APPENDIX: B CITIZENS BANK INTERNATIONAL LIMITED

KNOW YOUR CUSTOMER (KYC) FORM	
KYC REQUIREMENT	FILL NAME HIMERORD COLLEGE OF Apricultural Sciences &
1. IDENTITY a. Beneficial Owner	(For Individuals) or Title of Domain Partnership / Sole Proprietorship / Ltd. Companies Names of Partners / Owners/ Directors / Major Share Holders
b. ID Documents	(Obtain Photocopy)
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	Crathaghar, Bhaktapur.
c. Business Address / 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	Concert(CA) CASH NPR AMOUNT 10,10,100 1
5. EXISTING RELATIONSHIP	DO YOU PRESENTLY MAINTAIN AN ACCOUNT WITH CBIL? YES / NO IF YES - ACCOUNT NO: BRANCH NAME
6. INTRODUCTION	NAME & A/C NO. 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 069/3/12 Brief Comments
b. Subsequent	Date of Meeting 069/3/12 Brief Comments

SIGNATURE INTERVIEWING OFFICER

SIGNATURE MANAGER