

KYC FORM FOR CORPORATE CUSTOMER

Screening ID

KYC ID

Account Number: 0010001845CA

Date: 27/01/2019

Client ID

Account Holder's Name: Mount Rosin & Turpentine Industries Pvt Ltd.

Date of Registration: 2064/03/26

Registration No.: 46743

Registration Office & Date: Office of company Registrar

Contact No:

PAN/VAT No. 302631256

Regd./PAN Expiry Date: -

Office: 071-562722

Beneficial Owner-Name:

Fax: -

Address:

Email: mount.rosin@gmail.com

Relation:

P.O.Box:

Contact No.:

Registered Address: Tilottama Municipality

Business Address: Tilottama Municipality

Ward No.: 16

Ward No.: 16

Tole: Parashikawa

Tole: Parashikawa

House No.:

House No.:

District: Rupandehi

District: Rupandehi

Business Area: Rupandehi

Business Objectives: production

Number of Office: 1

Office Location: Tilottama Municipality-16, Rupandehi

Management (BOD Member and Chief Executive)

SN	Full Name & Post	Permanent Address	Present Address	Citizenship No./ Issuing Office	Phone/Mobile No.
✓ 1.	Basanta Rokka Chhetri	Hetauda-16	Tilottama-16	3264 Makawanpur	9851017603
✓ 2.	Bharat Bdr Rokka Chhetri	Hetauda-16	Hetauda-16	4791 "	9855067280
✓ 3.	Ishwar Bdr Rokka Chhetri	Hetauda-16	Mahislauni-2	17790 "	9851079658
✓ 4.	Kumar Rokka Chhetri	Hetauda-16	Mahislauni-3	24557 "	9851023687
✓ 5.	Deepak Rokka	Hetauda-16	Tilottama-16	16/040 "	985105748

HPP/PEP/NF2F: ☐ Yes ☒ No

If yes, remark on affiliation:

Expected Monthly Turnover:

☐ Less than 25 Lakhs

☐ Less than 50 Lakhs

☒ >50 Lakhs

Expected Monthly Transaction:

☐ Less than 25

☐ Less than 50

☒ >50

Purpose of Account:

☒ Business

☐ Other (Please specify)

Supporting Documents (provided by the customer)

Remarks, if any

Photo of account operators

☒ Obtained

☐ Not Obtained

Photo of all managerial personnel

☒ Obtained

☐ Not Obtained

Citizenship of all managerial personnel

☒ Obtained

☐ Not Obtained

Registration Document

☒ Registration Certificate

☐ MOA/AOA

Audited Financials of last fiscal year

☒ Yes

☐ No

Specify the FY.

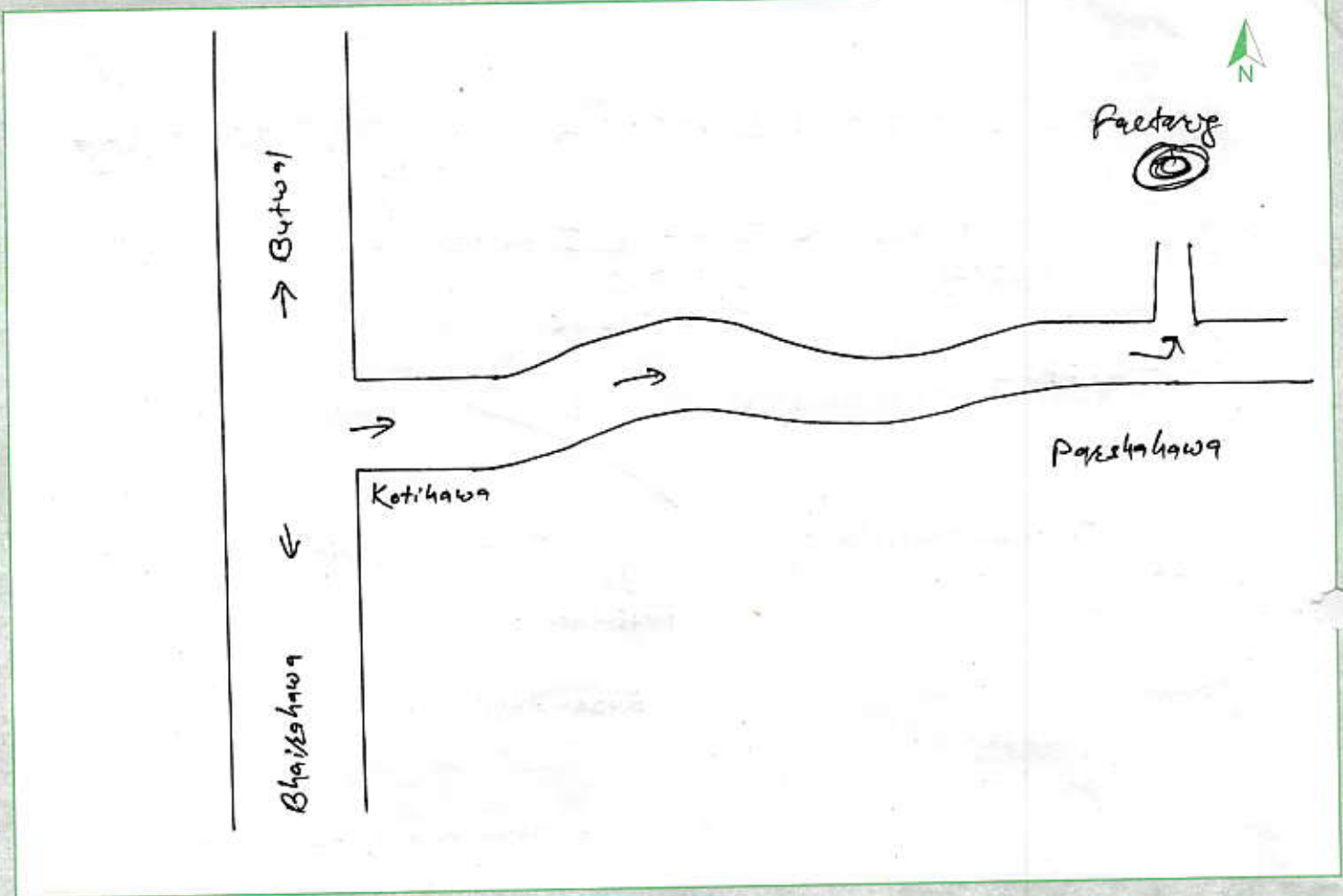
Income Tax Clearance of Last Fiscal Year

☒ Yes

☐ No

Specify the FY.

location Map



[Handwritten signatures and initials]



Company Seal

Bank's Use Only

Account Risk Grading:

- ☐ High Risk
 ☒ Medium Risk
 ☐ Low Risk

☐ HPP/PEP

Name listed in OFAC (Name listed in sanction)

- ☐ Yes
 ☒ No

Remarks / information if any:

Branch Manager

Date:

[Handwritten signature]

Information Update in Core Banking System:

- ☒ Yes
 ☐ No

Date Updated on: 27/01/2019

Remarks if any:

[Handwritten signature]

CSD Staff

Date

27/01/2019

Screening ID

KYC ID

Date:

मिति: 27/01/2019

Account Number

खाता नं.

001000845CA

Client ID

ग्राहक आईडि

Account Holder's Name:

खातावालाको नाम:

Kumar Rokka Chhetri

PAN No.:

स्थायी लेखा नं.:

301427288

Date of Birth:

जन्म मिति:

2031/02/29

Citizenship / ID No.:

नागरिकता/परिचय पत्र नं.:

24557

Issuing Office & Date:

जारी गर्ने जिल्ला/मिति:

2049/12/25

Gender:

लिंग:

Male

Passport No.:

साहदानी नं.:

Issuing Office & Date:

जारी गर्ने जिल्ला/मिति:

Passport Expiry Date:

साहदानी समाप्ति मिति:

Phone No.:

फोन नं.:

01-5202293

Marital Status:

वैवाहिक स्थिति:

Married

Mobile No.:

मोबाइल नं.:

985023687

Occupation:

पेशा:

Business

E mail:

ईमेल:

kumarrocka@gmail.com

PO Box:

पोस्ट बक्स नं.:

Present Address (हालको ठेगाना)

वार्ड नं.:

टोल:

होम नं.:

घर नं.:

District:

जिल्ला:

Maharajmuri Municipality

Province No. 3

Lalitpur

Province No. 3

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Permanent Address (स्थायी ठेगाना)

वार्ड नं.:

टोल:

होम नं.:

घर नं.:

District:

जिल्ला:

Hetauda Sub Metropolitan

Province No. 3

Hetauda

Province No. 3

Province No. 3

Province No. 3

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Province No. 3

In case of Non Residence (गैर आवासीय नेपाली भएमा)

NRN ID (If applicable):

गैर आवासीय परिचयपत्र (भएमा)

Foreign Address:

वैदेशिक ठेगाना:

Country:

देश:

City/State:

शहर/प्रान्त:

Contact No.:

सम्पर्क ठेगाना:

Type of Visa:

मिसाको प्रकार:

Visa Expiry Date:

मिसा समाप्ति मिति:

Beneficial Owner (हिताधिकारी)

If Yes (यदि छ भने),

Beneficial Owner Name:

हिताधिकारीको नाम:

Citizenship No.:

नागरिकता नं.:

Address:

ठेगाना:

Relation:

नाता:

Contact No.:

सम्पर्क नं.:

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

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Yes

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Yes

No

Yes

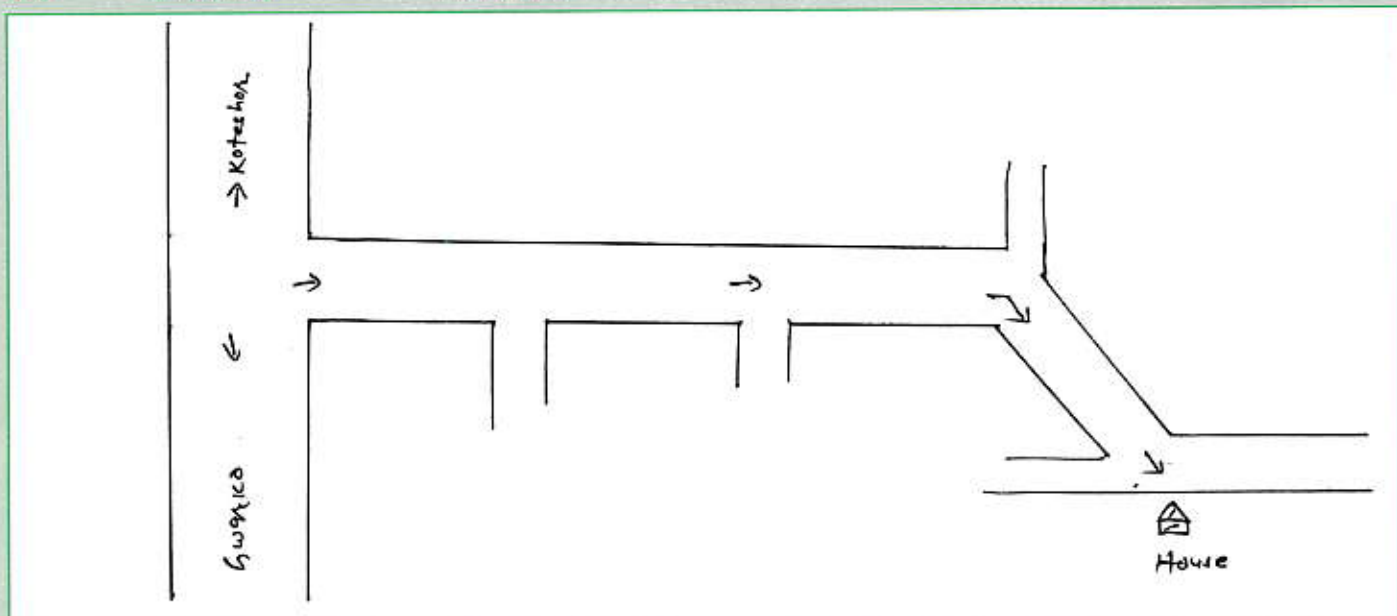
No

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Site Map
नक्सा

☐ Permanent Address
स्थायी ठेगाना

☒ Present Address
हालको ठेगाना



I/We hereby declare that all the information & documents provided to the bank are true & Correct.

म/हामी यहाँ उपलब्ध गराइएका सम्पूर्ण विवरणहरू तथा कागजातहरू सत्य र सही रहेको घोषणा गर्दछु/गर्दछौ ।

Right दायाँ

Left बायाँ



Thumb Impression
औंठा छाप

Account Holder's Signature
खातावालाको हस्ताक्षर

Note: Any document/information if not exists, shall be declared as N/A.

Bank's Use Only

Supporting Documents (provided by the customer)

Photo of account holder	<input checked="" type="checkbox"/> Obtained	<input type="checkbox"/> Not obtained	
Photo of beneficial owner	<input type="checkbox"/> Obtained	<input checked="" type="checkbox"/> Not obtained	
Identification Document	<input checked="" type="checkbox"/> Citizenship	<input type="checkbox"/> Passport	<input type="checkbox"/> Others _____
Address verifying document (Any one)	<input type="checkbox"/> Utility Bill (Water/Electricity/ Telephone Bill)	<input type="checkbox"/> Driving License	<input type="checkbox"/> Land ownership document
	<input type="checkbox"/> Rental Agreement	<input type="checkbox"/> letter from local authority	<input type="checkbox"/> Voter ID
Employee ID (Mandatory for Govt. Officials)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Account Risk Grading:

☐ High Risk ☒ Medium Risk ☐ Low Risk
☐ HPP ☐ PEP

Name list in Sanction

☐ Yes ☒ No

Remarks / information if any:

Branch Manager

Date:

Information Update in Core Banking System & accuity Check:

☒ Yes ☐ No

Date Updated on:

27/10/19

Remarks any:

CSD Staff

Date:

27/10/19

Screening ID

KYC ID

Date: 27/10/2019
मिति:

Account Number

0010002845CP

Client ID

ग्राहक आईडि

Account Holder's Name:

Deepak Rokka

PAN No.:

स्थायी लेखा नं: 30LS16349

Date of Birth:

2035/09/10

Citizenship / ID No.:

नागरिकता/परिचय पत्र नं: 16/040

Issuing Office & Date:

जारी गर्ने जिल्ला/मिति: Makwanpur / 2052/11/16

Gender:

Male

Passport No.:

राहदानी नं:

Issuing Office & Date:

जारी गर्ने जिल्ला/मिति:

Passport Expiry Date:

राहदानी समाप्ति मिति:

Nationality:

Nepali

Phone No.:

फोन नं:

Marital Status:

वैवाहिक स्थिति: Married

Mobile No.:

मोबाइल नं: 9851105748

Occupation:

पेशा: Business

E mail:

deepak.rocka@gmail.com

PO Box:

पोस्ट बक्स नं:

Present Address (हालको ठेगाना)

Ward No.:

9

Calicut Metropolitan

Village No.:

Tole:

Balkumari

House No.:

घर नं:

District:

जिल्ला:

Calicut

Province No.:

प्रदेश नं: 3

Permanent Address (स्थायी ठेगाना)

Ward No.:

16

Hetauda Submetropolitan

Village No.:

Tole:

Hariya

House No.:

घर नं:

District:

जिल्ला:

Makwanpur

Province No.:

प्रदेश नं: 3

In case of Non Residence (गैर आवासीय नेपाली भएमा)

NRN ID (If applicable):

गैर आवासीय परिचयपत्र (भएमा)

Foreign Address:

वैदेशिक ठेगाना:

Country:

देश:

City/State:

सहर/प्रान्त:

Contact No.:

सम्पर्क ठेगाना:

Type of Visa:

मिसाको प्रकार:

Visa Expiry Date:

मिसा समाप्ति मिति:

Beneficial Owner (हिताधिकारी)

☐ Yes

☐ No

If Yes (यदि छ भने),

Beneficial Owner Name:

हिताधिकारीको नाम:

Citizenship No.:

नागरिकता नं:

Address:

ठेगाना:

Relation:

नाता:

Contact No.:

सम्पर्क नं:

Family Members (परिवारका सदस्यहरू)

SN	Relation	Name & Surname	Citizenship No.	Issuing Office	Date of issue
क्र.सं.	सम्बन्ध	नाम र थर	नागरिकता नं.	जारी गर्ने कार्यालय	जारी मिति
1	Spouse (पति/पत्नी)	Karuna Shrestha	25/313	Makwanpur	2055/04/13
2	Father (बुबा)	Basanta Rokka Chhoti	3264	"	2039/10/02
3	Mother (आमा)	Sabita Devi Rokka	2957	"	2039/07/20
4	Grandfather (हजुरबुबा)	Khadga Bd. Rokka	2702	"	2038/01/02
5	Grandmother (हजुरआमा)	Lila Kumari Rokka	2697	"	2038/01/02
6	Son 1 (छोरा १)	Dev Ashish Rokka	-	-	
	Son 2 (छोरा २)	-			
7	Daughter 1 (छोरी १)	Ritika Rokka Chhoti			
	Daughter 2 (छोरी २)				
8	Daughter in Law (बुहारी)				
	(son's wife)				
9	Father in Law (ससुरा)				
	(of married women)				

Occupation/Business (पेशा/व्यवसाय)

SN	Name of Firm/Company/Office	Address	Web Site	Post	Expected Annual Income
क्र.सं.	संस्थाको नाम	ठेगाना	वेबसाइट	पद	अनुमानित वार्षिक आय
1	Mount Everest Kathu Mills	Tilottama - 10		Director	5,20,000
2	Mount Rosin & Turpentine	Tilottama - 10		Director	5,20,000
3					
4					

Are you civil servant/high position/politician/Relatives of politician?

☐ Yes

☐ No

के तपाईं राष्ट्रसेवक/उच्च पदाधिकारी/राजनीतिज्ञ/राजनीतिज्ञको नातेदार हुनुहुन्छ छ ?

Expected Monthly Turnover:

अनुमानित मासिक कारोबार रकम:

☐ Less than 5 Lakhs

☐ ५ लाख भन्दा कम

☐ Less than 50 Lakhs

☐ ५० लाख भन्दा कम

☒ More than 50 Lakhs

☒ ५० लाख भन्दा बढी

Expected Monthly No. of Transaction:

अनुमानित मासिक कारोबार संख्या:

☐ Less than 15

☐ १५ भन्दा कम

☐ Less than 25

☐ २५ भन्दा कम

☒ More than 25

☒ २५ भन्दा बढी

Purpose of Account:

खाताको उद्देश्य:

☐ Remittance

☐ विप्रेषण

☐ Savings

☐ बचत

☒ Business

☒ व्यापार

☐ Others

☐ अन्य

Source of fund

स्रोत

☐ Salary

☐ तलब

☐ Remittance

☐ विप्रेषण

☐ Investment

☐ लगानी

☐ Sale of Asset

☐ सम्पत्ती विक्रि

☐ Rental Income

☐ घर भाडा

☒ Business

☒ व्यापार

☐ Borrowings

☐ सापटी

☐ Loan Repayment

☐ ऋण किस्ता भुक्तानी

☐ Others (Please Specify)

☐ अन्य (उल्लेख गर्नुहोस्)

Are you or charged for any criminal activities in the past?

के तपाईं कसुरमा दण्डित वा जरिवाना हुनु भएको छ ?

☐ Yes

☐ छ

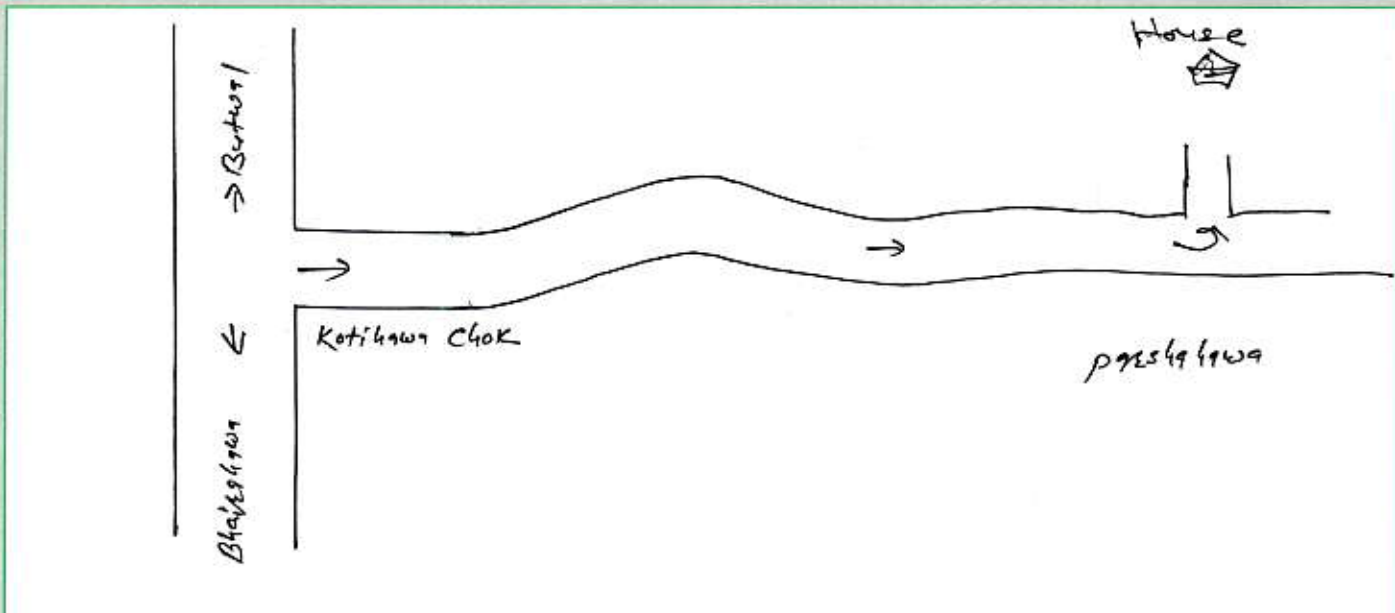
☒ No

☒ छैन

Site Map
नक्सा

☐ Permanent Address
स्थायी ठेगाना

☐ Present Address
हालको ठेगाना



I/We hereby declare that all the information & documents provided to the bank are true & Correct.

म/हामी यहाँ उपलब्ध गराइएका सम्पूर्ण विवरणहरू तथा कागजातहरू सही रहेको घोषणा गर्दछु/गर्दछौं।

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Thumb Impression
औंठा छाप

Account Holder's Signature
खातावालाको हस्ताक्षर

Note: Any document/information if not exists, shall be declared as N/A.

Bank's Use Only

Supporting Documents (provided by the customer)

Photo of account holder	<input checked="" type="checkbox"/> Obtained	<input type="checkbox"/> Not obtained
Photo of beneficial owner	<input type="checkbox"/> Obtained	<input checked="" type="checkbox"/> Not obtained
Identification Document	<input checked="" type="checkbox"/> Citizenship	<input type="checkbox"/> Passport
Address verifying document (Any one)	<input type="checkbox"/> Utility Bill (Water/Electricity/Telephone Bill)	<input type="checkbox"/> Driving License
	<input type="checkbox"/> Rental Agreement	<input type="checkbox"/> letter from local authority
Employee ID (Mandatory for Govt. Officials)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Others _____
		<input type="checkbox"/> Land ownership document
		<input type="checkbox"/> Voter ID

Account Risk Grading:

☐ High Risk ☒ Medium Risk ☐ Low Risk
☐ HPP ☒ PEP

Name list in Sanction

☐ Yes ☒ No

Remarks / information if any:

Branch Manager

Date:

Information Update in Core Banking System & accuity Check:

☒ Yes ☐ No

Date Updated on: 27/01/2019

Remarks if any:

CSD Stamp

Date

27/01/2019

Screening ID

KYC ID

Date: 27/01/2015
मिति:

Account Number
खाता नं.

001000184542

Client ID
ग्राहक आईडी

Account Holder's Name: Ishwor Bahadur Rokka Chhetri

PAN No.: 300278888

Date of Birth: 2029/06/08

Citizenship / ID No.: 27790

Issuing Office & Date: Makgadungu/2047/08/03

Gender: Male

Passport No.:

Issuing Office & Date:

Nationality: Nepali

Passport No.:

Issuing Office & Date:

Phone No.: 01-5200738

Marital Status: Married

Mobile No.: 9853079658

Occupation: Business

E mail:

PO Box:

Present Address (हालको ठेगाना) Makgadungu Municipality

Permanent Address (स्थायी ठेगाना) Makgadungu Sub-Metropolitan

Ward No.: 2

Ward No.: 26

Tole: Yasi tole

Tole: Hatriya

House No.:

House No.:

District: Lalitpur

Province No. 3

District: Makgadungu

Province No. 3

In case of Non Residence (गैर आवासीय नेपाली भएमा)

NRN ID (If applicable):

Foreign Address:

Country:

City/State:

Contact No.:

Type of Visa:

Visa Expiry Date:

मिति समाप्ति मिति:

Beneficial Owner (हितधिकारी) ☐ Yes ☐ No

If Yes (यदि छ भने),

Beneficial Owner Name:

Citizenship No.:

Address:

Relation:

Contact No.:

Family Members (परिवारका सदस्यहरू)

SN	Relation	Name & Surname	Citizenship No.	Issuing Office	Date of issue
क्र.सं.	सम्बन्ध	नाम र थर	नागरिकता नं.	जारी गर्ने कार्यालय	जारी मिति
1	Spouse (पति/पत्नी)	Prabha Rokka	3054	Kaski	2054/05/14
2	Father (बुबा)	Khadga Bdr. Rokka Chhetri	2701	Makgadungu	2038/01/02
3	Mother (आमा)	Lila Kumari Rokka Chhetri	2697	Makgadungu	2038/01/02
4	Grandfather (छुट्टुरबुबा)	Hrkmat Bdr. Rokka	-		
5	Grandmother (छुट्टुरआमा)	-			
6	Son 1 (छोरा १)	-			
	Son 2 (छोरा २)	-			
7	Daughter 1 (छोरी १)	Ankita Rokka Chhetri	-		
	Daughter 2 (छोरी २)	Ipsita Rokka Chhetri	-		
8	Daughter in Law (बुहारी)				
	(son's wife)				
9	Father in Law (ससुरा)				
	(of married women)				

Occupation/Business (पेशा/व्यवसाय)

SN	Name of Firm/Company/Office	Address	Web Site	Post	Expected Annual Income
क्र.सं.	संस्थाको नाम	ठेगाना	वेबसाइट	पद	अनुमानित वार्षिक आय
1	Mount Everest Kotha Mills	Tilottama - 16		Director	5,20,000/-
2	Mount Rosin & Impertine	Tilottama - 16		Director	5,20,000/-
3					
4					

Are you civil servant/high position/politician/Relatives of politician? ☐ Yes ☐ No

Expected Monthly Turnover: ☐ Less than 5 Lakhs ☐ Less than 50 Lakhs ☒ More than 50 Lakhs

Expected Monthly No. of Transaction: ☐ Less than 15 ☐ Less than 25 ☒ More than 25

Purpose of Account: ☐ Remittance ☐ Savings ☒ Business

Source of fund: ☐ Salary ☐ Remittance ☐ Investment ☐ Sale of Asset ☐ Rental Income

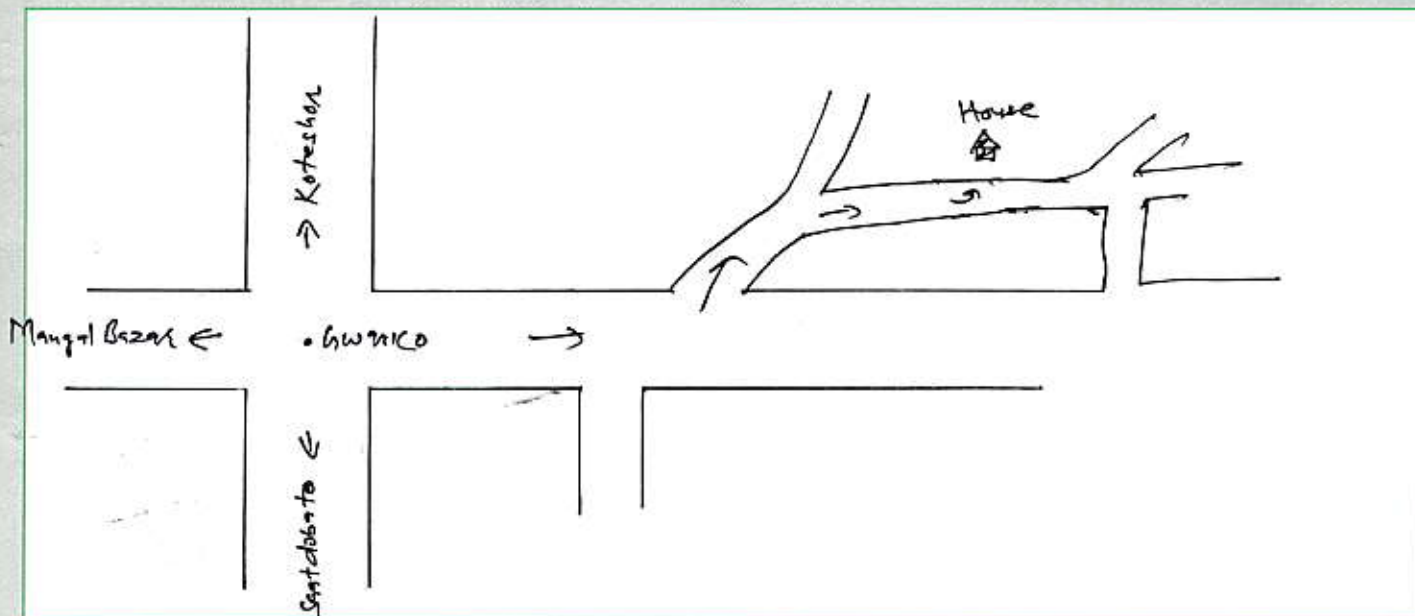
☒ Business ☐ Borrowings ☐ Loan Repayment ☐ Others (Please Specify)

Punished or charged for any criminal activities in the past? ☐ Yes ☒ No

Site Map
नक्सा

☐ Permanent Address
स्थायी ठेगाना

☒ Present Address
हालको ठेगाना



I/We hereby declare that all the information & documents provided to the bank are true & Correct.

म/हामी यहाँ उपलब्ध गराइएका सम्पूर्ण विवरणहरू तथा कागजातहरू सही रहेको घोषणा गर्दछु/गर्दछौ ।

Right दायाँ

Left बायाँ



Thumb Impression
औंठा छाप

Account Holder's Signature
खातावालाको हस्ताक्षर

Note: Any document/information if not exists, shall be declared as N/A.

Bank's Use Only

Supporting Documents (provided by the customer)

Photo of account holder	<input checked="" type="checkbox"/> Obtained	<input type="checkbox"/> Not obtained	
Photo of beneficial owner	<input type="checkbox"/> Obtained	<input checked="" type="checkbox"/> Not obtained	
Identification Document	<input checked="" type="checkbox"/> Citizenship	<input type="checkbox"/> Passport	<input type="checkbox"/> Others _____
Address verifying document (Any one)	<input type="checkbox"/> Utility Bill (Water/Electricity/Telephone Bill)	<input type="checkbox"/> Driving License	<input type="checkbox"/> Land ownership document
	<input type="checkbox"/> Rental Agreement	<input type="checkbox"/> letter from local authority	<input type="checkbox"/> Voter ID
Employee ID (Mandatory for Govt. Officials)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Account Risk Grading:

☐ High Risk ☒ Medium Risk ☐ Low Risk
☐ HPP ☐ PEP

Name list in Sanction

☐ Yes ☒ No

Remarks / information if any:

Branch Manager

Date:

Information Update in Core Banking System & accuity Check:

☒ Yes ☐ No

Date Updated on: 27/01/2017

Remarks if any:

CSD Staff

Date

27/01/2017

Screening ID

KYC ID

Date:

मिति: 22/01/2022

Account Number

खाता नं.

001000184561

Client ID

ग्राहक आईडि

Account Holder's Name:

खातावालाको नाम:

Bhant Bahadur Rokka Chhetri

PAN No.:

स्थायी लेखा नं.:

600448617

Date of Birth:

जन्म मिति:

2023/02/09

Citizenship / ID No.:

नागरिकता/परिचय पत्र नं.:

4791

Issuing Office & Date:

जारी गर्ने जिल्ला/मिति:

Makawanpur/2040/05/09

Gender:

लिंग

Male

Passport No.:

राहदानी नं.:

Issuing Office & Date:

जारी गर्ने जिल्ला/मिति:

Nationality:

राष्ट्रियता

Nepali

Phone No.:

फोन नं.:

Marital Status:

वैवाहिक स्थिति:

Married

Mobile No.:

मोबाइल नं.:

9855067280

Occupation:

पेशा:

Business

E mail:

ईमेल:

PO Box:

पोस्ट बक्स नं.:

Present Address (हालको ठेगाना) Hetauda Sub-metropolitan

वडा नं.:

16

Tole:

टोल:

Hatiya

House No.:

घर नं.:

District:

जिल्ला:

Makawanpur

Province No.:

प्रदेश नं.:

3

Permanent Address (स्थायी ठेगाना) Hetauda Sub-metropolitan

वडा नं.:

16

Tole:

टोल:

Hatiya

House No.:

घर नं.:

District:

जिल्ला:

Makawanpur

Province No.:

प्रदेश नं.:

3

In case of Non Residence (गैर आवासीय नेपाली भएमा)

NRN ID (If applicable):

गैर आवासीय परिचयपत्र (भएमा)

Foreign Address:

वैदेशिक ठेगाना:

Country:

देश:

City/State:

शहर/प्रान्त:

Contact No.:

सम्पर्क ठेगाना:

Type of Visa:

बिसाको प्रकार:

Visa Expiry Date:

बिसा समाप्ति मिति:

Beneficial Owner (हिताधिकारी)

If Yes (यदि छ भने),

Beneficial Owner Name:

हिताधिकारीको नाम:

Citizenship No.:

नागरिकता नं.:

Address:

ठेगाना:

Relation:

नाता:

Contact No.:

सम्पर्क नं.:

Family Members (परिवारका सदस्यहरू)

SN	Relation	Name & Surname	Citizenship No.	Issuing Office	Date of issue
क्र.सं.	सम्बन्ध	नाम र थर	नागरिकता नं.	जारी गर्ने कार्यालय	जारी मिति
1	Spouse (पति/पत्नी)	Sita Devi Rokka Chhetri	4954	Makawanpur	2040/07/11
2	Father (बुबा)	Khadya Bdr. Rokka Chhetri	2701	"	2038/01/02
3	Mother (आमा)	Lila Kumari Rokka Chhetri	2697	"	2038/01/02
4	Grandfather (हजुरबुबा)	Hikmat Rokka Chhetri	-	-	-
5	Grandmother (हजुरआमा)				
6	Son 1 (छोरा १)	Aakash Rokka Chhetri	21-01-63-03131	Makawanpur	2069/03/22
	Son 2 (छोरा २)	Anjan Rokka Chhetri	-	-	2065/08/29
7	Daughter 1 (छोरी १)	Smriti Rokka Chhetri	311013	Makawanpur	2065/06/29
	Daughter 2 (छोरी २)	Anjana Rokka Chhetri	31-01-09-02965	Makawanpur	2065/03/14
8	Daughter in Law (बुहारी)	-			
9	Father in Law (ससुरा)	-			
	(of married women) (विवाहित महिलाको हकमा)				

Occupation/Business (पेशा/व्यवसाय)

SN	Name of Firm/Company/Office	Address	Web Site	Post	Expected Annual Income
क्र.सं.	संस्थाको नाम	ठेगाना	वेबसाइट	पद	अनुमानित वार्षिक आय
1	Mount Everest Kathu Mills	Tilothama-16		Director	5,00,000/-
2	Mount Rosin & Turpentine Ind	Tilothama-16		Director	5,00,000/-
3					
4					

Are you civil servant/high position/politician/Relatives of politician ?

के तपाईं राष्ट्रसेवक/उच्च पदाधिकारी/राजनीतिज्ञ/राजनीतिज्ञको नातेदार हुनुहुन्छ ?

Yes

हो

No

होइन

Expected Monthly Turnover:

अनुमानित मासिक कारोबार रकम:

Less than 5 Lakhs

५ लाख भन्दा कम

Less than 50 Lakhs

५० लाख भन्दा कम

More than 50 Lakhs

५० लाख भन्दा बढी

Expected Monthly No. of Transaction:

अनुमानित मासिक कारोबार संख्या:

Less than 15

१५ भन्दा कम

Less than 25

२५ भन्दा कम

More than 25

२५ भन्दा बढी

Purpose of Account:

खाताको उद्देश्य:

Remittance

विप्रेषण

Savings

बचत

Business

व्यापार

Others

अन्य

Source of fund

आयको स्रोत

Salary

तलब

Remittance

विप्रेषण

Investment

लगानी

Sale of Asset

सम्पत्ती बिक्रि

Rental Income

घर भाडा

Business

व्यापार

Borrowings

सावटी

Loan Repayment

ऋण किस्ता भुक्तानी

Others (Please Specify)

अन्य (उल्लेख गर्नुहोस्)

Punished or charged for any criminal activities in the past ?

विगतमा फौजदारी कसुरमा चल्न वा जरियामा हुनु भएको छ ?

Yes

छ

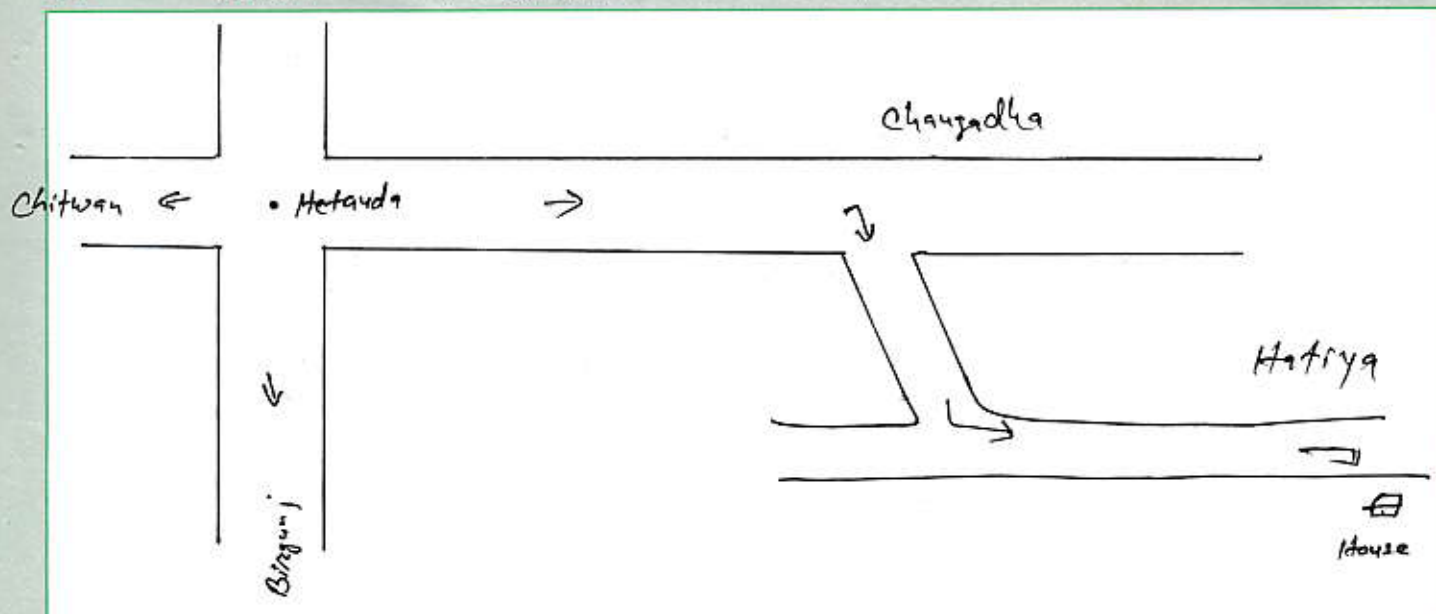
No

छैन

Site Map
नक्सा

☒ Permanent Address
स्थायी ठेगाना

☒ Present Address
हालको ठेगाना



I/We hereby declare that all the information & documents provided to the bank are true & Correct.

म/हामी यहाँ उपलब्ध गराइएका सम्पूर्ण विवरणहरू तथा कागजातहरू सौंघो रहेको घोषणा गर्दछु/गर्दछौ ।

Right दायाँ

Left बायाँ



Thumb Impression
औंठा छाप

K

Account Holder's Signature
खाताधारीको हस्ताक्षर

Note: Any document/information if not exists, shall be declared as N/A.

Bank's Use Only

Supporting Documents (provided by the customer)

Photo of account holder

☒ Obtained

☐ Not obtained

Photo of beneficial owner

☐ Obtained

☒ Not obtained

Identification Document

☒ Citizenship

☐ Passport

☐ Others _____

Address verifying document (Any one)

☐ Utility Bill (Water/Electricity/Telephone Bill)

☐ Driving License

☐ Land ownership document

☐ Rental Agreement

☐ letter from local authority

☐ Voter ID

Employee ID (Mandatory for Govt. Officials)

☐ N/A

☐ Yes

☐ No

Account Risk Grading:

☐ High Risk

☒ Medium Risk

☐ Low Risk

☐ HPP

☒ PEP

Name list in Sanction

☐ Yes

☒ No

Remarks / information if any:

Branch Manager

Date:

Information Update in Core Banking System & accuity Check:

☒ Yes

☐ No

Date Updated on:

22/01/2019

Remarks if any:

CSD Staff

Date

22/01/2019

Screening ID

KYC ID

Date:
मिति:

27/10/2019

Account Number
खाता नं.

0010001845CA

Client ID
ग्राहक आईडी

Account Holder's Name:

Basanta Rokka Chhetri

PAN No.:

300283156

Date of Birth:

2020/10/02

Citizenship / ID No.:

3264

Issuing Office & Date:

MAKAWAPUR/2039/10/02

Gender:

Male

Passport No.:

Issuing Office & Date:

Nationality:

Nepali

Marital Status:

Married

Mobile No.:

9851017603

Occupation:

Business

Phone No.:

E mail:

basanta.rokka.chhetri@gmail.com

PO Box:

Present Address (हालको ठेगाना)

Tilottama Municipality

Ward No.:

16

Toile:

parshahawa

House No.:

District:

Rupandehi

Province No.:

3

Permanent Address (स्थायी ठेगाना)

Hetauda Sub-metropolitan

Ward No.:

16

Toile:

Hatiya

House No.:

District:

MAKAWAPUR

Province No.:

3

In case of Non Residence (गैर आवासीय नेपाली भएमा)

NRN ID (If applicable):

गैर आवासीय परिचयपत्र (भएमा)

Foreign Address:

वैदेशिक ठेगाना:

Country:

City/State:

Contact No.:

सम्पर्क ठेगाना:

Type of Visa:

विजाको प्रकार:

Visa Expiry Date:

विजा समाप्ति मिति:

Beneficial Owner (हिताधिकारी)

☐ Yes ☐ No

If Yes (यदि छ भने),

Beneficial Owner Name:

हिताधिकारीको नाम:

Citizenship No.:

नागरिकता नं.:

Address:

ठेगाना:

Relation:

नाता:

Contact No.:

सम्पर्क नं.:

Family Members (परिवारका सदस्यहरू)

SN क्र.सं.	Relation सम्बन्ध	Name & Surname नाम र थर	Citizenship No. नागरिकता नं.	Issuing Office जारी गर्ने कार्यालय	Date of issue जारी मिति
1	Spouse (पति/पत्नी)	Sabita Devi Rokka Chhetri	2957	MAKAWAPUR	2039/07/26
2	Father (बुबा)	Khadga Bd. Rokka Chhetri	2701	"	2038/01/02
3	Mother (आमा)	Lila Kumari Rokka Chhetri	2697	"	2038/01/02
4	Grandfather (हजुरबुबा)	Hikmat Bd. Rokka Chhetri	-	-	-
5	Grandmother (हजुरआमा)				
6	Son 1 (छोरा १)	Kumar Rokka Chhetri	24557	MAKAWAPUR	2049/12/25
	Son 2 (छोरा २)	Deepak Rokka	16/040	"	2052/11/16
7	Daughter 1 (छोरी १)				
	Daughter 2 (छोरी २)				
8	Daughter in Law (बुहारी)	Saraswati Khadka	31-01-73-02213	MAKAWAPUR	2073/02/18
9	Father in Law (सुहा)	Kalyan Shrestha	25/313	"	2055/04/13

Occupation/Business (पेशा/व्यवसाय)

SN क्र.सं.	Name of Firm/Company/Office संस्थाको नाम	Address ठेगाना	Web Site वेबसाइट	Post पद	Expected Annual Income अनुमानित वार्षिक आय
1	Mount Everest Kathu Mills	Tilottama-16		Chairman	7,00,000/-
2	Mount Rosin & Turpentine	Tilottama-16		Chairman	7,00,000/-
3					
4					

Are you civil servant/high position/politician/Relatives of politician?

☐ Yes ☒ No

Expected Monthly Turnover:

☐ Less than 5 Lakhs

☐ Less than 50 Lakhs

☒ More than 50 Lakhs

Expected Monthly No. of Transaction:

☐ Less than 15

☐ Less than 25

☒ More than 25

Purpose of Account:

☐ Remittance

☐ Savings

☒ Business

☐ Others

Source of fund

☐ Salary

☐ Remittance

☐ Investment

☐ Sale of Asset

☐ Rental Income

आयको स्रोत

☒ Business

☐ Borrowings

☐ Loan Repayment

☐ Others (Please Specify)

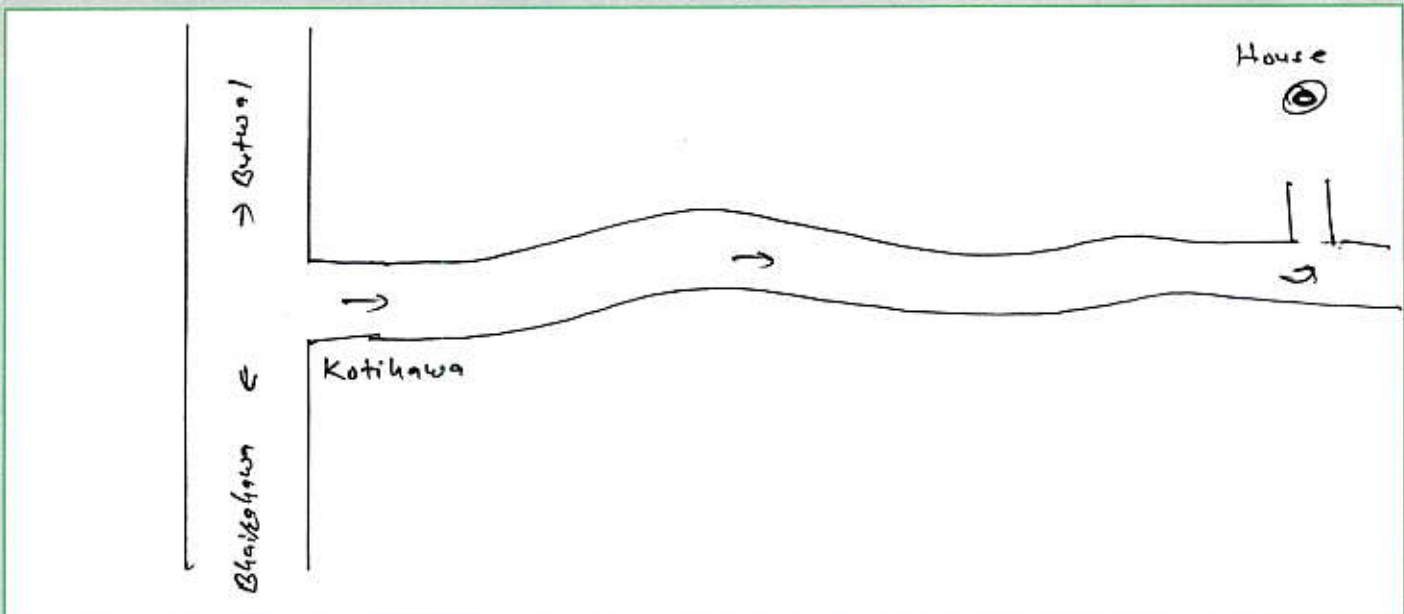
Punished or charged for any criminal activities in the past?

☐ Yes ☒ No

Site Map
नक्सा

☐ Permanent Address
स्थायी ठेगाना

☒ Present Address
हालको ठेगाना



I/We hereby declare that all the information & documents provided to the bank are true & Correct.
म/हामी यहाँ उपलब्ध गराइएका सम्पूर्ण विवरणहरू तथा कागजातहरू सही रहेको घोषणा गर्दछु/गर्दछौ ।

Right दायाँ

Left बायाँ



Thumb Impression
औंठा छाप

Account Holder's Signature
खातावालाको हस्ताक्षर

Note: Any document/information if not exists, shall be declared as N/A.

Bank's Use Only

Supporting Documents (provided by the customer)

Photo of account holder	<input checked="" type="checkbox"/> Obtained	<input type="checkbox"/> Not obtained	
Photo of beneficial owner	<input type="checkbox"/> Obtained	<input checked="" type="checkbox"/> Not obtained	
Identification Document	<input checked="" type="checkbox"/> Citizenship	<input type="checkbox"/> Passport	<input type="checkbox"/> Others _____
Address verifying document (Any one)	<input type="checkbox"/> Utility Bill (Water/Electricity/Telephone Bill)	<input type="checkbox"/> Driving License	<input type="checkbox"/> Land ownership document
	<input type="checkbox"/> Rental Agreement	<input type="checkbox"/> letter from local authority	<input type="checkbox"/> Voter ID
Employee ID (Mandatory for Govt. Officials)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Account Risk Grading:

☐ High Risk ☒ Medium Risk ☐ Low Risk
☐ HPP ☐ PEP

Name list in Sanction

☐ Yes ☒ No

Remarks / information if any:

Branch Manager
Date:

Information Update in Core Banking System & accuity Check:

☒ Yes ☐ No

Date Updated on:

28/01/2015

Remarks if any:

CSD Staff

Date

28/01/2015

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

KYC REQUIREMENT	DOCUMENTATION NEEDED
1. IDENTITY	
a. Beneficial Owner	FULL NAME <u>Rajan Kumar Pokharel</u> (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) <u>MOA, CRC, PAN</u>
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	<u>Mathuwalra - 9 Rupendehi, Nepal / 985104603</u>
b. Occupation or Line of Business	
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	<u>CA</u>
b. Commensurate Activity	
c. Funds for Opening Accounts	CASH <u>NPR</u> AMOUNT <u>1900/-</u>
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. <u>Sunit Babu Chhetri #1453</u> 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 _____ Brief Comments _____
b. Subsequent	Date of Meeting <u>21/03/2012</u> Brief Comments _____

SIGNATURE
 INTERVIEWING OFFICER

SIGNATURE
 MANAGER

310

KYC FORM FOR CORPORATE CUSTOMER

Account Number

0 0 1 0 0 0 1 8 4 5 CA

Date 16/06/2015

Account Holder's Name: Mount Rosin & Turpentine Industries Pvt. Ltd.

Date Of Registration: 2064/05/14

Registration No. 206/26

Registration Office & Date: Dept. Industry

Contact No.

PAN/VAT No. 302631256

Regd/PAN Expiry Date:

Office

Fax

Email

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Registered Address: Madhwalia V.D.C.

Ward No.: 9

Toll:

House No.:

District: Rupandehi

Business Address: Madhwalia - VDC

Ward No.: 9

Toll:

House No.:

District: Rupandehi

Business Area:

Business Objectives:

Number of Offices:

Office Locations:

Management (BOD Members and Chief Executive):

SN	Full Name & Post	Permanent Address	Present Address	Citizenship No. / Issuing Office	Phone / Mobile No.
1	Basanta Rokka chhetri	Hatiga VDC-8	Hatiga-VDC-8	3264/2010/1012	985107603
2	Bhupal Bdr. Rokka chhetri	" "	" "	4791/2023/0703	9855067280
3	Tishoor Bdr. Rokka chhetri	" "	Imadole-S. Ghatpur	17790/2029/06/08	9851079658
4	Kumar Rokka chhetri	" "	Imadole-3 Ghatpur	24557/2019/12/25	9851023687
5	Deepak Rokko	Hetauda	Imadole-3, "	16/040/2035/19/10	985105148
6		Municipality-1			
7					

HPP/PEP/NFZF::

Yes

No

If Yes, remark on a liaison:

Expected Monthly Turnover:

Less Than 25 Lakhs

Less Than 50 Lakhs

>50 Lakh

Expected Monthly Transaction:

Less Than 50

Less Than 150 Lakhs

>150 Lakh

Purpose of Account:

Business

Other

Supporting Documents (provided by the customer)

Remarks, If Any:-

Photo of account operators

Obtained

Not Obtained

Photo of all managerial personnel

Obtained

Not Obtained

Citizenship of all managerial personnel	<input type="checkbox"/> Obtained	<input type="checkbox"/> Not Obtained	_____
KYC Form of all managerial personnel	<input type="checkbox"/> Obtained	<input type="checkbox"/> Not Obtained	_____
Registration Document:	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> MOA/AOA	_____
Audited Financials Of Last Fiscal Year	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify the FY. _____
Income Tax Clearance Of Last Fiscal Year	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify the FY. _____

Office → Immeda
Koteswara → Sardar
Mangalbagar → Chawke Chowk

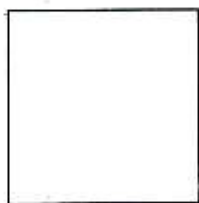


[Signature]
Authorized Signatory
Date: _____

Bank's Use Only

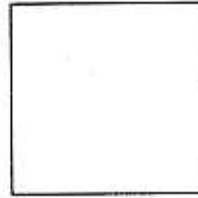
<p>Account Risk Grading:</p> <p><input type="checkbox"/> High Risk <input checked="" type="checkbox"/> Medium Risk <input type="checkbox"/> Low Risk</p> <p><input type="checkbox"/> PEP/PIP</p> <p>Name listed in OFAC (Office of Foreign Assets Control)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Remarks / information if any:</p> <p><i>[Signature]</i> Branch Manager Date: 2015/6/19</p>	<p>Information Update in Core Banking System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Updated on: 16/6/2015</p> <p>Remarks if any:</p> <p><i>[Signature]</i> CSD Sta Date: 16/06/2015</p>
--	--

List of Directors/Working Committee Members & CEO



Basanta Rokka Chhetri

Bhadrat Bdr. Rokka Chhetri



Ishwor Bdr. Rokka Chhetri

Kumal Rokka Chhetri

Deepak Rokka

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.	Chairman	Basanta Rokka Chhetri	Khadga Bdr. Rokka Chhetri	Hikmat Bdr. Rokka Chhetri	Sabitri Devi Rokka Chhetri	Hatiya-8 Makwanpur	9851017603
2.	Director	Bhadrat Bdr. Rokka Chhetri	" "	" "	Sita Devi Rokka Chhetri	" "	9855067280
3.	"	Ishwor Bdr. Rokka Chhetri	" "	" "	Purbita Karki Rokka	" "	9851079658
"	"	Kumal Rokka Chhetri	Basanta Rokka Chhetri	Khadga Bdr. Rokka Chhetri	Saraswati Khadka Rokka	" "	9851023687
5.	"	Deepak Rokka	" "	" "	Kesuna Shrestha	Hetauda-1 Makwanpur	9851105748
6.							
7.							
8.							



11/11/2019