

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

KYC REQUIREMENT	DOCUMENTATION NEEDED
1. IDENTITY a. Beneficial Owner	FULL NAME <i>Kist Medical college-OP</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 / <i>Registration Certificate</i> (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	<i>Imadom vpc 6, Lalitpur, Sub-Metro</i> <i>5201496</i>
b. Occupation or Line of Business	Service
c. Business Address / Telephone	Kist Medical College, Imadol-06, Lalitpur, Nepal
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	Salary Ac (RS) CASH NPR AMOUNT <i>3,993,660/-</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. Kist Medical College#1887CA 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 <i>2069/03/04</i> Brief Comments
b. Subsequent	Date of Meeting <i>22/07/2012</i> Brief Comments <i>2069/03/04</i>

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SIGNATURE
INTERVIEWING OFFICER

[Signature]
SIGNATURE
MANAGER