

C 000 111619

ens/ B. JIL

KYC FORM FOR CORPORATE CUSTOMER

Account Number - 0010001850CA Date

Account Holder's Name: Shyam Kumar Shrestha Morseeli Mirman Deas

Date Of Registration: 2055112119 Registration No. 9995 Registration Office & Date: 2055112119

Contact No. 9852052078 PAN/VAT No. 300098363 Regd/PAN Expiry Date:

Office
Fax
Email
P.O. Box
Beneficial Owner Name:
Address:
Relation:
Contact No.Registered Address:
Ward No.:
Tola:
House No.:
District:
Business Address:
Ward No.: 3
Tola: Ladagan
House No.:
District: Bhajpur

Business Area: Bhojpur

Business Objectives:

Number of Offices: 1 Office Locations: Bhajpur

Management (BOD Members and Chief Executive):

| SN | Full Name & Post | Permanent Address | Present Address | Citizenship No. / Issuing Office | Phone / Mobile No. |
|----|----------------------|-------------------|-----------------|----------------------------------|--------------------|
| 1 | Shyam Kumar Shrestha | Kapan | Bhajpur | Bhajpur | 9852052078 |
| 2 | (Proprietor) | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Politically Exposed / Influential Person?: ☐ 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 checked="" 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 checked="" type="checkbox"/> | Obtained | <input type="checkbox"/> | Not Obtained | _____ |
| Registration Document: | <input checked="" 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. _____ |

Sanjay Singh

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:

Branch Manager

Date:

Information Update in Core Banking System:

☐ Yes ☐ No

Date Updated on:

Remarks if any:

CSD Staff

Date

KYC FORM FOR INDIVIDUAL CUSTOMER

Date: 28-6-2015

| | | | |
|--|--|---|--|
| * Account Number | | PAN No: 300019363 | |
| Account Holder Name: Shyam Kumar Shrestha | | Issuing Office & Date | |
| Date of Birth: 201411130 | | Issuing Office & Date | |
| Gender: Male | | Citizenship: Contractor | |
| Marital Status: Married | | Passport No. | |
| Phone No: 01-4812680 | | Signature No: 9852052078 | |
| E-mail | | PO Box | |
| Present Address | | Permanent Address | |
| Ward No: 7 | | Ward No: 7 | |
| Tola: Chadgaun | | Tola: Sarashooknagar | |
| House No: Bhagpur | | House No: | |
| District: Bhagpur | | District: Kammandu | |
| In case of Non-Residence | | Beneficial Owner: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes: | | Beneficial Owner Name: NCI Kumari Shrestha | |
| Address: Sarashooknagar | | Address: Wife | |
| Contact No: 9862140855 | | Contact No: 9862140855 | |

| Family Member | | Name & Surname | Citizenship No. | Issuing Office | Date of Birth |
|---------------|---------------------------------|-------------------------------|-----------------|----------------|---------------|
| 1 | Spouse | NCI Kumari Shrestha | | | |
| 2 | Parent | Padam Bahadur Shrestha | | | |
| 3 | Mother | Dharma Kumari Shrestha | | | |
| 4 | Grandfather | Kashinath Shrestha | | | |
| 5 | Grandmother | | | | |
| 6 | Son | Sambhawa Shrestha | | | |
| 7 | Daughter | Nirula Shrestha | | | |
| 8 | Daughter-in-law (Mother-in-law) | | | | |
| 9 | Father-in-law (Mother-in-law) | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Occupation/Business | | Trade | | Trade | | Trade | |
| Name: Marseli Norman Sena | | Address: Bhagpur | | Trade: --- | | Trade: --- | |
| Type of Business | | Type of Business | | Type of Business | | Type of Business | |
| Expected Yearly Income | | Expected Monthly Income | | Expected Yearly Income | | Expected Monthly Income | |
| Expected Yearly Income: --- | | Expected Monthly Income: --- | | Expected Yearly Income: --- | | Expected Monthly Income: --- | |
| Source of Income | | Source of Income | | Source of Income | | Source of Income | |
| Source of Income: --- | | Source of Income: --- | | Source of Income: --- | | Source of Income: --- | |
| Involved in any other financial activities in the past | | Involved in any other financial activities in the past | | Involved in any other financial activities in the past | | Involved in any other financial activities in the past | |
| Involved in any other financial activities in the past: --- | | Involved in any other financial activities in the past: --- | | Involved in any other financial activities in the past: --- | | Involved in any other financial activities in the past: --- | |

Garvantiara Chowk

Bhandoli paval

Home

Etha Shyane
Signature

Bank's Use Only

CD 5491

| Case |
|------|
|------|

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

| EQUIPMENT | DOCUMENTATION NEEDED |
|---------------------------|--|
| IDENTITY Owner | FULL NAME <u>Marsell Nirman Sewa</u> (For Individuals) or Title of Domain Partnership / Sole Proprietorship / Ltd. Companies Names of Partners / Owners/ Directors / Major Share Holders |
| ents | CITIZENSHIP CERTIFICATE OR PASSPORT (Obtain Photocopy) <u>DOJ P, PAN, CORC</u> |
| JS | 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. |
| E / | |
| ON AL .ss/ | <u>Bhopur Dist. change-6 koshi / 9751011690</u> |
| n or Line of | |
| ddress / | |
| | OBTAIN SOURCE OF INCOME & APPROXIMATE FIGURES FOR INDIVIDUALS. FOR OTHERS IT SHOULD BE AVAILABLE FROM THEIR ACCOUNTS AND BALANCE SHEETS |
| SHIP | <u>CA</u> |
| urate Activity Opening | CASH <u>NPR</u> AMOUNT <u>B. 10,000/-</u> |
| IP | DO YOU PRESENTLY MAINTAIN AN ACCOUNT WITH CBIL? YES / NO IF YES - ACCOUNT NO: <u>/</u> |
| TION | BRANCH NAME NAME & A/C NO. <u>Fortuna Bank / 14855</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 |
| IEW / | Date of Meeting <u>14-12-068</u> Brief Comments |
| t | Date of Meeting Brief Comments |

Thak
 G OFFICER

[Signature]
 SIGNATURE
 MANAGER