

Citizens**Bank**
International Ltd.
सिटीजन बैंक अंतर्राष्ट्रीय लि.**KYC FORM FOR CORPORATE
CUSTOMER**18/01/2018
Date

Account Number

001-1835CA

Account Holder's Name:

Udaypur Mineral Tech Pvt Ltd

Date Of Registration:

86033
2068-5-12

Registration No.

86033

Registration Office & Date:

Contact No.

PAN/VAT No.

600259707

Regd/PAN Expiry Date:

Office :

4436328

Fax :

4436327

Email

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Registered Address:

Ward No.: 2

Tole: Lazimpat

House No.:

District: Kathmandu

Business Address:

Ward No.: 2

Tole: Lazimpat

House No.:

District: Kathmandu

Business Area: Production

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 / Mobil No.
1	✓ Dhruva Raj Thapa	Kathmandu-7		9262 Kathmandu	
2	✓ Prabal Jung Pandey	Kathmandu-3		36978 Kathmandu	
3	✓ Prashanna Man Shrestha	Kathmandu-22		14726/604 Kathmandu	
4	Bimala Devi	Subarnapur-6		90342645 Parsa	
5	✗ Rabintra Basal Dhakal	Basabari-3		46/59/23 Singupalanthok	
6					
7					

HPP/PEP/NF2F::

Yes

No

If Yes, remark on affiliation:

Expected Monthly Turnover:

Less Than 25 Lakhs

✓

Less Than 50 Lakhs

>50 Lakhs

Expected Monthly Transaction:

Less Than 50

Less Than 150 Lakhs

>150 Lakhs

Purpose of Account:

Business

Other

Supporting Documents (provided by the customer)

Remarks, If Any:-

Photo of account operators

✓

Obtained

Not Obtained

Photo of all managerial personnel

Not Obtained

Obtained

Not Obtained

11

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. _____

नादिम्पार
अधिकारी
सचलिय
अधीधारा



Authorised Sign
Date:

Bank's Use Only

Account Risk Grading:

<input type="checkbox"/> High Risk	<input checked="" type="checkbox"/> Medium Risk	<input type="checkbox"/> Low Risk
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☐ PEP/PIP

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

Remarks / information if any: ☐ Yes ☒ No

Branch Manager
Date: 20/12/17

Information Update in Core Banking System:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Date Updated on:

19/10/2016

Remarks if any:

Prehgya

CSD Staff
Date: 19/10/2016

25132

KYC FORM FOR INDIVIDUAL CUSTOMER

Account Number

00100000590SR

Date 28/02/20

Account Holder's Name: **DHRUBA RAJ THAPA**

Date Of Birth: **30-08-1957**

PAN No. **102400458**

Contact No.

Citizenship / ID No. **3262**

Issuing Office & Date: **C. D. Dham, 2038/05/31**

Passport No.

Issuing Office & date:

Residence **4471956**

Mobile **9851063487**

Email **Dhrubaraj@Yahoo.com**

P.O.Box

Beneficial Owner-Name:

Address:

Relation:

Contact No.

Present Address: **Kutubahal-7, Chabhi**

Permanent Address: **Kutubahal-7, Chabhi**

Ward No.: **07**

Tole: **Kutubahal**

House No.:

District: **Kathmandu**

Ward No.: **07**

Tole: **Kutubahal**

House No.:

District: **Kathmandu**

Family Members:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date of issue*
1	Spouse	Tina devi Thapa			
2	Father	Gopal Dhoj Thapa			
3	Mother	Indra Devi Thapa			
4	Grandfather	Toran Dhoj Thapa			
5	Grandmother				
6	Son				
7	Daughter	Kshitiz Dhoj Thapa			
	Daughter in Law (son's wife)	Diksha Thapa			
8					
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	COSMOS Cement Ind. Pvt. Ltd	Lazimpat, Ktm			M.D. 15,00,000
2					
3					
4					

HPP/PEP/NFZF:

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

Arrested or charged for any criminal activities in the past

☐ YES

☒ NO

Supporting Documents (provided by the customer)

to of account holder

☒ Obtained ☐ Not Obtained

to 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

Permanent Address Present Address

Way to Jaybargarhori
Sifal Chok
Way to Kalopul
Way to Gokulshundir
Kutubahal Marg
Own Res.

↑ N



Account Holder's Signature

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

Bank's Use Only

Risk Grading:

☐ High Risk

☐ Medium Risk

☒ Low Risk

☐ HPP/PEP

listed in OFAC (Office of Foreign Assets Control)?

☐ Yes

☒ No

Remarks / information if any:

Manager 24.05.2017

Information Update in Core Banking System & Accuracy Check:

☒ Yes

☐ No

Date Updated on: 24/5/2017

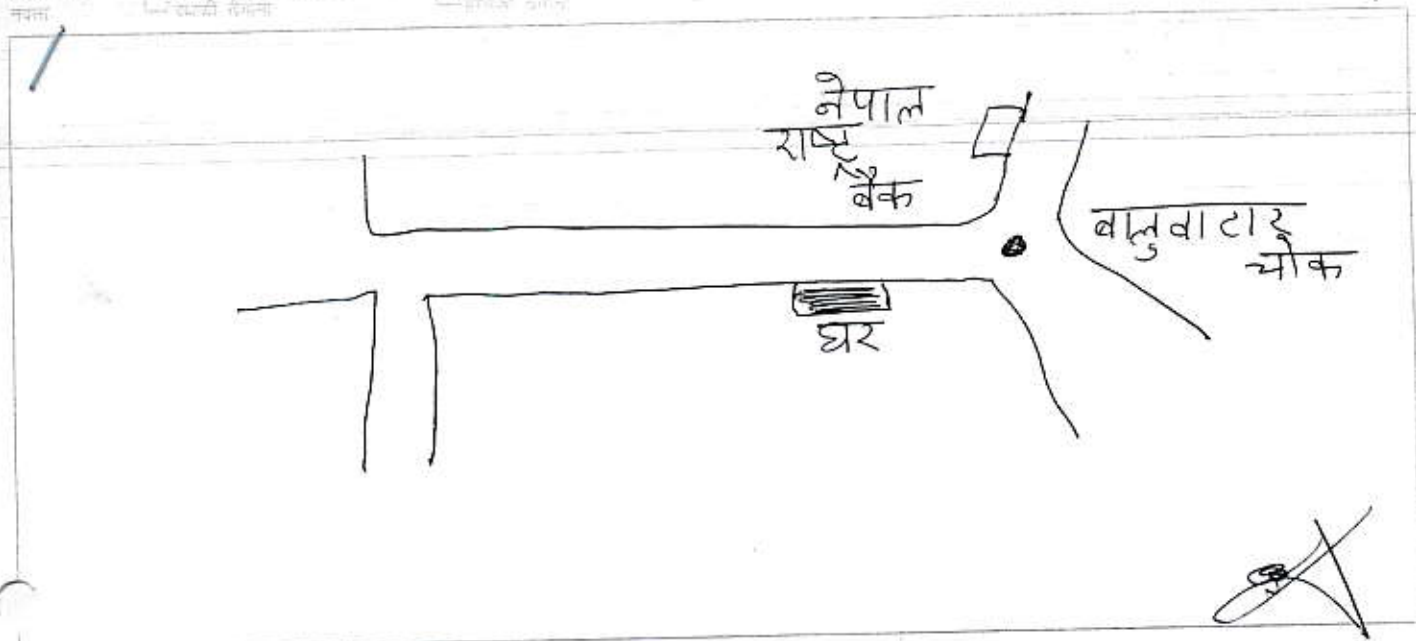
Remarks if any:

CSD Staff
Date 24/5/2017

Serial Number
क्रमांक

Permanent Address
स्थायी ठेगाना

Temporary Address
स्थायी ठेगाना



I/We hereby declare that all the information & documents provided to the bank are true & Correct.

म/हामी यहाँ उपलब्ध गराइएका सम्पूर्ण विवरणहरू तथा कागजातहरू सही र सत्यको घोषणा गर्दछु/गर्दछौं।

Right हाथी

Left बायाँ



Thumb Impression
औंठा छाप

Account Holder's Signature
खातावालाको हस्ताक्षर

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

Bank's Use Only

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

Account Risk Grading:

☐ High Risk

☒ Medium Risk

☐ Low Risk

☐ HPP

☐ PEP

Name list in Sanction

☐ Yes

☒ No

Remarks / Information if any:

Barred Manager

Date

Information Update in Core Banking System & accuracy Check:

☒ Yes

☐ No

Date Updated on:

31/07/10/2

Remarks if any:

CSD Staff

Date

31/07/10/2

KNOW YOUR CUSTOMER (KYC) FORM

KYC REQUIREMENT	DOCUMENTATION NEEDED
1. IDENTITY a. Beneficial Owner	FULL NAME <u>Udayapur Mineral Tech. 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 <u>MOA, PAN CUC - -</u> PASSPORT (Obtain Photocopy)
c. Legal Status	INDIVIDUALS SOLE PROPRIETORSHIP PARTNERSHIP* LTD. Cos.* OTHERS* Documents as per policy to be obtained & kept with Account Opening Form * Copies of ID Documents for all Directors / Partners / Trustees etc. to be obtained.
2. RESIDENCE / BUSINESS INFORMATION a. Residence Address / Telephone	<u>P.O. Box 5214 Kathmandu Nepal / Lomun house gairidhara</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>Current</u>
b. Commensurate Activity	CASH <u>INPR</u> AMOUNT <u>Rs 7,00,000/-</u>
c. Funds for Opening Accounts	DO YOU PRESENTLY MAINTAIN AN ACCOUNT WITH CBIL? YES / NO
RELATIONSHIP	IF YES - ACCOUNT NO: BRANCH NAME
6. INTRODUCTION	NAME & A/C NO. <u>Binay Gautam #001-1405</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>27/02/2022</u> Brief Comments
b. Subsequent	Date of Meeting Brief Comments

[Signature]
SIGNATURE
INTERVIEWING OFFICER

[Signature]
SIGNATURE
MANAGER