

# KYC Form for Individual Customer



**DARBAR MANNA** Branch  
शारदा

CIF ID \_\_\_\_\_

Date  
मिति 26/09/2077

Screening ID \_\_\_\_\_

KYC ID \_\_\_\_\_

Full Name (BLOCK Letter) **TARUN RAJ BHATT**

नाम (नेपालीमा) **तर्क राज भट्ट**

Date of Birth जन्ममिति 03/01/2041 B.S. 1504/1984 A.D. Gender ☒ Male पुरुष ☐ Female महिला ☐ Other अन्य

Marital Status वैवाहिक स्थिति ☐ Single अविवाहित ☒ Married विवाहित ☐ Other अन्य Religion ☒ Hindu हिन्दु ☐ Muslim मुस्लिम ☐ Buddhist बौद्धमार्गी ☐ Christian क्रिष्टियन ☐ Other अन्य

Nationality राष्ट्रियता **NEPALI** Citizenship No. नागरिकता नं. 23136 Issuing Office जारी गर्ने कार्यालय **BAITADI** Issued Date जारी मिति 2058/12/28

Passport No. पासपोर्ट नं. \_\_\_\_\_ Issuing Office जारी गर्ने कार्यालय \_\_\_\_\_ Issued Date जारी मिति \_\_\_\_\_ Expiry Date समाप्ति मिति \_\_\_\_\_

Other ID No. अन्य परिचयपत्र नं. \_\_\_\_\_ Issuing Office जारी गर्ने कार्यालय \_\_\_\_\_ Issued Date जारी मिति \_\_\_\_\_ Expiry Date समाप्ति मिति \_\_\_\_\_

## Permanent Address / स्थायी ठेगाना

House No. घर नं. \_\_\_\_\_ Tole टोल **गुजर** Ward No. 05 गाउँ नं. \_\_\_\_\_  
Rural/Municipality गापा/नपा **गुजर** Province No. 06 प्रदेश नं. \_\_\_\_\_  
District जिल्ला **बैतडी** Zone अञ्चल **महाकाली**  
Phone No. फोन नं. \_\_\_\_\_ Mobile No. मोबाइल नं. 9848723729

## Present Address / हालको ठेगाना

House No. घर नं. \_\_\_\_\_ Tole टोल **फुलीसडक** Ward No. 33 गाउँ नं. \_\_\_\_\_  
Rural/Municipality गापा/नपा **काठमान्डौ** Province No. 03 प्रदेश नं. \_\_\_\_\_  
District जिल्ला **काठमान्डौ** Zone अञ्चल **मध्य पश्चिमाञ्चल**  
Phone No. फोन नं. \_\_\_\_\_ Mobile No. मोबाइल नं. 9848723729

Email ईमेल \_\_\_\_\_ PAN No. पान नं. \_\_\_\_\_ P.O. Box No. पोखाना नं. \_\_\_\_\_

## In case of residing in rented house / बहालको घरमा बसेको भए

Name of Land Lord घरघनीको नाम \_\_\_\_\_  
Phone No. फोन नं. \_\_\_\_\_ Mobile No. मोबाइल नं. \_\_\_\_\_

## In case of NRN / गैर आवसिय नेपाली भएमा

NRN ID No. एनआरएन आईडि नं. \_\_\_\_\_  
Foreign Address विदेश स्थित ठेगाना \_\_\_\_\_  
City/State शहर/राज्य \_\_\_\_\_ Country देश \_\_\_\_\_  
Type of Visa भिजाको प्रकार \_\_\_\_\_ Expiry Date समाप्ति मिति \_\_\_\_\_

Education Qualification: ☐ Below SLC एसएलसी मुनि ☐ SLC एसएलसी ☐ Intermediate प्रविणता प्रमाणपत्र तह ☐ Bachelors स्नातक ☐ Masters स्नातकोत्तर ☐ Others अन्य  
Occupation: ☐ Service नोकरी ☒ Business व्यवसाय ☐ Professional विशेषज्ञ ☐ Housewife गृहिणी ☐ Others अन्य

## In case of service / नोकरी भएमा

Name of Institution/Firm संस्था/कार्यालयको नाम \_\_\_\_\_ Designation/Position पद/स्तर \_\_\_\_\_  
Address ठेगाना \_\_\_\_\_ Contact No. सम्पर्क नं. \_\_\_\_\_

Source of Income: आयको स्रोत ☐ Salary तलब ☐ Business व्यवसाय ☐ Rent बहाल ☐ Pension निवृत्तिभरण ☐ Remittance विप्रेषण ☐ Others अन्य  
Annual Income वार्षिक आय ☒ Upto Rs. 1 lakh रु. १ लाख सम्म ☐ Upto Rs. 20 lakh रु. २० लाख सम्म ☐ Upto Rs. 50 lakh रु. ५० लाख सम्म ☐ Above Rs. 50 lakh रु. ५० लाख भन्दा बढी

Are you a Highly Positioned Person (HPP)? के तपाईं उच्चपदस्थ व्यक्ति हुनुहुन्छ? ☐ Yes हो ☒ No होइन If Yes, Position यदि हो भने, पद \_\_\_\_\_

Are you a Politically Exposed Person (PEP) or Associated with Any PEP? के तपाईं राजनैतिक प्रभावित व्यक्ति हुनुहुन्छ वा कुनै राजनैतिक प्रभावित व्यक्तिसँग सम्बन्धित हुनुहुन्छ? ☐ Yes हो ☒ No होइन

If yes, Name of PEP यदि हो भने, उक्त व्यक्तिको नाम \_\_\_\_\_ Name of Political Party राजनैतिक दलको नाम \_\_\_\_\_  
Position पद \_\_\_\_\_ Relationship with PEP राजनैतिक व्यक्तिसँगको सम्बन्ध \_\_\_\_\_

Have you been convicted for any crime तपाईं कुनै अपराधमा कसुरवार ठहरिनु भएका छ? ☐ Yes छ ☒ No छैन



Family Details पारिवारिक विवरण

S.N.	Relationship (सम्बन्ध)	Full Name (पूरा नाम)	Citizenship No. (नागरिकता नं.)	Issuing Office (जारी गर्ने कार्यालय)	Date of Issue (जारी मिति)
1	Spouse (पति/पत्नी)	सुष्मणी भट्ट			
2	Father (बुबा)	जनक राज भट्ट			
3	Mother (आमा)	सुषमा भट्ट			
4	Grandfather (हजुरबुबा)	मान फत्त भट्ट			
5	Grandmother (हजुरआमा)				
6	Son 1 (छोरा १)	सुजित भट्ट			
7	Son 2 (छोरा २)				
8	Daughter 1 (छोरी १)	सुशीता भट्ट			
9	Daughter 2 (छोरी २)				
10	Daughter-in-law 1 (बुहारी १)				
11	Daughter-in-law 2 (बुहारी २)				
12	Father-in-law (ससुरा)				

FATCA Declaration

Are you a U.S Resident ?

के तपाईं संयुक्त राज्य अमेरिकाको बासिन्दा हुनुहुन्छ ? ☐ Yes हो ☒ No होइन

Are you a U.S Citizen ?

के तपाईं संयुक्त राज्य अमेरिकाको नागरिक हुनुहुन्छ ? ☐ Yes हो ☒ No होइन

Are you a Permanent Resident Card (Green Card) Holder ?

के तपाईं संयुक्त राज्य अमेरिकाको स्थायी बसोबास (ग्रीन कार्ड) धारक हुनुहुन्छ ? ☐ Yes हो ☒ No होइन

Do you have Account in Citizens Bank International Ltd. ?

के तपाईंको सिटिजन्स बैंकमा खाता छ ? ☒ Yes छ ☐ No छैन

If yes, Name of Account

यदी हो भने, खाताको नाम

मानविकितास करमण केन्ट्र

Account No. खाता नम्बर

0010001856 CA

Do you have Account in Other Banks ?

तपाईंको अन्य बैंकमा खाता छ ? ☐ Yes छ ☒ No छैन

If yes, Bank & Branch Name

यदी छ भने, बैंक र शाखाको नाम

Type of Account

खाताको प्रकार

Site Map

नक्सा

☐ Permanent Address

स्थायी ठेगाना

☐ Present Address

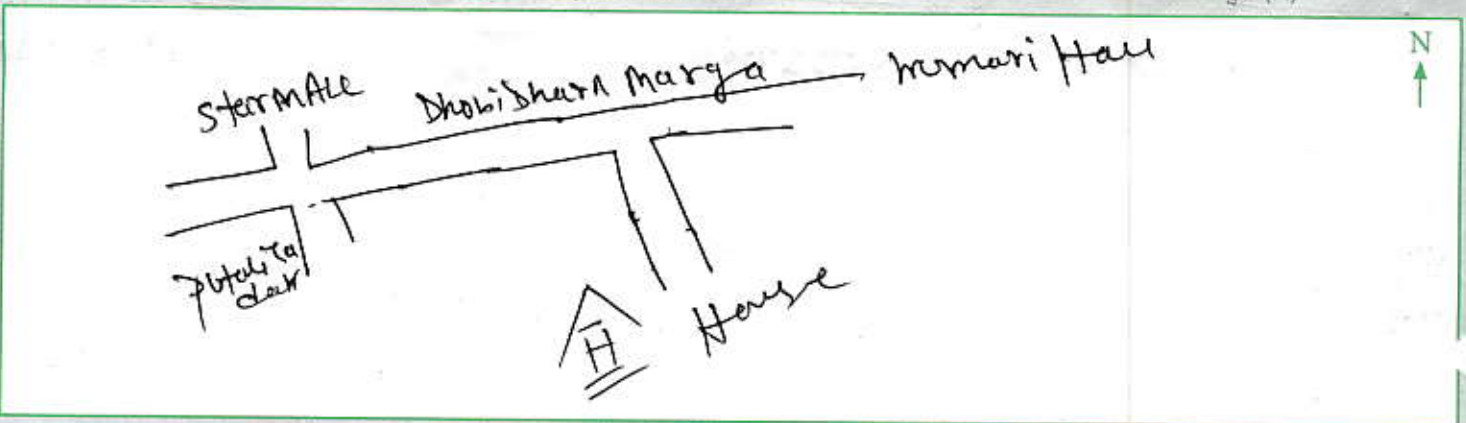
हालको ठेगाना

Name of nearest landmark

नजिकको प्रसिद्ध स्थान

Distance(M)

दुरी (मि)



I/We hereby declare that all the information and documents submitted to the bank are true and correct.

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

Signature (दस्तखत)

Date:

मिति: 2066/09/23

Bank's Use Only

Supporting Documents Submitted by Customer

Photograph

☐ Yes

☐ No

Identification Document

☐ Citizenship

☐ Passport

☐ Other

Employee ID

☐ Yes

☐ No

Address Verifying Document

☐ Utility Bill

☐ Land Ownership Certificate

☐ Other

Risk Grading ☐ Low Risk

☐ Medium Risk

☐ High Risk, Reason

☐ HPP ☐ PEP

Has the information updated in core Banking System & Trust AML/GoAML

☐ Yes ☐ No

☐ Other

The customer's name has been checked in Blacklist report of CIB

☐ Yes ☐ No

Self Declaration Obtained

☐ Yes ☐ No

Remarks If any:



Thumb Impression औठा छाप

Prepared & Checked By

Verified By

Approved By



# KYC Form for Individual Customer



**DARBAR MARGA** Branch  
शाखा

CIF ID \_\_\_\_\_

Date 26/09/2077  
मिति

Screening ID \_\_\_\_\_

KYC ID \_\_\_\_\_

Full Name (BLOCK Letter) **K R I S H N A P R A S A D P A N T**

नाम (नेपालीमा) **कृष्ण प्रसाद पन्त**

Date of Birth 20072040 B.S. 08/08/2040 A.D. 19/08/2040  
जन्ममिति

Marital Status ☐ Single ☒ Married ☐ Other  
वैवाहिक स्थिति अविवाहित विवाहित अन्य

Nationality **NEPALI** Citizenship No. 24243 Issuing Office **वैतडी** Issued Date 2058/01/10  
राष्ट्रियता नागरिकता नं जारी गर्ने कार्यालय जारी मिति

Passport No. \_\_\_\_\_ Issuing Office \_\_\_\_\_ Issued Date \_\_\_\_\_ Expiry Date \_\_\_\_\_  
पासपोर्ट नं जारी गर्ने कार्यालय जारी मिति समाप्ति मिति

Other ID No. \_\_\_\_\_ Issuing Office \_\_\_\_\_ Issued Date \_\_\_\_\_ Expiry Date \_\_\_\_\_  
अन्य परिचयपत्र नं जारी गर्ने कार्यालय जारी मिति समाप्ति मिति

## Permanent Address / स्थायी ठेगाना

House No. \_\_\_\_\_ Tole **गुप्ता** Ward No. 08  
घर नं टोल वार्ड नं  
Rural/Municipality **गुप्ता** Province No. 06  
गापा/नपा गापा/प्रदेश नं  
District **वैतडी** Zone **महाकाली**  
जिल्ला अञ्चल  
Phone No. 9841698435 Mobile No. \_\_\_\_\_  
फोन नं मोबाइल नं

Email \_\_\_\_\_ PAN No. \_\_\_\_\_  
ईमेल पान नं

## In case of residing in rented house / बहालको घरमा बसेको भए

Name of Land Lord \_\_\_\_\_  
घरघनीको नाम  
Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_  
फोन नं मोबाइल नं

Education Qualification: ☐ Below SLC ☐ SLC ☐ Intermediate ☐ Bachelors ☐ Masters ☐ Others  
शैक्षिक योग्यता एसएलसी मुनि एसएलसी प्रविणता प्रमाणपत्र तह स्नातक स्नातकोत्तर अन्य  
Occupation: ☒ Service ☒ Business ☐ Professional ☐ Housewife ☐ Others  
पेशा नोकरी व्यवसाय विशेषज्ञ गृहिणी अन्य

In case of service / नोकरी भएमा  
Name of Institution/Firm \_\_\_\_\_ Designation/Position \_\_\_\_\_  
संस्था/कार्यालयको नाम पद/स्तर  
Address \_\_\_\_\_ Contact No. \_\_\_\_\_  
ठेगाना सम्पर्क नं

Source of Income: ☐ Salary ☒ Business ☐ Rent ☐ Pension ☐ Remittance ☐ Others  
आयको स्रोत तलब व्यवसाय बहाल निवृत्तिभरण विप्रेषण अन्य  
Annual Income ☒ Upto Rs. 1 lakh ☐ Upto Rs. 20 lakh ☐ Upto Rs. 50 lakh ☐ Above Rs. 50 lakh  
वार्षिक आय रु. १ लाख सम्म रु. २० लाख सम्म रु. ५० लाख सम्म रु. ५० लाख भन्दा बढी

Are you a Highly Positioned Person (HPP)? ☐ Yes ☒ No If Yes, Position \_\_\_\_\_  
के तपाईं उच्चपदस्थ व्यक्ति हुनुहुन्छ? हो होइन यदी हो भने, पद

Are you a Politically Exposed Person (PEP) or Associated with Any PEP? ☐ Yes ☒ No  
के तपाईं राजनैतिक प्रभावित व्यक्ति हुनुहुन्छ वा कुनै राजनैतिक प्रभावित व्यक्तिसँग सम्बन्धित हुनुहुन्छ? हो होइन

If yes, Name of PEP \_\_\_\_\_ Name of Political Party \_\_\_\_\_  
यदी हो भने, उक्त व्यक्तिको नाम राजनैतिक दलको नाम  
Position \_\_\_\_\_ Relationship with PEP \_\_\_\_\_  
पद राजनैतिक व्यक्तिसँगको सम्बन्ध

Have you been convicted for any crime? ☐ Yes ☒ No  
तपाईं कुनै अपराधमा फसुरवार उहरिनु भएका छ? छ छैन



Family Details पारिवारिक विवरण

S.N.	Relationship (सम्बन्ध)	Full Name (पुरा नाम)	Citizenship No. (नागरिकता नं.)	Issuing Office (जारी गर्ने कार्यालय)	Date of Issue (जारी मिति)
1	Spouse (पति/पत्नी)	तारा पन्त			
2	Father (बुबा)	जयराज पन्त			
3	Mother (आमा)	जुनकी देवी पन्त			
4	Grandfather (हजुरबुबा)	गोरा पन्त			
5	Grandmother (हजुरआमा)	गंगा देवी पन्त			
6	Son 1 (छोरा १)	रजनीश पन्त			
7	Son 2 (छोरा २)	निकेश पन्त			
8	Daughter 1 (छोरी १)				
9	Daughter 2 (छोरी २)				
10	Daughter-in-law 1 (बुहारी १)				
11	Daughter-in-law 2 (बुहारी २)				
12	Father-in-law (ससुरा)				

FATCA Declaration

Are you a U.S Resident ?

के तपाईं संयुक्त राज्य अमेरिकाको बासिन्दा हुनुहुन्छ ? ☐ Yes हो ☒ No होइन

Are you a U.S Citizen ?

के तपाईं संयुक्त राज्य अमेरिकाको नागरिक हुनुहुन्छ ? ☐ Yes हो ☒ No होइन

Are you a Permanent Resident Card (Green Card) Holder ?

के तपाईं संयुक्त राज्य अमेरिकाको स्थायी बसोबास (ग्रीन कार्ड) धारक हुनुहुन्छ ? ☐ Yes हो ☒ No होइन

Do you have Account in Citizens Bank International Ltd. ?

के तपाईंको सिटिजन्स बैंकमा खाता छ ? ☒ Yes छ ☐ No छैन

If yes, Name of Account

यदी हो भने, खाताको नाम

साव्य कल्याण केन्दु

Account No.

खाता नम्बर

0010001856CA

Do you have Account in Other Banks ?

तपाईंको अन्य बैंकमा खाता छ ? ☐ Yes छ ☒ No छैन

If yes, Bank & Branch Name

यदी छ भने, बैंक र शाखाको नाम

Type of Account

खाताको प्रकार

Site Map

नक्सा

Permanent Address

स्थायी ठेगाना

Present Address

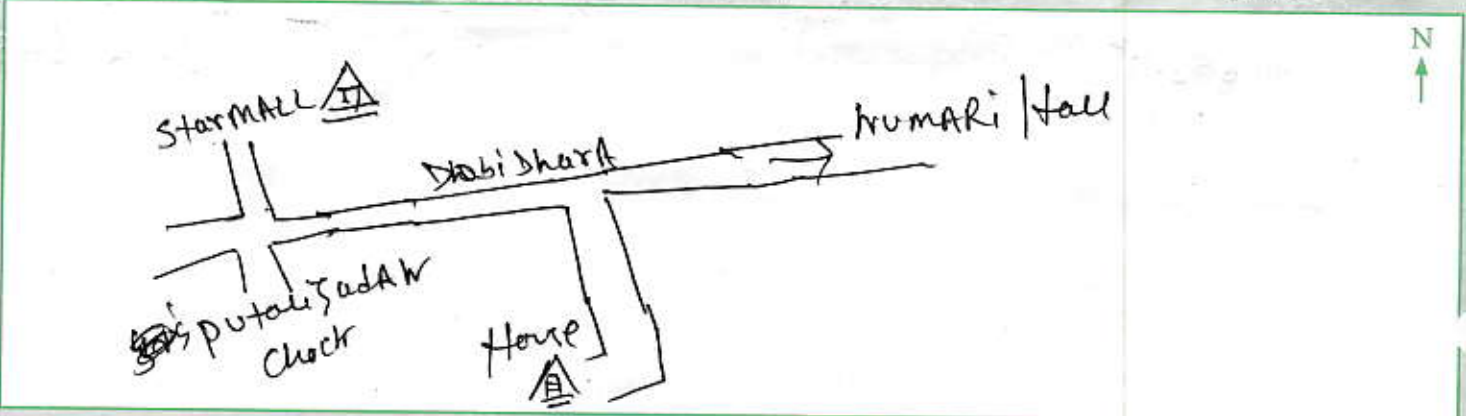
हालको ठेगाना

Name of nearest landmark

नजिकको प्रसिद्ध स्थान

Distance(M)

दुरी (मि)



I/We hereby declare that all the information and documents submitted to the bank are true and correct.  
म/हामी यहाँ उपलब्ध गराइएका सम्पूर्ण विवरणहरू तथा कागजातहरू सौचो रहेको घोषणा गर्दछु/गर्दछौं।

Right दायाँ

Left बाँया



Thumb Impression बाँया छाप

Signature (दस्तखत)

Date:

मिति: २०७७-९-२६

Bank's Use Only

Supporting Documents Submitted by Customer

Photograph

☐ Yes

☐ No

Identification Document

☐ Citizenship

☐ Passport

☐ Other

Employee ID

☐ Yes

☐ No

Address Verifying Document

☐ Utility Bill

☐ Land Ownership Certificate

☐ Other

Risk Grading ☐ Low Risk ☐ Medium Risk ☐ High Risk, Reason

☐ Low Risk

☐ Medium Risk

☐ High Risk, Reason

☐ HPP

☐ PEP

Has the information updated in core Banking System & Trust AML/GoAML

☐ Yes

☐ No

☐ Other

The customer's name has been checked in Blacklist report of CIB

☐ Yes

☐ No

Self Declaration Obtained

☐ Yes

☐ No

Remarks If any:

Prepared & Checked By

Verified By

Approved By



# KYC form for Corporate Customer

DARBAR MARGA Branch  
शाखा

CIF ID \_\_\_\_\_

Screening ID \_\_\_\_\_

Date 2066/08/26  
मिति

KYC ID \_\_\_\_\_

Name of Firm/Company HUMAN WELFARE DEVELOPMENT CENTER

Constitution : ☐ Sole Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Public Ltd. ☐ Others  
संरचना एकल स्वामित्व साझेदारी प्रा. लि. लि. अन्य

Registration No. ६०२ Registration Date २२१०२०६९ Office of Registration जिप्रा कान्चनपुर  
दर्ता नं. दर्ता मिति दर्ता भएको कार्यालय

Place of Registration भि.न.पा PAN/VAT No. ३०९६८९६६९ PAN/VAT Registration Date ०३०४२०६२  
॥ भएको स्थान पान/व्याट पान/व्याट दर्ता मिति

Registered Address / दर्ता गरेको ठेगाना Business Address / व्यवसायको ठेगाना

House No. २६५८ Tole खैरपुर Ward No. १८ House No. \_\_\_\_\_ Tole \_\_\_\_\_ Ward No. \_\_\_\_\_  
घर नं. टोल वार्ड नं. घर नं. टोल वार्ड नं.  
Rural/Municipality भिमदत्त नगरपालिका Province No. ६ Rural/Municipality \_\_\_\_\_ Province No. \_\_\_\_\_  
गा.पा./न.पा. प्रदेश नं. गा.पा./न.पा. प्रदेश नं.  
District कान्चनपुर Zone माईनाली District \_\_\_\_\_ Zone \_\_\_\_\_  
जिल्ला अञ्चल जिल्ला अञ्चल  
Phone No. ९८८८८६२३६९ Fax No. \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
फोन नं. फ्याक्स नं. फोन नं. फ्याक्स नं.  
Email HWDCNEPAL@yahoo.com P.O. Box No. \_\_\_\_\_  
ईमेल पो.ब.नं.

Name of Key Contact Official तर्क राज महे Mobile No. ९८८८६२३६२९  
प्रमुख सम्पर्क व्यक्ति मोबाइल नं.

Nature of Business \_\_\_\_\_ Business Area \_\_\_\_\_ No. of Offices/Branches \_\_\_\_\_  
व्यवसायको प्रकृति व्यवसायको स्थान कार्यालय/शाखा संख्या

## Details of Board of Directors and Chief Executive Officer/सञ्चालकहरू तथा प्रमुख कार्यकारी अधिकृतको विवरण

S.No. क्र.सं.	Full Name पुरा नाम	Position/Designation स्तर/पद	Contact No. सम्पर्क नं.	Full Address पुरा ठेगाना
१	तर्क राज महे	अध्यक्ष	९८८८६२३६९	गुजरा ०९ बैतडी
२	कृष्ण प्रसाद पन्त	सचिव	९८८९६०८४३२	गुजरा ०९ बैतडी
३	प्रकाश पन्त	सदस्य	९८८८८९९९६	गुजरा ०९ बैतडी
४	मिना कुमारी	सदस्य	९८८८८९९९६	गुजरा ०९ बैतडी
५	श्याम पु. महे	सदस्य	९८८३३६८६१२	गुजरा ०९ बैतडी

## Details of Account Signatories /खाता सञ्चालकहरूको विवरण

S.No. क्र.सं.	Full Name पुरा नाम	Position/Designation स्तर/पद	Contact No. सम्पर्क नं.	Full Address पुरा ठेगाना
१	तर्क राज महे	अध्यक्ष	९८८८६२३६२९	गुजरा ०९ बैतडी
२	कृष्ण पु. पन्त	सचिव	९८८९६०८४३२	गुजरा ०९ बैतडी

HPP/PEP ☐ Yes ☒ No  
उच्च/राजनैतिक व्यक्ति हो होइन

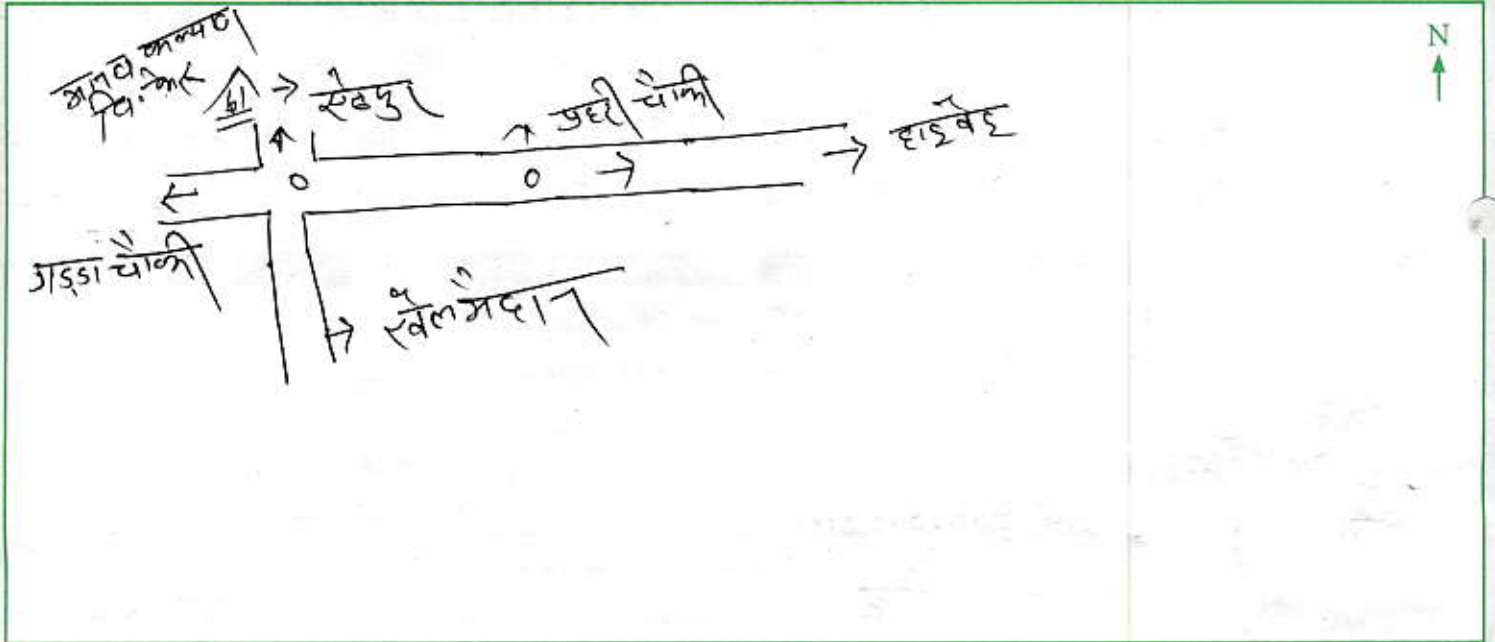
If Yes, please mention remark on affiliation  
कृपया यदि हो भने खुलाउनुहोस्



Do you have Account in Other Banks ?  
तपाईंको अन्य बैंकमा खाता छ ?

1. Name of Bank & Branch बैंकको नाम तथा शाखा	Account type खाताको किसिम	Account No. खाता नं.
2. Name of Bank & Branch बैंकको नाम तथा शाखा	Account type खाताको किसिम	Account No. खाता नं.
3. Name of Bank & Branch बैंकको नाम तथा शाखा	Account type खाताको किसिम	Account No. खाता नं.

Site Map नक्सा	Name of nearest landmark नजिकको प्रसिद्ध स्थान	Distance(Meter) दुरी (मिटर)
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I/We hereby declare that all the information and documents submitted to the bank are true and correct.  
यहाँ म/हामीहरूले उपलब्ध गराइएको सम्पूर्ण सुचना तथा कागजातहरू सत्य र सहि छ भन्ने घोषणा गर्दछु/गर्दछौं ।

Authorised Signatory(ies)  
दस्तावेज(हरू)



Company Seal

Bank's Use Only

Supporting Documents Submitted by Customer

Photograph of account operation and Directors	<input type="checkbox"/> Obtained	<input type="checkbox"/> Not Obtained	Remarks
Citizenship of Account Operation and Directors	<input type="checkbox"/> Obtained	<input type="checkbox"/> Not Obtained	Remarks
Registration Document and PAN	<input type="checkbox"/> Obtained	<input type="checkbox"/> Not Obtained	Remarks
Tax Exempt certificate in case of non-profit organization	<input type="checkbox"/> Obtained	<input type="checkbox"/> Not Obtained	Remarks
Audited/Projected Financials	<input type="checkbox"/> Obtained	<input type="checkbox"/> Not Obtained	Remarks
Income TAX Clearance of Last Fiscal Year	<input type="checkbox"/> Obtained	<input type="checkbox"/> Not Obtained	Remarks
Account Risk Grading	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk, Reason
Does the Customer fall under sanctioned list	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> HPP <input type="checkbox"/> PEP <input type="checkbox"/> Other
Has the information updated in core Banking System & Trust AML/GoAML	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The customer's name has been checked in Blacklist report of CIB	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Self Declaration Obtained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Prepared & Checked By

Verified By

Approved By



Account Number

0 0 1 1 8 5 6 C A

Date

18/12/07

Account Holder's Name: Human welfare development

Date Of Registration: 2061/10/25

Registration No. 602

Registration Office &amp; Date: D.A.O.

Contact No. 9848723729

PAN/VAT No. 301781679

Regd/PAN Expiry Date:

Office

Fax

Email hudeenepal@yahoo.com

P.O.Box

Beneficial Owner Name: Tark Raj Bhatt

Address: Patan Municipality - 3, Baitadi

Relation:

Contact No. 9848723729

Registered Address:

Ward No.: 3

Tole: Raithpur

House No.:

District: Kanchanpur

Business Address:

Ward No.:

Tole: Anamnagar

House No.:

District: Kathmandu

Business Area:

Research

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	Tarka Raj Bhatta	Patan - 3	Same	23162	9848723729
2	Laxman Datto Bhatta	"	Same	337036/101	9848723729
3	Hire Komeni Puasahi	Sudan-1 Kanchanpur	"	15-01-70-03723	9868825643
4	Krishna Pd Pant	Patan-3	"	20243	9841699481
5	Pam Pant	"	"	734036/316	984324486
6	Prakash Pant	Patan-5	"	2573-01-87-01031	9843214758
7	Puskar Raj Pant	Patan-3	"	73-01-73-00435	9843200657

HPP/PEP/NF2F::

Yes

No

If Yes, remark on affiliation:

Expected Monthly Turnover:

Less Than 25 Lakhs

Less Than 50 Lakhs

&gt;50 Lakh

Expected Monthly Transaction:

Less Than 50

Less Than 150 Lakhs

&gt;150 Lakh

Purpose of Account:

Business

Other Social Service

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

FC Form 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.



Authorised Signatory  
Date:

Bank Use Only

Account Risk Grading:

☐

High  
Risk

☒

Medium Risk

☐

Low Risk

PEP/PIP

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

☐

Yes

☒

No

Remarks / information if any:

Branch Manager

Date:

Information Update in Core Banking System:

☒

Yes

☐

No

Date Updated on:

22/04/018

Remarks if any:

*[Handwritten signature]*

CSD Staff  
Date

22/04/018

Manager

Way to Hanuman temple



Hanuman temple

office



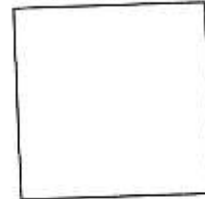
## List of Directors/Working Committee Members & CEO



Pritika Raj Bhatt



Krishna Pd Pant



### 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	Tark Raj Bhatt	Janak Raj Bhatt	Mani Datt Bhatt	Ram Datt Bhatt	Baitadi Patan-3, Uruar	9848723729
2.	Vice-Chairman	Laxman Datt Bhatt	Janak Raj Bhatt	Mani Datt Bhatt	Shyam Datt Bhatt	Patan-3, Uruar	9849456668
3.	Secretary	Mina Kumari Awasthi	Laxman Awasthi	Ram Datt Awasthi	Tank Prashad Awasthi	Suda-1, Kancharpur	9868875643
4.	Treasurer	Krishna Prashad Pant	Jaya Raj Pant	Gauri's Pant	Bihad Pant	Patan-3, Uruar Baitadi	9841698485
5.	Member	Tara Pant	Manesh Datt Pandey	Dipak Pandey	Ambar Datt Pandey	Patan-3, Uruar Baitadi	9843242186
6.	"	Prakash Pant	Purmananda Pant	Dev Datt Pant	Govind Pant	Patan-5, Baitadi	9843214958
7.	"	Puskar Raj Pant	Tek Raj Pant	Keshab Datt Pant	Dipendra Prashad Pant	Patan-3, Uruar Baitadi	9843200659
8.							





Account Number

0 0 1 1 8 5 6 C A

18/12/074

Date

Account Holder's Name: LAXMAN DATT BHATT

PAN No.

Date Of Birth: 2049-02-02

Citizenship / ID No. 731036/101

Issuing Office &amp; Date: 2066/12/13

Contact No.

Passport No.

Issuing Office &amp; date:

Residence

Mobile 9849456668

Email

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Present Address:

Ward No.: 32

Tole: Chhattekulo

House No.:

District: Kathmandu

Permanent Address: V.D.C. Gugar

Ward No.: 9

Tole: Gugar

House No.:

District: Baitadi

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date Issu
1	Spouse				
2	Father	JANAK RAJ BHATT			
3	Mother	DAMBARI BHATT			
4	Grandfather				
5	Grandmother				
6	Son				
7	Daughter				
8	Daughter in Law (son's wife)				
9	Father in Law (of married women)				

\*not compulsory for low risk customers

Occupation / Business:

SN	Name Of Firm/ Company/Office	Address	Web Site	Post	Ann Inco
1	Nonon welfare	Ktm			260
2					
3					
4					

HPP/PEP/NF2F:

Yes

No

If Yes, remark on affiliation:

Expected Monthly Turnover:

Less Than 5 Lakhs

Less Than 10 Lakhs

&gt;10

Expected Monthly Transaction:

Less Than 15

Less Than 25

&gt;25

Purpose of Account:

Remittance

Savings

Business

Other

Source Of Fund:

Salary

Remittance

Investment

Sale of Asset

Donation

Borrowings

Loan Repayment

Other

Punished or charged for any criminal activities in the past

YES

NO



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

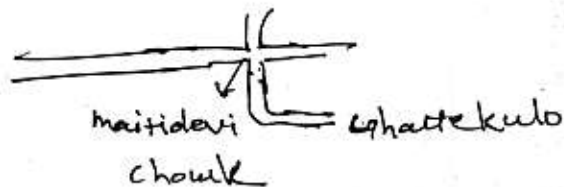
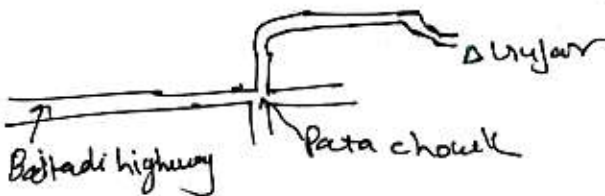
Employee ID (Mandatory for Govt. Officials)

☒ N/A ☐ Yes ☐ No

Site Map

Permanent Address

Present Address



*[Signature]*  
Account Holder Signature

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

**Bank Use Only**

Account Risk Grading:

☐ High Risk

☒ Medium Risk

☐ Low Risk

☐ HPP/PEP

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

☐ Yes

☒ No

Remarks / information if any:

Information Update in Core Banking System & Accuracy Check:

☒ Yes

☐ No

Date Updated on:

22/04/2018

Remarks if any:

*[Signature]*  
CSD Staff Date

22/04/2018

Branch Manager  
Date:



Account Number

0 0 1 1 8 5 6 C A

18/12/074  
Date

Account Holder's Name: TARK RAJ BHATT

PAN No.

Date Of Birth: 2041/01/03

Citizenship / ID No. 23167

Issuing Office &amp; Date: 2058/12/28

Contact No.

Passport No.

Issuing Office &amp; date:

Residence

Mobile 9848723729

Email trrbhatta92@gmail.com

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Present Address:

Ward No.: Patan municipality - 32

Tole:

House No.:

District: Kathmandu

Permanent Address: V.D.C. LUGAR

Ward No.: 9 LUGAR

Tole:

House No.:

District: Baitadi

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date issued
1	Spouse	AUFMANI BLAHA			
2	Father	JANAK RAJ BHATT			
3	Mother	DAMBART BHATT			
4	Grandfather	Mani Datta Blaha			
5	Grandmother				
6	Son				
7	Daughter				
8	Daughter in Law (son's wife)				
9	Father in Law (of married women)				

\*not compulsory for low risk customers

Occupation / Business:

SN	Name Of Firm/ Company/Office	Address	Web Site	Post	Ann Inco
1	Human Welfare	Anamnagar			2600
2					
3					
4					

HPP/PEP/NF2F:

Yes

No

If Yes, remark on affiliation:

Expected Monthly Turnover:

☒ Less Than 5 Lakhs☐ Less Than 10 Lakhs

&gt;10

Expected Monthly Transaction:

☒ Less Than 15☐ Less Than 25

&gt;25

Purpose of Account:

☐ Remittance☐ Savings☒ Business

Other

Source Of Fund:

☒ Salary☐ Remittance☐ Investment☐ Sale of Asset☐ Donation☐ Borrowings☐ Loan Repayment☐ Other

Punished or charged for any criminal activities in the past

☐ YES☒ NO



Supporting Documents (provided by the customer)

Photo of account holder

Photo of beneficial owner

Identification Document:

Address Verifying Document (Any One):

Employee ID (Mandatory for Govt. Officials)

☒ Obtained ☐ Not Obtained

☐ Obtained ☒ Not Obtained

☒ Citizenship ☐ Passport Others

☐ Utility Bill (Water/Electricity/Telephone Bill)

☐ Driving License

☐ Land Ownership Document

☐ Rental Agreement

☐ Letter from Local Authority

☐ Voter ID

☐ N/A ☒ Yes ☐ No

Site Map

Permanent Address

Present Address



Account Holder Signature

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

Bank Use Only

Account Risk Grading:

☐ High Risk

☒ Medium Risk

☐ Low Risk

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

☐ Yes

☒ No

Remarks / information if any:

Information Update in Core Banking System & Accuracy Check:

☒ Yes

☐ No

Date Updated on: 22/04/18

Remarks if any:

CSD Staff Date 22/04/18

Branch Manager  
Signature:



Account Number

0 0 1 1 8 5 6 C A

Date

8/12/074

Account Holder's Name:

KIRSHNA PRASHAD PANT

PAN No.

Date Of Birth:

2040-07-20

Citizenship / ID No.

2083

Issuing Office &amp; Date:

2058/01/10

Contact No.

Passport No.

Issuing Office &amp; date:

Residence

Mobile - 9841968435

Email

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Present Address:

Ward No.: 10

Tale: Putalisadak

House No.:

District: Kathmandu

Permanent Address: V.D.C. Gugar

Ward No.: 9

Tale: Gugar

House No.:

District: Saitadi

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date Issu
1	Spouse	Rukmani Bhakta Tam Panta			
2	Father	JAYA RAT PANT			
3	Mother	Laxmi Pant			
4	Grandfather	Mani Datta Bhakta Chauri Datta Panta			
5	Grandmother				
6	Son				
7	Daughter				
	Daughter in Law (son's wife)				
8					
	Father in Law (of married women)				
9					

\*not compulsory for low risk customers

Occupation / Business:

SN	Name Of Firm/ Company/Office	Address	Web Site	Post	Ann Inco
1	Homan Welfare Co. Center	Anamnagar			2 Lac
2					
3					
4					

HPP/PEP/NFZF:

Yes ☐ No ☒

If Yes, remark on affiliation:

Expected Monthly Turnover:

Less Than 5 Lakhs ☐Less Than 10 Lakhs ☒

&gt;10

Expected Monthly Transaction:

Less Than 15 ☐Less Than 25 ☒

&gt;25

Purpose of Account:

Remittance ☐Savings ☐Business ☒Other ☐

Source Of Fund:

Salary ☒Remittance ☐Investment ☐Sale of Asset ☐Donation ☐Borrowings ☐Loan Repayment ☐Other ☐Penished or charged for any criminal activities in the past ☐ YES☒ NO



Supporting Documents (provided by the customer)

Photo of account holder

Photo of beneficial owner

Identification Document:

Address Verifying Document (Any One):

Employee ID (Mandatory for Govt. Officials)

☒ Obtained ☐ Not Obtained

☐ Obtained ☒ Not Obtained

☒ Citizenship ☐ Passport

Others

☐ Utility Bill (Water/Electricity/Telephone Bill)

☐ Driving License

☐ Land Ownership Document

☐ Rental Agreement

☐ Letter from Local Authority

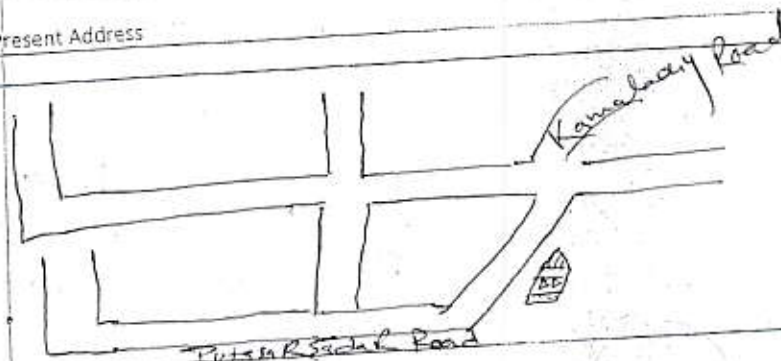
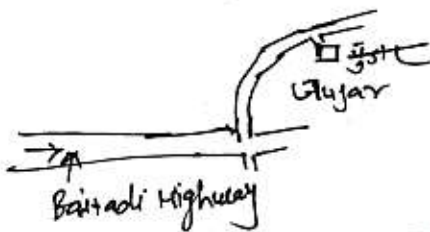
☐ Voter ID

☒ N/A ☐ Yes ☐ No

Site Map

Permanent Address

Present Address



9

Account Holder Signature

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

Bank's Use Only

Account Risk Grading:

☐ High Risk ☒ Medium Risk ☐ Low Risk

☐ HPP/PEP

Is the customer listed in OFAC (Office of Foreign Assets Control)? ☐ Yes ☒ No

Remarks / Information if any:

Information Update in Core Banking System & Accuracy Check:

☒ Yes ☐ No

Date Updated on: 22/04/08

Remarks if any:

CSD Staff Date 22/04/08

Branch Manager Date:



Account Number

0 0 1 1 8 5 6 C A

18/12/074  
Date

Account Holder's Name: Tara Pant

PAN No.

Date Of Birth: 2045/10/14

Citizenship / ID No: 8734036/316

Issuing Office &amp; Date: 063/10/22

Contact No.

Passport No.

Issuing Office &amp; date: DAO

Residence

Mobile: 9843242186

Email

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Present Address:

Permanent Address:

Ward No.: 10

Tola: New Baneshwar

House No.:

District: Kesthmandee

Ward No.: 3

Tola: Janga

House No.:

District: Baitadi

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date Issu
1	Spouse	Krishna Prasad Pant			
2	Father	Pranesh Prasad Pant			
3	Mother				
4	Grandfather				
5	Grandmother				
6	Son				
7	Daughter				
8	Daughter in Law (son's wife)				
9	Father in Law (of married women)				

\*not compulsory for low risk customers

Occupation / Business:

SN	Name Of Firm/ Company/Office	Address	Web Site	Post	Ann Inco
1	Homen Uplare	Arjuna			2696
2					
3					
4					

HPP/PEP/NF2F:

Yes

No

If Yes, remark on affiliation:

Expected Monthly Turnover:

Less Than 5 Lakhs

Less Than 10 Lakhs

&gt;10

Expected Monthly Transaction:

Less Than 15

Less Than 25

&gt;25

Purpose of Account:

Remittance

Savings

Business

Other

Source Of Fund:

Salary

Remittance

Investment

Sale of Asset

Donation

Borrowings

Loan Repayment

Other

Punished or charged for any criminal activities in the past: YES NO



Supporting Documents (provided by the customer)

Photo of account holder

Photo of beneficial owner

Identification Document:

Address Verifying Document (Any One):

Employee ID (Mandatory for Govt. Officials)

☒ Obtained ☐ Not Obtained

☐ Obtained ☒ Not Obtained

☒ Citizenship ☐ Passport

Others

☐ Utility Bill (Water/Electricity/Telephone Bill)

☐ Driving License

☐ Land Ownership Document

☐ Rental Agreement

☐ Letter from Local Authority

☐ Voter ID

☒ N/A ☐ Yes ☐ No

Site Map

Permanent Address

Present Address

Beitadi highway  
Patan chowk  
Gyara

Whitehouse  
Newbaneshwar chowk

Tanya  
Account Hold  
Signature

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

Bank Use Only

Account Risk Grading:

☐ High Risk

☒ Medium Risk

☐ Low Risk

☐ HPP/PEP

Is the customer listed in OFAC (Office of Foreign Assets Control)?

☐ Yes ☒ No

Remarks / information if any:

Information Update in Core Banking System & Account Check:

☒ Yes ☐ No

Date Updated on: 22/04/2018

Remarks if any:

CSD Staff  
Date

22/04/2018

Branch Manager

Date:



Account Number

0 0 1 1 8 5 6 C A

Date 19/12/074

Account Holder's Name:

PUSKAR RAJ PANT

PAN No.

Date Of Birth:

2048/01/14

Citizenship / ID No. 73-01-69-02097

Issuing Office &amp; Date: 2069/08/06

Contact No.

9843214288

Passport No.

Issuing Office &amp; date:

Residence

Mobile

Email

P.O.Box

Beneficial Owner-Name:

Address: Patan Municipality - 3

Relation: Uncle

Contact No.

Present Address:

Kathmandu

Permanent Address:

Patan Municipality - 3

Ward No.: 33

Tole:

Ward No.: 3

Tole:

House No.:

House No.:

District: Kathmandu Metropolitan

District: Baitadi

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date issued
1	Spouse				
2	Father	Tek Raj Pant			
3	Mother	Sina Devi Pant			
4	Grandfather	Keshab Datt Pant			
5	Grandmother				
6	Son				
7	Daughter				
8	Daughter in Law (son's wife)				
9	Father in Law (of married women)				

\*not compulsory for low risk customers  
Occupation / Business:

SN	Name Of Firm/ Company/Office	Address	Web Site	Post	Ann Inco
1	Human welfare	Kan			2 Lac
2					
3					
4					

HPP/PEP/NF2F:

Yes

No

If Yes, remark on affiliation:

Expected Monthly Turnover:

Less Than 5 Lakhs

Less Than 10 Lakhs

&gt;10

Expected Monthly Transaction:

Less Than 15

Less Than 25

&gt;25

Purpose of Account:

Remittance

Savings

Business

Other

Source Of Fund:

Salary

Remittance

Investment

Sale of Asset

Donation

Borrowings

Loan Repayment

Other

Punished or charged for any criminal activities in the past

YES

NO



Supporting Documents (provided by the customer)

Photo of account holder

Photo of beneficial owner

Identification Document:

Address Verifying Document (Any One):

Employee ID (Mandatory for Govt. Officials)

☒ Obtained ☐ Not Obtained

☐ Obtained ☒ Not Obtained

☒ Citizenship ☐ Passport Others

☐ Utility Bill (Water/Electricity/Telephone Bill) ☐ Driving License

☐ Land Ownership Document ☐ Rental Agreement

☐ Letter from Local Authority ☐ Voter ID ☐

☒ N/A ☐ Yes ☐ No

Site Map

Permanent Address

Present Address

Barhadi Highway  
Guzar  
patern

old Zarechow  
multidev  
Gharhela

*Puskar*  
Account Holder  
Signature

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

Bank Use Only

Account Risk Grading:

☐ High Risk

☒ Medium Risk

☐ Low Risk

☐ HPP/PEP

Is name listed in OFAC (Office of Foreign Assets Control)?

☐ Yes

☒ No

Remarks / information if any:

Information Update in Core Banking System & Accuracy Check:

☒ Yes

☐ No

Date Updated on:

22/04/08

Remarks if any:

CSB Staff  
Date

22/04/08

Branch Manager

Signature



Account Number

0011856CA

Date

Account Holder's Name: Mina Kumari Awasthi

PAN No.

Date Of Birth: 20/08/05/98/2019-06-19Citizenship / ID No. 75-01-70-03723Issuing Office & Date: 2070-05-07Contact No. 9869875643

Passport No.

Issuing Office &amp; date:

Residence

Mobile

Email

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Present Address:

Permanent Address:

Ward No.: 32  
Tale: meitidevi  
use No.:  
District: KathmanduWard No.: 01  
Tale: Sudy  
House No.:  
District: Kanchanpur

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date Issu
1	Spouse				
2	Father	<u>Laxmi Awasthi</u>			
3	Mother				
4	Grandfather				
5	Grandmother				
6	Son				
7	Daughter				
8	Daughter in Law (son's wife)				
9	Father in Law (of married women)				

\*not compulsory for low risk customers  
Occupation / Business:

SN	Name Of Firm/ Company/Office	Address	Web Site	Post	Ann Inco
1	<u>Human welfare</u>	<u>Khm</u>			<u>2490</u>
2					
3					
4					

HPP/PEP/NF2F:

Yes

No

If Yes, remark on affiliation:

Expected Monthly Turnover:

☒

Less Than 5 Lakhs

☐

Less Than 10 Lakhs

☐

&gt;10

Expected Monthly Transaction:

☒

Less Than 15

☐

Less Than 25

☐

&gt;25

Purpose of Account:

☐

Remittance

☒

Savings

☐

Business

☐

Other

Source Of Fund:

☒

Salary

☐

Remittance

☐

Investment

☐

Sale of Asset

☐

Donation

☐

Borrowings

☐

Loan Repayment

☐

Other

Punished or charged for any criminal activities in the past ☐ YES ☒ NO



Supporting Documents (provided by the customer)

Photo of account holder

Photo of beneficial owner

Identification Document:

Address Verifying Document (Any One):

Employee ID (Mandatory for Govt. Officials)

☒ Obtained ☐ Not Obtained

☐ Obtained ☒ Not Obtained

☒ Citizenship ☐ Passport Others

☐ Utility Bill (Water/Electricity/Telephone Bill)

☐ Driving License

☐ Land Ownership Document

☐ Rental Agreement

☐ Letter from Local Authority

☐ Voter ID ☐

☐ N/A ☐ Yes ☐ No

Site Map

Permanent Address

Present Address

Home *Pinbor*  
Maiden Chowk

*[Signature]*  
Account Hold  
Signature

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

Bank's Use Only

Account Risk Grading:

☐ High Risk

☒ Medium Risk

☐ Low Risk

☐ HPP/PEP

Is name listed in OFAC (Office of Foreign Assets Control)?

☐ Yes

☒ No

Remarks / Information if any:

Information Update in Core Banking System & Accuracy Check:

☒ Yes

☐ No

Date Updated on:

22/04/18

Remarks if any:

*[Signature]*

CSD Staff  
Date

22/04/18

Branch Manager  
Date:

Account Number

0 0 1 1 8 5 6 C A

18/12/074

Date

Account Holder's Name: Prakash Pant

PAN No.

Date Of Birth: 2056/10/05

Citizenship / ID No.

678-0173-00485

Issuing Office &amp; Date:

078/2/9

Contact No.

Passport No.

Issuing Office &amp; date:

DAO

Residence

Mobile: 9843-9868891297

Email

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Present Address:

Permanent Address:

Ward No.: 03

Tole: Baitadi Pectan

use No.:

District: Baitadi

Ward No.: 3

Tole: Dhansein, Baitadi

House No.:

District: Baitadi

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date Issu
1	Spouse				
2	Father	Prakash Pant			
3	Mother	Saraswati Pant			
4	Grandfather				
5	Grandmother				
6	Son				
7	Daughter				
8	Daughter in Law (son's wife)				
9	Father in Law (of married women)				

\*not compulsory for low risk customers

Occupation / Business:

SN	Name Of Firm/ Company/Office	Address	Web Site	Post	Ann Inco
1	Human welfare	KTM			266
2					
3					
4					

HPP/PEP/NF2F:

Yes

No

If Yes, remark on affiliation:

Expected Monthly Turnover:

Less Than 5 Lakhs

Less Than 10 Lakhs

&gt;10

Expected Monthly Transaction:

Less Than 15

Less Than 25

&gt;25

Purpose of Account:

Remittance

Savings

Business

Other

Source Of Fund:

Salary

Remittance

Investment

Sale of Asset

Donation

Borrowings

Loan Repayment

Other

Punished or charged for any criminal activities in the past

YES

NO



Supporting Documents (provided by the customer)

Photo of account holder

Photo of beneficial owner

Identification Document:

Address Verifying Document (Any One):

Employee ID (Mandatory for Govt. Officials)

☒ Obtained ☐ Not Obtained

☐ Obtained ☒ Not Obtained

☒ Citizenship ☐ Passport

Others

☐ Utility Bill (Water/Electricity/Telephone Bill)

☐ Driving License

☐ Land Ownership Document

☐ Rental Agreement

☐ Letter from Local Authority

☐ Voter ID

☒ N/A ☐ Yes ☐ No

Site Map

Permanent Address

Present Address

*Beitadi highway*  
*Patan chowk*  
*Dhamsain*

*Praful*  
Account Hold  
Signature

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

Bank Use Only

Account Risk Grading:

☐ High Risk

☒ Medium Risk

☐ Low Risk

☐ HPP/PEP

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

☐ Yes

☒ No

Remarks / Information if any:

Information Update in Core Banking System & Accuracy Check:

☒ Yes

☐ No

Date Updated on:

*22/04/18*

Remarks if any:

*A*

CSD Staff  
Date

*22/04/18*

Branch Manager  
Date:

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

KYC REQUIREMENT	DOCUMENTATION NEEDED
<b>1. IDENTITY</b>	
a. Beneficial Owner	FULL NAME <i>Human Welfare Development Center (001-1856 LA)</i> (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) <i>Constitution of the company</i>
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.
<b>2. RESIDENCE / BUSINESS INFORMATION</b>	
a. Residence Address/ Telephone	<i>District Administration Office, Maheshwar, Kanchipuram</i> <i>Anam Nagar, Ktm.</i>
b. Occupation or Line of Business	
c. Business Address / Telephone	
<b>3. INCOME</b>	OBTAIN SOURCE OF INCOME & APPROXIMATE FIGURES FOR INDIVIDUALS. FOR OTHERS IT SHOULD BE AVAILABLE FROM THEIR ACCOUNTS AND BALANCE SHEETS
<b>4. RELATIONSHIP</b>	
a. Purpose	<i>Current A/c</i>
b. Commensurate Activity	
c. Funds for Opening Accounts	CASH <i>NPR</i> AMOUNT
<b>5. EXISTING RELATIONSHIP</b>	DO YOU PRESENTLY MAINTAIN AN ACCOUNT WITH CBIL? YES / NO IF YES - ACCOUNT NO: _____ BRANCH NAME _____
<b>6. INTRODUCTION</b>	NAME & A/C NO. <i>Raman Wagle (001-31755)</i> 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 _____
<b>7. CLIENT REVIEW / MEETING</b>	
a. Initial	Date of Meeting <i>068-12-24</i> Brief Comments _____
b. Subsequent	Date of Meeting _____ Brief Comments _____

SIGNATURE  
 INTERVIEWING OFFICER

SIGNATURE  
 MANAGER