

Punished or charged for any criminal activities in the past

KYC FORM FOR INDIVIDUAL CUSTOMER Date 2074 02 11 CA Account Number 0 PAN No. Account Holder's Name: Suplcota Ramosh Kumar Citizenship / ID No. 111**8**2913 / 2019 Issuing Office & Date: Date Of Birth: 1cammondu /2034/12/30 Issuing Office & date: Contact No. Passport No. Beneficial Owner-Name: Residence Mobile 9851026215 Address: P.O.Box Ranuh, Saplan Ogmail.com Email Relation: Contact No. Present Address: Permanent Address: Ward No.: 2 Ward No.: Tole: Tole: House No.: House No.: istrict: Kathmandu District: Kathan ande Family Members: Date of Name & Surname Citizenship No.* Issuing Office* issue* SN Relation Te Biles Sepleota. Saraswoh Sapketa. Spouse 1 2 Father 3 Mother 4 Grandfather Tita prese 5 Grandmother Son 6 Daughter 7 Daughter in Law (son's wife) Father in Law (of married women) *not compulsory for low risk customers Occupation / Business: Annual Name Of Firm/ Company/Office Address Web Site Post Income MES & Engineering (P) Itd banghuor 2 3 HPP/PEP/NF2F: If Yes, remark on affiliation: Yes Expected Monthly Turnover: Less Than 5 Lakhs Less Than 10 Lakhs >10 Lakhs **Expected Monthly Transaction:** Less Than 15 Less Than 25 >25 Othe Purpose of Account: Remittance Savings Business Source Of Fund: Salary Remittance Investment Sale of Asset Donation Borrowings Loan Repayment Others

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	cuments (provided by the customer)			1.50		7 No. 2000	ad			
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Photo of benef	icial owner			Obtained		Not Obtain	ed			
Identification D	Occument:			Citizenship	3	Passport	0	thers		
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Address Verifyi	ing Document (Any One):			Utility Bill (\	Water/Ele	ctricity/Teleph	one Bill)			License
				Land Owne	rshin Doc	ument			Rental Agreer	nent
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Employee ID (N	Mandatory for Govt. Officials)			Α	Yes	No				
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KYC FORM FOR CORPORATE CUSTOMER

ccount Ho	lder's Name: MRS & と			(b) (
ate Of Reg	sistration: 2068/12/12	Registration No. SL746 068 069 Registration Office & Date: Kathmandu Registar 12068)					68/12/12	
ontact No.	(1)	PAN/VAT No.	E.O. D.	545428	Regd/	PAN Expiry	Date:	
	1785932 /4414439 1RS. international 10 Regmail Lorn	Beneficial Own Address: Relation: Contact No.	er-Nam	e:	5			
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tizenship of all managerial personnel	Obtained		Not Obtained _			
YC Form of all managerial personnel	Obtained		Not Obtained			
tegistration Document:	Registration	n Certificate		MOA/AOA		
Audited Financials Of Last Fiscal Year	Yes	No	Specify the FY	-		
ncome Tax Clearance Of Last Fiscal Year	Yes	No	Specify the FY.	OFIED	lii.	
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High Risk Medium Risk PEP/PIP Name listed in OFAC (Office of Foreign Assets	Low Risk Control)?	35 0	nation Update in Co		System: No	2017
High Risk Medium Risk	Low Risk	35 0	nation Update in Co		System: No	2017
PEP/PIP Name listed in OFAC (Office of Foreign Assets Yes	Low Risk Control)?	35 0	Yes Date Updated or		System: No	2017

mosh kumar Sople (chairman)	M.D)	wdka	
chairman)	(W.O)		
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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	TejBilas Sepkota			Balwator, Kathmandu-3	camesh.sapkokegmil
2.	Managing Director		Wot Sahadur KadKla			Panauti-12 Kathmandu-16	Shweta.ottiplegmil.
3.							
4.							
5.							
6.							
7.							
8.							

Company's Seal
Date: 2014 02/11



KYG FORM FOR INDIVIDUAL CUSTOMER

Residence Mobile 9802023797 Email shuchs. Ontiplegrail. com P.O.Box Present Address: Ward No.: 16 Tole: (Ban athali Touse No.: Instrict: Lathmands Family Members: SN Relation Name & Surname 1 Spouse 2 Father 3 Mother Coma khadis K Grandfather 5 Grandmother 6 Son 7 Daughter Daughter in Law (son's wife) Father in Law (of married women) *not'compulsory for low risk customers Occupation / Business: N Name Of Firm/ Company/Office 1 Lark S 4 Engineering (P) Ital 2 3 4	Citizenship / ID Passport No. Beneficial Owr Address: Relation: Contact No.	Permane: Ward No Tole: House N District:	ent Address: 0.: 12 Panal No.:	ti	iffice & Date:	owk la	065/08) i
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Expected Monthly Turnover:	Tes		_ NO 1116	ss, remark c	in animation.		
	Less Than 5 La	akhs	Les	s Than 10 La	akhs		>10 Lakhs
Expected Monthly Transaction:	Less Than 15		Les	s Than 25	2		>25
Purpose of Account: Remittance	Sav	ings	Bus	iness		Othe rs	
Source Of Fund: Salary		nittance	Invi	estment		Sale of	Asset
Donation	Ren	rowings	Los	n Repayme	nt		Others

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	7/
Site Map Permanent Address	Present Address	
Baranul	MRS & Engineering (P) Ltd.	Account Holder's
Note:- Any document/information if not exists, shall be declar	ored as N/A.	Signature
	Bank's Use Only	
Account Risk Grading:	Information Update in Core Banking System &	Accuity Check:
High Risk Medium Risk	Low Risk Yes] No
HPP/PEP	Date Updated on:	0/05/2017
Name listed in OFAC (Office of Foreign Assets Control)? Yes Remarks / information if any:	No Remarks if any:	
ref.	Na 180	1
Branch Manager 30/05/2017	CSD Staff Date	30/05/2017

APPENDIX: B CITIZENS BANK INTERNATIONAL LIMITED

* *	KNOW YOUR CUSTOMER (KYC) FORM
KYC REQUIREMENT	DOCUMENTATION NEEDED
1. IDENTITY	FULL NAME MRS & Engineering Tot. (+d
a. Beneficial Owner	(For individuals) or Fittle of Domain
*	Partnership / Sole Proprietorship / Ltd. Companies
	Names of Partners / Owners/ Directors / Major Share Holders
L 10 0	CITIZENSHIP CERTIFICATE OR PASSPORT
b. ID Documents	(Obtain Photocopy) MOA, PAM., CRC
	INDIVIDUALS
c. Legal Status	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	1 22221 41 50
a. Residence Address/ Tonhone	KAM-16 Hayabazar / 4429036, 9851079746
b. Sccupation or Line of	The state of the s
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	C.A
a. Purpose	C.II
b. Commensurate Activity c. Funds for Opening	CASH NP2 AMOUNT 14-0)
Accounts	CASH T-17.
The state of the s	
5. EXISTING	DO YOU PRESENTLY MAINTAIN AN ACCOUNT WITH CBIL? YES / NO IF YES - ACCOUNT NO:
RELATIONSHIP	BRANCH NAME
6. INTRODUCTION	NAME & A/CNO. Panjana · Shureta chudlag / 001-667 MIB
	ADDRESS
	ANY CORRESPONDENCE RETURNED
	DURING LAST SIX MONTHS
	HOW LONG THE ACCOUNT HOLDER IS
(2)	KNOWN TO THE INTRODUCER
	ACCOUNT STATUS
	DATE OF MEETING IF ANY & BRIEF COMMENTS
7. CLIENT REVIEW /	
MEETING	Date of Meeting 26-03-012
a. Initial	Date of Meeting 26-03-012 Brief Comments
200	
b. Subsequent	Date of Meeting Brief Comments

SIGNATURE

INTERVIEWING OFFICER

SIGNATURE MANAGER