

KYC FORM FOR INDIVIDUAL CUSTOMER

Account Number

0 0 1 0 0 0 1 8 4 8 CA

Date 2074/02/11

Account Holder's Name: Ramesh Kumar Sapkota		PAN No.
Date Of Birth:	Citizenship / ID No. 11182913/2019	Issuing Office & Date: Kathmandu / 2034/12/30
Contact No.	Passport No.	Issuing Office & date:
Residence Mobile 9851026215 Email Ramesh.Sapkota@gmail.com P.O.Box	Beneficial Owner-Name: Address: Relation: Contact No.	
Present Address: Ward No.: 3 Tole: Balunata House No.: istrict: Kathmandu		Permanent Address: Ward No.: 3 Tole: Balunata House No.: District: Kathmandu

Family Members:					
SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date of issue*
1	Spouse	Lina Shree Upadhyaya			
2	Father	Tej B. Sapkota			
3	Mother	Saraswati Sapkota			
4	Grandfather	Tika Prasad Sapkota			
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:

	Name Of Firm/ Company/Office	Address	Web Site	Post	Annual Income
1	MBS & Engineering (P) Ltd.	Baneshwor		Chairman	
2					
3					
4					

HPP/PEP/NF2F:

Yes

No

If Yes, remark on affiliation:

Expected Monthly Turnover: ☒ Less Than 5 Lakhs ☐ Less Than 10 Lakhs ☐ >10 Lakhs

Expected Monthly Transaction: ☒ Less Than 15 ☐ Less Than 25 ☐ >25

Purpose of Account: ☐ Remittance ☐ Savings ☒ Business ☐ Others

Source Of Fund: ☐ Salary ☐ Remittance ☒ Investment ☐ Sale of Asset

☐ Donation ☐ Borrowings ☐ Loan Repayment ☐ Others

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 ☐

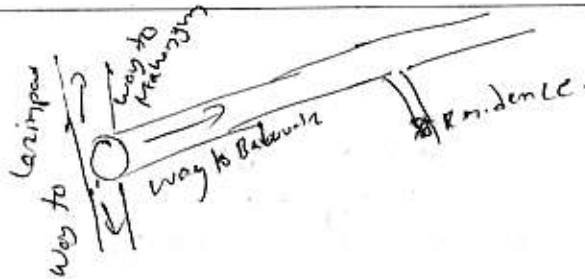
Employee ID (Mandatory for Govt. Officials)

☐ N/A ☐ Yes ☐ No

Site Map

Permanent Address

Present Address



Account Holder's 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

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

☐ Yes ☒ No

Remarks / information if any:

Not

Branch Manager Date:

30/05/2017

Information Update in Core Banking System & Accuity Check:

☒ Yes ☐ No

Date Updated on:

30/05/2017

Remarks if any:

CSD Staff Date

Not 30/05/2017

**KYC FORM FOR CORPORATE
CUSTOMER**

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Account Number: 0 0 1 0 0 0 1 8 4 8 CA Date: 2074/02/11

Account Holder's Name: MRS & Engineering (P) Ltd.		
Date Of Registration: 2068/12/12	Registration No. 31746/068/069	Registration Office & Date: Kathmandu Registrar 12068/12/12
Contact No.	PAN/VAT No. 600545428	Regd/PAN Expiry Date:
Office 4755232/4414439 Fax Email MRS.international10@gmail.com Website	Beneficial Owner-Name: Address: Relation: Contact No.	
Registered Address: Ward No.: 10 Mole: Baneshwor House No.: District: Kathmandu		Business Address: Ward No.: Tole: House No.: District:

Business Area: Kathmandu
Business Objectives: Exterior Fabrication work of building, engineering consultant
Number of Offices: 1 Office Locations: Baneshwor

Management (BOD Members and Chief Executive):

SN	Full Name & Post	Permanent Address	Present Address	Citizenship No. / Issuing Office	Phone / Mobile No.
1	Ramesh Kumar Sapkota	Kathmandu - 3		11182913/2019 Kathmandu	9851026215
2	Rajana Khadka	Panauti - 12	Kathmandu - 16	14556 Kavrepalanchok	980013997
3					
4					
5					
6					
7					

APP/PEP/NF2F:: ☐ Yes ☒ No If Yes, remark on affiliation:

Expected Monthly Turnover:	<input checked="" type="checkbox"/> Less Than 25 Lakhs	<input type="checkbox"/> Less Than 50 Lakhs	<input type="checkbox"/> >50 Lakh
Expected Monthly Transaction:	<input checked="" type="checkbox"/> Less Than 50	<input type="checkbox"/> Less Than 150 Lakhs	<input type="checkbox"/> >150Lakh
Purpose of Account:	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Other	

Supporting Documents (provided by the customer)	Remarks, If Any:-
Photo of account operators <input type="checkbox"/> Obtained <input type="checkbox"/> Not Obtained	
Photo of all managerial personnel <input type="checkbox"/> Obtained <input type="checkbox"/> 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. _____



Authorised Signatory
Date: _____

Bank's 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:

[Handwritten signature]

Branch Manager
Date:

30/05/2017

Information Update in Core Banking System:

☒ Yes ☐ No

Date Updated on:

30/05/2017

Remarks if any:

CSD Staff
Date

[Handwritten signature]

30/05/2017

List of Directors/Working Committee Members & CEO

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Ramesh Kumar Sapkota (Chairman)	Ranjana Khadka (M.D)
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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	Ramesh Kumar Sapkota	Tej Bilas Sapkota			Balwatar, Kathmandu-3	9851026215 ramesh.sapkota@gmail.com
2.	Managing Director	Ranjana Khadka	Dot Bahadur Khadka			Panauti-12 Kathmandu-16	9802023797 shweta.ottip1@gmail.com
3.							
4.							
5.							
6.							
7.							
8.							



KYG FORM FOR INDIVIDUAL CUSTOMER

Account Number

0 0 1 0 0 0 1 8 4 8 CA

Date 20/10/21

Account Holder's Name: Ranjana Khadka		PAN No.
Date Of Birth: 2045/01/22	Citizenship / ID No. 14556	Issuing Office & Date: Kavrepalanchowk 19062/08/19
Contact No.	Passport No.	Issuing Office & date:
Residence Mobile 9802023797 Email shweta.shitpi@gmail.com P.O.Box	Beneficial Owner-Name: Address: Relation: Contact No.	
Present Address: Ward No.: 16 Tole: Banasthali House No.: District: Kathmandu		Permanent Address: Ward No.: 12 Tole: Panauti House No.: District: Kavre

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date of issue*
1	Spouse				
2	Father	Govt Bahadur Khadka			
3	Mother	Uma Khadka			
4	Grandfather	Govt Bahadur Khadka			
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	Annual Income
1	IRS & Engineering (P) Ltd	Banasthali		M.D	108000
2					
3					
4					

HPP/PEP/NF2F:

☐ Yes ☐ No

If Yes, remark on affiliation:

Expected Monthly Turnover: ☒ Less Than 5 Lakhs ☐ Less Than 10 Lakhs ☐ >10 Lakhs

Expected Monthly Transaction: ☒ Less Than 15 ☐ Less Than 25 ☐ >25

Purpose of Account: ☐ Remittance ☐ Savings ☒ Business ☐ Others

Source Of Fund: ☒ Salary ☐ Remittance ☒ Investment ☐ Sale of Asset

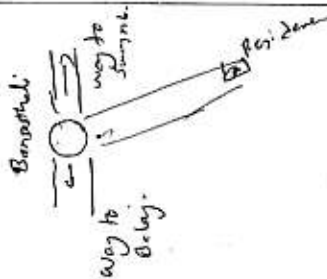
☐ Donation ☐ Borrowings ☐ Loan Repayment ☐ Others

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

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

Site Map	<input type="checkbox"/>	Permanent Address	<input checked="" type="checkbox"/>	Present Address
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Account Holder's 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

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

☐ Yes ☒ No

Remarks / information if any:

Not

Branch Manager

Date: 30/05/2017

Information Update in Core Banking System & Accuity Check:

☒ Yes ☐ No

Date Updated on: 30/05/2017

Remarks if any:

Not

CSD Staff
Date

30/05/2017

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

KYC REQUIREMENT	DOCUMENTATION NEEDED
1. IDENTITY	
a. Beneficial Owner	FULL NAME <u>MRS S Engineering Pvt. Ltd</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, PAN, CRL</u>
c. Legal Status	INDIVIDUALS Documents as per policy to be obtained & kept with Account Opening Form SOLE PROPRIETORSHIP PARTNERSHIP* <u>LTD. Cos.*</u> OTHERS* * Copies of ID Documents for all Directors / Partners / Trustees etc. to be obtained.
2. RESIDENCE / BUSINESS INFORMATION	
a. Residence Address/ Telephone	<u>Ktm-16 Nagabazar / 4429036, 9851079746</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>C.A</u>
b. Commensurate Activity	
c. Funds for Opening Accounts	CASH <u>NPR</u> AMOUNT <u>Rs. 0/-</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>Pangana Shweta Kundla / 001-657 MIB</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 <u>26-03-012</u> Brief Comments _____
b. Subsequent	Date of Meeting _____ Brief Comments _____


 SIGNATURE
 INTERVIEWING OFFICER


 SIGNATURE
 MANAGER