबाइल न	
vature (यवसायक	of Business प्रकृति		La compa	Business Area व्यवसायको स्थान		ा । No. 01 Office कार्यालय/शाखा	es/Branches संख्या
	of Board of Dire	and the second second second second	cutive Officer/	सञ्चालकहरू तथा प्रमुख	कार्यकारी अधिकृतको विवर	AND THE RESERVE TO SERVE THE PARTY OF THE PA	
S.No.		Full Name		Position/Designati स्तर/पद	on Contact No. सम्पर्क न		Address ठेगाना
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	49912T	977	-	सदस्य	8-5:55919		०९ छत्रदी
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		ş				711-7412-	**
	of Account Signa	atories /खाता सञ्चालक	हरूको विवरण				
S.No. ऋसं	- E	Full Name पुरा नाम		Position/Designati स्तर/पद	on Contact No. सम्पर्क न		ddress ठेगाना " 🔾
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	ر اساع	- 1 (-		24194	50010	3010	3 40311
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o you have Account in Other पाईको अन्य बैकमा खाता छ ?	Banks ?				
Name of Bank & Branch		M 10. 0	Account type खाताको किसिम	Account No.	
बैकको नाम तथा शाखा Name of Bank & Branch				खाता न Account No.	
वैकको नाम तथा शाखा			Account type खाताको किसिम	खाता न	97.1
Name of Bank & Branch बैकको नाम तथा शाखा			Account type खाताको किसिम	Account No खाता न	
e Map	Name of nearest landmark नजिकैको प्रसिद्ध स्थान			Distance(Meter) दुरी (मिटर)	
161			STARRICHTURAL IN		
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	It the information and document			ect.	
। मृहामाद्वारा उपलब्द गराइएक	ो सम्पूर्ण सुधना तथा कागजातहरू सत्य	र साह छ गण	वावणा नदस्तुनदस्य ।	हराज विद्याप	
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(THE)		A -		1004 of	
Authorised Signatory(i	es)	-0 7		- जियानपुर	
दस्तखत(हरू)		12 74	565	Company Seal	
18		Bank's Us	e Only		-
Supporting Documents	Submitted by Customer				
Photogaph of account	operation and Directors	Obtained	Not Obtained Remark	(S	
Citizenship of Account	Operation and Directors	Obtained	Not Obtained Remark	cs	
Registration Documen	t and PAN	Obtained	Not Obtained Remark	CS	-
Tax Exempt certificate in	case of non-profit organization	Obtained	Not Obtained Remark	cs	
Audited/Projected Fin	nancials	Obtained	Not Obtained Remark	cs	
Income TAX Clearance		Obtained	Not Obtained Remark	cs Table Table on	
Account Risk Grading			Risk, Reason HPP	PEP Other	
	l under sanchioned list	Yes	No	NAME OF THE PARTY	
	pdated in core Banking System	& Trust AML/	GoAML Yes	No	
	has been checked in Blacklist r		Yes	No	
Self Declaration Obtai			Yes	No	
	7 100 1	25-48-55			
Prepared & Checked	By	Verifie	d By	Approved By	

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	Holder's Name: Human walfar	re developme	nt		· ·		
	Registration: 2061/10/25	Registration No	602	2	Registration Office & Date:	DAO.	
Contact I	No. 9848 723729	PAN/VAT No. 7	30178	2679	Regd/PAN Expiry Date:		
Office		Beneficial Own	Beneficial Owner-Name: Torrk Ray Bhatt				
ax mail .O.Box	wdenepal@yahoo.com	Address: Para Relation: Contact No. 98	n mun	delifality - J3	o hatt , Baitadi	124	
Vard No ole: louse No	Rath Dux		Ward N Tole: House	Anamna			
usiness							
	Objectives: •				N+1	*******	
lumber	of Offices:	Office Location	s;	- 11			
Innagan							
SN	nent (BOD Members and Chief Executiv			141	and the state of t		
214	Full Name	Permanent Add	iress	Present Address	- Citizenship No.	Phone	
	S Dant						
1	& Post				/ Issuing Office	/Mobile No.	
1 2	Tarka Raj Blotta	Polan -2	5	15ame	23167	/Mobile No.	
1 2 3	Tarka Raj Blotta Loxman Datto Bhotta	3 1/ .		Same	23/67	/Mobile No. 9848713	
2	Tarka Raj Blotta Lexman Datto Blotte Hipe Komen Puasthi	Suda-1 kan		Same	23/67 137036/101 15-0/-70-03713	/Mobile No. 984872	
3	Tarka Raj Blotia Lexman Datto Blothe Hipe Komen Phasthi Krishna Pd Pank	Suda-1 kgn Palan-3		Same	23/67 134036/101 15-01-70-03713 20245	/Mobile No. 9848813 98688356	
2 3 4	Tarka Raj Blotla Loxman Datto Blotla Hipe Komen Puasiti Krishna Pd Pani Tara Pani	Suda-1 kan Palan-3		Same	23/67 13 1036/101 15-01-70-03713 20243 734036/316	/Mobile No. 9848723 984888466 98416984	
2 3 4 5	Tarka Raj Blotia Lexman Datto Blotle Hine Komen Phasihi Krishna Pd Pani Tara Pani Trakash Pari	Suda-1 kan Palan-3 11		84me 10 10 10	23/67 33 7036/101 15-01-70-03713 20245 734036/316 2013-01-87-00031	/Mobile No. 9848723 98488846 98416984 98432444	
2 3 4 5 6	Tarka Raj Blotla Loxman Datto Blotla Hipe Komen Puasiti Krishna Pd Pani Tara Pani	Suda-1 kan Palan-3		Same	23/67 33 7036/101 15-01-70-03713 20245 734036/316 2013-01-87-00031	/Mobile No. 9848723 98488846 98416984 98432448	
2 3 4 5 6 7	Tarka Raj Blotia Lexman Datto Blotte Hipe Komen Phasthi Krishna Pd Pank Tara Pank Trakash Park Puskar Paj Pank	Suda-1 kan Palan-3 11		Same V V D	23/67 13 1036/101 15-01-70-03713 20243 734036/316	/Mobile No. 9848723 98488846 98416984 98432448	
2 3 4 5 6 7	Tarka Raj Blotta Lexman Datto 13botta hipe Komen Puasthi Krishna Pd Pant tara Pant Trakash Part Puskar Raj Pant	Suda-1 kan Palan-3 1/ Panta-5 Patan -3	chanple	Same 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	23/67 13 1036/101 15 - 01-70-03 7 13 2024 5 734036/316 013-01-89-0063 735-01+33-004[5]	/Mobile No. 9848723 98488846 98416984 98432448	
2 3 4 5 6 7 PP/PEP/	Tarka Raj Blotta Lexman Datto 13hotta Hipe Komen Puasthi Krishna Pd Pant Tara Pant Tara Pant Puskar Paj Pant NFZE:: Monthly Turnover:	Suda-1 kan Palan-3 1/ Panta-5 Patan -3 Yés Less Than 25 Lal	chanple	Same V II No If Yes, ren Less Than	23/67 33 4036/101 15-01-70-03 713 2024 5 734036/316 73-01-89-00031 73-01+13-004[5] nark on affiliation:	/Mobile No. 9848723 98488846 98416984 98432448	
2 3 4 5 6 7 PP/PEP/	Tarka Raj Blotta Lexman Datto 13botta hipe Komen Puasthi Krishna Pd Pant tara Pant Trakash Part Puskar Raj Pant	Suda-1 kan Palan-3 1/ Panta-5 Patan 73 Yes Less Than 25 Lat Less Than 50	chanple	No If Yes, ren	23/67 33 4036/101 15-01-70-03 713 20245 34036/316 315-01-82-0003 15-01+33-004[5] nark on affiliation:	/Mobile No. 9848723 9840 45666 98416984 98432443 98432143	
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zenship of all managerial personnel	Obtained	Not Obtained	
Form of all managerial personnel	Obtained	Not Obtained	/404
gistration Document:	Registration Certif	plate	/AOA
dited Financials Of Last Fiscal Year			
ome Tax Clearance Of Last Fiscal Year	Yes N	Io Specify the FY	(Banton
	E	Now,	Authorised Signatory Date:
			Banking System:
Account Risk Grading:		Information Update in Core	Beaking System
High Medium Risk	Low Risk	Yes Yes	22/04/018
PEP/PIP	=	Date Updated on:	and the second s
Name listed in OFAC (Office of Foreign Asse	No No	Remarks if any:	4
Remarks / information if any:	aries e	A	
5 (5 (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6		/2	>
Branch Manager			2104/018
Date:	Hamman	0	1) office
	Aramang As Harum	F —	
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2		It framman temple	.02
			523

List of Directors/Working Committee Members & CEO



mika naj Brown









Krishna pd Pania



Details of the Directors/Working Committee Members and CEO:

S. No.	Position	Full Name	Father's Name	Grand Father's Name	Spouse Name	Permanent & Present Address	Telephone Number, Mobile Number, & Email Address
1,	r'ammar	Tark Roy Blat	Janak Rot Bhott	Datt Bhatt	The second of th	Patan 3 Patan 3	9848723729 984945668
2.	Vice -chair,	Reat Die	Janak patt	Mani Shatt	Tunk Brashad	Circle > 1	9868875643
3.	Secretary	8) Awasthi	Lace		December 11	Lanchan	
4.	Treasury	Krishna prachad Panl			Bined punt	I WILL CAPE	1 / /2 / /
5.	Member		bruneshout	Dipak Panday	panary	Chartar and Tax	9843214758
6.		Prakach	Parmanando Pant	para	Di pendry	Butadi	9843200
7.	11	Pushar Rug Part	Texager	batt part	prushed Pan	Muyav- Bula	1 659
8.						(0) (0)	

Company's Seal Date:

orting Documents (provided by the customer) to of account holder	
o of account holder	Not Obtained
	Outsides L
to of beneficial owner	Obtained Not Obtained
	Citizenship 7 Passport Others
ntification Document:	Driving License
tress Verifying Document (Any One):	Utility Bill (Water/Electricity/Telephone Bill)
Secretaria de Aconomica do Caración de Car	Land Ownership Document Rental Agreement
	Voter
9	Letter from Local Authority 10
	T-7N/ T-
nployee ID (Mandatory for Govt. Officials)	Yes No
ite I	Present Address
Map Permanent Address	1,15%
Duyar	
Para choule	maitidevi Chartekulo
tadi highway Parta chould	chowle
155.4 (2.558)	
	e e
	To Que
	O Connew
	Account
	Account F
	Account F
ote:- Any document/information if not exists, shall be declare	Account F
ote:- Any document/information if not exists, shall be deciare	Signature Signature
ote:- Any document/information if not exists, shall be deciare	Signature Plank - U.S. Ohly
ote:- Any document/information if not exists; shall be deciare	Account F Signature Bearing Use Only Information Update in Core Banking System & Accusty Ch
nte:- Any document/information if not exists, shall be deciare	Earlie-Juse Only Information Update in Core Banking System & Accuity Ch
ote:- Any document/information if not exists; shall be deciare	Earlie-Juse Only Information Update in Core Banking System & Accuity Ch
nte:- Any document/information if not exists; shall be deciare	Early Just Only Information Update in Core Banking System & Accusty Ch
count Risk Grading: High Risk HPP/PEP	Earlie-Juse Only Information Update in Core Banking System & Accuity Ch
nte:- Any document/information if not exists; shall be deciare	Earlie-Juse Only Information Update in Core Banking System & Accuity Ch
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icount Risk Grading: High Risk HPP/PEP HEALTH DEAC LOTfice of Foreign Assets Control)?	Signature Signature Signature Low Risk Pate Updated on: Signature Signature Signature Signature
count Risk Grading: High Risk HPP/PEP Anne listed in DFAC (Office of Foreign Assets Control)? Yes	Signature Signature Signature Low Risk Pate Updated on: Signature Signature Signature Signature
count Risk Grading: High Risk HPP/PEP Anne listed in DFAC (Office of Foreign Assets Control)? Yes	Signature Signature Signature Low Risk Pate Updated on: Signature Signature Signature Signature

count Numb	per D	0 1 I	8 5	6	C A			186/12 Date	1074
	er's Name: TA 2K		BHATT				PAN No.		
te Of Birth:	2041/01/03	,	Citizenship /	ID No.23	167	Issuing ()	ffice & Date:	2058	112/
ntact No.			Passport No.	4		Issuing O	ffice & date:		
Residence Mobile 9848723729 Email trbhatag2@gmail.com P.O.Bax			Beneficial Ov Address: Relation: Contact No.	vner-Name:	/	2			
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- Genh - / Figure 24 remient to Account Number Date 19 /12/074 Account Holder's Name: PAN No. Issuing Office & Date: 2069/08/06 Date Of Birth: 73-01-69-2048/01 Contact No. Passport No. Issuing Office & date: / 9843214788 Residence Beneficial Owner-Name: municipality - 3 Mobile patan Address: Email Relation: Unyus P.O.Box Contact No. Patan municipality -3 Present Address: Kouthmendu Permanent Address: Ward No.: 33 Ward No.: Jole: Tole: buse No.: House No.: District: Koethmandy mentider Tai tadi District: Family Members: Date SN Relation Name & Surname Citizenship No.* Issuing Office* issu 1 Spouse 2 Father 3 Mother Grandfather eshers 5 Grandmother 6 Son Daughter Daughter in Law (son's 8 wife) Father in Law (of married women) *not compulsory for low risk customers ccupation / Business: Ann SN Name Of Firm/ Company/Office Web Site Address Inco Human wellane 1 Kan 2 lac 2 3 HPP/PEP/NF2F: Yes If Yes, remark on affiliation: Expected Monthly Turnover: Less Than 5 Lakhs Less Than 10 Lakhs >10 Expected Monthly Transaction: Less Than 15 Less Than 25 >75 Othe Purpose of Account: Remittance Business Savings 15 Source Of Fund: Salary Remittance. Investment Sale of Asset Donation Borrowings Loan Repayment Othe Punished or charged for any criminal activities in the past YES

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Name of Parliments Account Number Date Account Holder's Name: Miner Kumari Awersthi PAN No. Issuing Office & Date: 2070-05-07 0 / 198 / 2019-06-19 Citizenship / ID No. 75- 01-70-Contact No. Passport No. Issuing Office & date: -2868875643 Residence Beneficial Owner-Name: Mobile Address: Email Relation: P.O.Box Contact No. Present Address: Permanent Address: Ward No.: Of Sudy Ward No.: 32 Inle: use No.: Kathmender House No.: District: Kanchanpur District: Family Members: Date SN Relation Name & Surname Citizenship No.* Issuing Office* issu-Spouse Larder Awasthi 2 Father Mother Grandfather 5 Grandmother 6 Son 7 Daughter Daughten in Law (son's 8 wife) Father in Law (of married 9 women) *not compulsory for low risk customers cupation / Business: Ann Name Of Firm/ Company/Office Address Web Site Inco Human welfare LLAC HPP/PEP/NF2F; Yes No If Yes, remark on affiliation: Expected Monthly Turnover: Less Than 5 Lakhs Less Than 10 Lakhs >10 Expected Monthly Transaction: Less Than 15 Less Than 25 >25 Othe Purpose of Account: Remittance Savings. Business 13 Source Of Fund: Salary Remittance Investment Sale of Asset Donation Borrowings Loan Repayment Oth Punished or charged for any criminal activities in the past NO

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APPENDIX: B CITIZENS BANK INTERNATIONAL LIMITED KNOW YOUR CUSTOMER (KYC) FORM

	KNOW YOUR CUSTOMER (KYC) FORM
KYC REQUIREMENT	DOCUMENTATION NEEDED
1. IDENTITY a. Beneficial Owner	FULL NAME Human Welfart Development Centre LOOI-1856 (A) (For Individuals) or Title of Domain Partnership / Sole Proprietorship / Ltd. Companies Names of Partners / Owners / Directors / Major Share Holders
b. ID Documents	CITIZENSHIP CERTIFICATE OR PASSPORT (Obtain Photocopy) Constitution of the company
c. Legal Status	INDIVIDUALS Documents as per policy to be obtained & kept with Account Opening Form SOLE PROPRIETORSHIP PARTNERSHIP* LTD. Cos.* OTHERS* * Copies of ID Documents for all Directors / Partners / Trustees etc. to be obtained.
2. RESIDENCE / BUSINESS INFORMATION a. Residence Address/ Telephone Occupation or Line of Business c. Business Address /	District Administration Oppice, Maherchanger, Tourchanger Anamonoger, Etm.
Telephone 3. INCOME	OBTAIN SOURCE OF INCOME & APPROXIMATE FIGURES FOR INDIVIDUALS. FOR OTHERS IT SHOULD BE AVAILABLE FROM THEIR ACCOUNTS AND BALANCE SHEETS
4. RELATIONSHIP a. Purpose b. Commensurate Activity c. Funds for Opening Accounts	CURRENT A/C CASH NIR AMOUNT
S. EXISTING RELATIONSHIP	DO YOU PRESENTLY MAINTAIN AN ACCOUNT WITH CBIL? YES / NO IF YES - ACCOUNT NO: BRANCH NAME
6. INTRODUCTION	NAME & A/C NO. Ramon Wagle (001-31755) ADDRESS ANY CORRESPONDENCE RETURNED DURING LAST SIX MONTHS HOW LONG THE ACCOUNT HOLDER IS KNOWN TO THE INTRODUCER ACCOUNT STATUS DATE OF MEETING IF ANY & BRIEF COMMENTS
7. CLIENT REVIEW / MEETING a. Initial	Date of Meeting 068-12-24 - Brief Comments
b. Subsequent	Date of Meeting Brief Comments

SIGNATURE INTERVIEWING OFFICER

MANAGER