

750013722651

आय विवरण

प्रारम्भिक आयकर-ई-०१-०३-२३-२४

नेपालमा सोत रहुको व्यवसायबाट मात्र बस आयवर्षमा रु. १५ लाख सम्म कारोबार र रु. १ लाख ५० हजार सम्म आय हुने प्राकृतिक व्यक्तिको लागि।

आ.रा.का.को नाम :

पुनर्निर्माण

आयवर्ष २०७१/७२
कारोबार बन्द भएको भए बन्द भएको मिति

करदाता सम्बन्धि विवरण

स्वा.ले.नं.	८००८५३४४५				
नाम					
ठेगाना	घर नं.	वाडो नं.	गाउँ / टोल र बाटोको नाम	<input type="checkbox"/> म.न.पा. <input type="checkbox"/> न.पा.	<input type="checkbox"/> उ.म.न.पा. <input type="checkbox"/> गा.वि.स.
		३७	५-६/४५		
पेशा	मोबाइल		इमेल		

कर्म सम्बन्धि विवरण

नाम					
ठेगाना	घर नं.	वाडो नं.	गाउँ / टोल र बाटोको नाम	<input type="checkbox"/> म.न.पा. <input type="checkbox"/> न.पा.	<input type="checkbox"/> उ.म.न.पा. <input type="checkbox"/> गा.वि.स.
		३७	५-६/४५		

करको गणता

क्र.सं.	विवरण	रु.
१	कारोबार रकम	२४६,०००.००
२	कट्टी हुने रकम	(१-२) ९३६,००.०००
३	आय	
४	लाग्ने कर	
५	दफा ११७ बमोजिमको शुल्क	
६	दफा ११९ बमोजिमको ब्याज	(४+५+६) २००००
७	जम्मा तिर्नु पर्ने कर	

कर दाखिला विवरण

क्र.सं.	१	२	३	४	५	६	७	८	९
क.सं.	आर्थिक वर्ष	राजस्व खाता नं.	भुक्तानीको किसिम	भाँचर/रतिव नं.	दाँडको नाम	शाखा	आराकाको नाम	दाखिला मिति	दाखिला रकम
२	२०७१/७२	२०७१/७२	आय	२५५	२५५				

करदाताको घोषणा

मेरो चालु आ.व. मा उपरोक्तानुसार नेपालमा सोत भएको व्यवसायबाट रु. १५ लाख सम्म कारोबार र रु. १ लाख ५० हजार सम्म मात्र आय भएको तथा म नेपालको बासिन्दा व्यक्ति भएकोले आयकर ऐन, २०५८ को दफा ४(४) को व्यवस्था लागु हुने गरी छनौट गरेकोछु। यो आय विवरणमा लेखिएको कुरा ठिक साँचो हो। भुक्त छहरिएमा कानून बमोजिम सहने बुझाउने छु।

करदाता वा प्रतिनिधिको दस्तखत	
प्रतिनिधिले दस्तखत गरेको भए, प्रतिनिधिको नाम	
मिति	
म्याद बप भए विवरण दाखिला गर्ने अन्तिम मिति	

कार्यालय प्रयोजनको लागि मात्र

विवरण दर्ता नं.	
विवरण दर्ता मिति	
विवरण बुझ्ने कर अधिकृतको नाम	
विवरण बुझ्ने कर अधिकृतको दस्तखत	



SIMPLIFIED KYC FORM FOR INDIVIDUAL CUSTOMER

Account Number

001000250228

Date

Account Holder's Name: **Maryu Nakamu**

Date Of Birth:

PAN No.

Contact No.

Citizenship / ID No.

Issuing Office & Date:

Residence

Passport No.

Issuing Office & date:

Mobile

Email

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Present Address:

Ward No.:

Tole:

House No.:

District:

Permanent Address:

Ward No.:

Tole:

House No.:

District:

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date of issue*
1	Spouse				
2	Father				
3	Mother				
4	Grandfather				

*not compulsory for low risk customer's

Occupation / Business:

SN	Name Of Firm/ Company/Office	Address	Web Site	Post	Annual Income
1					
2					
3					
4					

HPP/PEP/NF2F:

Expected Monthly Turnover:

Yes

No

If Yes, remark on affiliation:

Expected Monthly Transaction:

Less Than 5 Lakhs

Less Than 10 Lakhs

>10 Lakhs

Purpose of Account:

Remittance

Savings

Business

Others

Source Of Fund:

Salary

Remittance

Investment

Sale of Asset

Involvement on any Police case

Yes

No

Borrowings

Loan Repayment

Others

Bank A/C on any other Institution

Yes

No

Bank's Use Only

Account Risk Grading:

High Risk

Medium Risk

Low Risk

HPP/PEP

Information Update in Core Banking System:

Yes

No

Date Updated on:

Remarks if any:

CSD Staff

Screening ID

KYC ID

Date:
मिति:

२०६८/५-२५

Account Number
खाता नं.

००१०००१८५१८९

Client ID
ग्राहक आईडी

Account Holder's Name:

खातावालाको नाम:

का. लि. न्यो. क. हरेन्द्र कर्णाली

PAN No.:

स्थायी लेखा नं.:

Date of Birth:

जन्म मिति:

२०२८/१२-२५

Citizenship / ID No.:

नागरिकता / आईडी नं.:

५५२०

Issuing Office & Date:

जारी गर्ने जिल्ला/मिति:

Gender:

लिंग

पुरुष

Passport No.:

राहदानी नं.:

Issuing Office & Date:

जारी गर्ने जिल्ला/मिति:

Passport Expiry Date:

राहदानी समाप्ति मिति:

Phone No.:

फोन नं.:

Marital Status:

वैवाहिक स्थिति:

Mobile No.:

मोबाइल नं.:

९८४३३८२८३

Occupation:

पेशा:

E mail:

ईमेल:

PO Box:

पोस्ट बक्स नं.:

Present Address (हालको ठेगाना)

Ward No.:

वडा नं.:

१०

काठमाडौं कपन

Tole:

टोल:

शकल कसि प्योली नगर

House No.:

घर नं.:

District:

जिल्ला:

सुनसरी

Province No.:

प्रदेश नं.:

३

Permanent Address (स्थायी ठेगाना)

Ward No.:

वडा नं.:

Tole:

टोल:

धले डाडा

House No.:

घर नं.:

District:

जिल्ला:

सुनसरी

Province No.:

प्रदेश नं.:

३

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:

भिसाको प्रकार:

Visa Expiry Date:

भिसा समाप्ति मिति:

Beneficial Owner (हितधिकारी)

☐ Yes

☐ No

If Yes (यदि छ भने),

Beneficial Owner Name:

हितधिकारीको 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)	पिता श्री			
2	Father (बुबा)	नका श्री			
3	Mother (आमा)	रत्न माया श्री			
4	Grandfather (हजुरबुबा)	सम. नारायण श्री			
5	Grandmother (हजुरआमा)				
6	Son 1 (छोरा १)	श्री श्री			
	Son 2 (छोरा २)	श्री श्री			
7	Daughter 1 (छोरी १)	आर्य श्री			
	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 क्र.सं.	Name of Firm/Company/Office संस्थाको नाम	Address ठेगाना	Web Site वेबसाइट	Post पद	Expected Annual Income अनुमानित वार्षिक आय
1	का. लि. न्यो. क. हरेन्द्र	काठमाडौं			६०००००/-
2					
3					
4					

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

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

☐ Yes

☐ No

Expected Monthly Turnover:

अनुमानित मासिक कारोबार रकम:

☐ Less than 5 Lakhs

☐ Less than 10 Lakhs

☐ More than 10 Lakhs

Expected Monthly No. of Transaction:

अनुमानित मासिक कारोबार संख्या:

☐ Less than 15

☐ Less than 25

☐ More than 25

Purpose of Account:

खाताको उद्देश्य:

☐ Remittance

☐ Savings

☐ Business

☐ Others

Source of fund

आयको स्रोत

☐ Salary

☐ Business

☐ Remittance

☐ Borrowings

☐ Investment

☐ Loan Repayment

☐ Sale of Asset

☐ Others (Please Specify)

☐ Rental Income

☐ Other (Please Specify)

Punished or charged for any criminal activities in the past ?

विगतमा फौजदारी कसुरमा दण्डित वा जरिवाना हुनु भएको छ ?

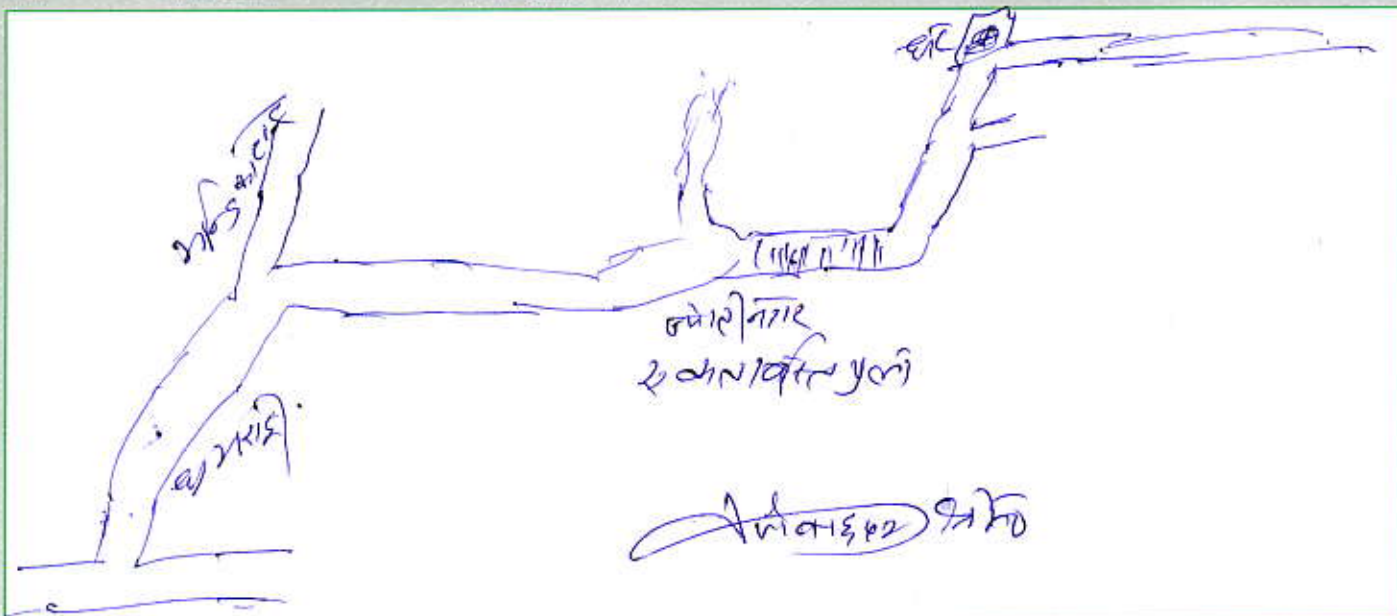
☐ Yes

☐ 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 सौचो रहेको घोषणा गर्दछु/गर्दछौ ।

Right दायाँ

Left बायाँ



Thumb Impression
औंठा छाप

Account Holder's Signature
खाताबालाको 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 type="checkbox"/> Obtained	<input type="checkbox"/> Not obtained	
Photo of beneficial owner	<input type="checkbox"/> Obtained	<input type="checkbox"/> Not obtained	
Identification Document	<input 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: _____

Remarks if any:

CSD Staff

Date

KYC FORM FOR CORPORATE CUSTOMER

Screening ID

KYC ID

Account Number

0070009589CA

Date: 13/01/2019

Client ID

Account Holder's Name:

का निजीयक रजिस्ट्रार

Date of Registration

Registration No.:

Registration Office & Date:

Contact No:

5083322523

PAN/VAT No.

Regd./PAN Expiry Date:

Office:

Beneficial Owner-Name:

Fax:

Address:

Email:

Relation:

P.O.Box:

Contact No.:

Registered Address

Business Address

Ward No.: 31

Ward No.:

Tole: Bagbazar

Tole:

House No.:

House No.:

District: Kathmandu

District:

Business Area:

Business Objectives:

Number of Office:

Office Location:

Management (BOD Member and Chief Executive)

SN	Full Name & Post	Permanent Address	Present Address	Citizenship No./ Issuing Office	Phone/Mobile No.
1	का. नि. प्र. अधिकारी	रामेछाप	का. नि. प्र. अधिकारी का. नि. प्र. अधिकारी	का. नि. प्र. अधिकारी	5083322523
2					
3					
4					
5					
6					
7					
8					

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. _____

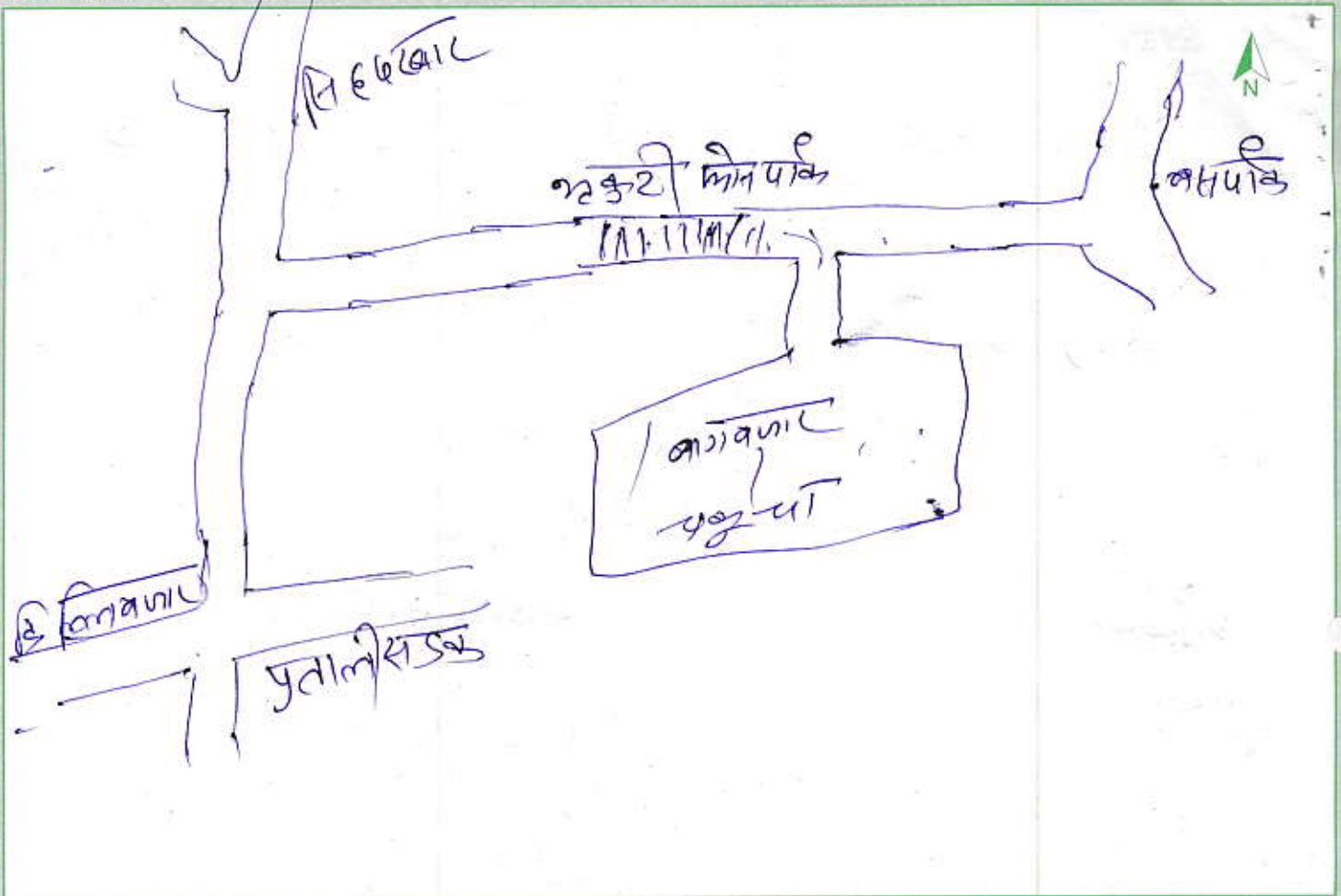
Corporate Seal



Authorized Signatory

Date:

Location Map



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:

Information Update in Core Banking System:

- ☐ Yes
 ☐ No

Date Updated on: _____

Remarks if any:

CSD Staff

Date

List of Directors



S. No.	Position	Full Name	Father's Name	Grand Father's Name	Spouse Name	Permanent & Present Address	Tel. No., Mobile No. & Email Address
1.	proprietor	महेश व. शेठ	नर. ल. शेठ	राजीव नारायण शेठ	मिना शेठ	अमेरिका	98 83 359403
2.							
3.							
4.							
5.							
6.							
7.							
8.							



Date:

Company's Seal

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

KYC REQUIREMENT	DOCUMENTATION NEEDED
1. IDENTITY a. Beneficial Owner	FULL NAME <i>Kalinchowie Store</i> (For Individuals) or Title of Domain Partnership / Sole Proprietorship / Ltd. Companies Names of Partners / Owners/ Directors / Major Share Holders
b. ID Documents	<input checked="" type="checkbox"/> CITIZENSHIP CERTIFICATE OR PASSPORT (Obtain Photocopy)
c. Legal Status	INDIVIDUALS Documents as per policy to be obtained & kept with Account Opening Form <input checked="" type="checkbox"/> 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	<i>Bagbazzan, ward no: 31, Kathmandu</i>
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 b. Commensurate Activity c. Funds for Opening accounts	<i>Current Acc.</i> CASH <input checked="" type="checkbox"/> AMOUNT <i>36953/-</i>
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. <i>Ramen Wagle</i> ADDRESS _____ ANY CORRESPONDENCE RETURNED DURING LAST SIX MONTHS <i>001-31255</i> HOW LONG THE ACCOUNT HOLDER IS KNOWN TO THE INTRODUCER _____ ACCOUNT STATUS _____ DATE OF MEETING IF ANY & BRIEF COMMENTS _____
7. CLIENT REVIEW / MEETING Initial	Date of Meeting <i>18/3/012</i> Brief Comments _____
Subsequent	Date of Meeting _____ Brief Comments _____

SIGNATURE
INTERVIEWING OFFICER

SIGNATURE
MANAGER