

Identification Particulars of Corporate Accountholder

(For the purpose of Directive No. 19, Unified Directives as well)

Date:

Nabil Bank Limited

..... Branch

This is in reference to our application to open account(s) with your bank or submission of information and documents for our existing account(s). In line with prevailing Anti Money Laundering/Combating Financing of Terrorism (AML/CFT) laws and regulations of Nepal, we hereby furnish following particulars of our organization for your record and necessary update. We further declare that we shall promptly update you with relevant information and supporting documents in the event of any changes in the information/documents furnished to you.

Existing Customer ID 1 2 (assigned by Nabil Bank, if any)

Existing accounts with Nabil Bank (if any)

1. A/C No. 3. A/C No.
2. A/C No. 4. A/C No.

Registration Details

Registered Name

Doing Business as (if different from above)

Registration/Incorporation no. Date of Incorporation/Registration/...../..... A.D/B.S Expiry (if any)/...../.....

Registered at State/District..... Country of Registration.....

Form of Registration/Incorporation (E.g. Trust, Pvt. Ltd., Ltd., Proprietorship, NGO etc.)

If not registered in Nepal, Operating in Nepal as

Permitted/Licensed/Authorized by

Registered Address

Phone Number (1) Phone Number (2) Fax

Web address Email

Operating Address (if different from Registered Address)

Phone Number (1) Phone Number (2) Fax

Contact Person

Web address Email

Total No. of offices/branches in Nepal No. of branches abroad (if any)

Names and Locations of major branches

1. 2.
3. 4.
5. 6.
7. 8.

Permanent Account Number (PAN) or Tax Identification No. Expiry (if any)/...../..... A.D/B.S

Is Tax exemption applicable? ☐ Yes ☐ No (If yes, enclose supporting evidence:))

Tax returns filing Office & Address

Operating Licenses/MOU/Agreement/Recommendations required ☐ Yes ☐ No If yes, List their names and expiries below

1. Name Purpose Expiry/...../..... A.D/B.S

2. Name Purpose Expiry/...../..... A.D/B.S

Business Particulars

Nature of business

Major sectors organization operates in

Net Income in the last Financial year Amount of tax paid (Please attach tax paid receipt)

Authorized Signature(s) & Seal

Expected Annual Transaction volume in the accounts:

Senior Management Executives (Chief Executive and Second in Command)

S.N	Name	Designation	Stationed City/Country

Members of the Board/Committee/Trust

S.N	Name	Designation	Represents (if any)

Direct Share/Interest holders/Donors/Owners having shares/interest of 10% or more

S.N	Name	% of Share/Interest

- Attach separate sheets for more members
- Fill in Separate Individual KYC forms for each individual listed above (single form required for members in multiple roles)
- Fill in Separate Corporate Declaration Form for each shareholding company holding 10% or more shares/interest

We hereby declare that the information furnished hereinabove is complete, correct, and true to the best of our knowledge and belief. We authorize Nabil Bank to make any enquiries regarding the information declared hereinabove. Our firm/company/organization and us, authorized representatives signing hereof shall be jointly and severally liable to face any legal consequences that may arise in the event the information furnished hereinabove is found to be falsified or misrepresented.

Please find enclosed all relevant documents to support the information hereinabove for your reference and record.

Authorized Signature(s)

Seal of Firm/Company