

KYC Detail Form (Personal Account)

II हिजो, आज, भोलि - सधैंभरी

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1. FULL NAME: Please use block letters				
Please use block letters				
पूरा नामः				
2. Address: (ইতালা:)	Permanent Address (स्थायी ठेगाना)	Presen	t Address (हालको ठेगाना)	
House No.: (ਬਦ ਗੱ.)				_
Ward No.: (वडा नं:)		_		
Street/Tole: (गल्ली/टोलः)				
VDC/Municipality: (गा.वि.स./नगरपालिकाः)				
District: (जिल्ला:)				
Zone: (अञ्चल:) Country:				_
(राष्ट्र:) Phone No.:				
(फोन नं.:) Mobile No.:				
(ਜੀਗੜ੍ਜ ਜੰ.:) Email: (ਡੁਜੈਕ:)				
3. Other Details : Marital Status (अन्य विवरणःवैवाहिक अवस्था)	Married (विवाहित)	Unmarried (अविवाहित)	ি Other: (अन्य:)	
Nationality: (राष्ट्रियताः)	Date of Birth: (जन्म मितिः)	/ /	A.D.(ई.सं.)	B.S.(वि.सं.)
Citizenship No.: (নাगरिकता नं.:)	Place of issue: (ਗਵੀ ਹਵੇਂਗੇ ਗਤੱਂ:)		Date of issue: (जारी मितिः)	
Passport No.(If issued): (पासपोर्ट नं.) (लिएको भए:)	Place of issue: (ਗਵੀ ਹਵੇਗੇ ਗਤੱ:)		Date of issue: (जारी मितिः)	
Visa: Date of issue: (ਮਿसा: जारी मिति:)	Date of Validity: (वैधानिकता मितिः)		_	
Type of ID Card: (परिचयपत्रको किसिमः)	ID Card No.: (ਧਿੋਟਹਟਧਾਤਰਗੇ ਗੱ.)	Issuance office (जारी गर्ने निकाय)		Date of issue: (जारी मिति)
4. In case of Minor: (ਗਗ਼ਕਰ ਮੁਦਰੀ अवस्थामाः)				
Date of Birth: (जन्म मितिः)	/ /	Date of attaining majority: (बालिंग हुने मितिः)		/ /
Name of Minor: (नाबालकको नामः) Relation with the Minor: (नाबालकसँगको नाताः)				
5. Occupation : Salaried-Go		Govt./PSU/Other [सरकारी/प्राइभेट/अन्य)	Student (विद्यार्थी)	Housewife (गृहणी)
Other (Spec (अन्य विवरण:	sify):			
6. Nature of Business: Trac	ding Industry	Services	Other (Specify): _	

7.	S.Na (ऋ.सं		tion Name alaman जाम)	you own (age	अक्षि संस्थाका विवरणः) Address (ठेगाना)	De	esignation (पढ़)	Anticipated Annual Income/Salary (अनुमानित वार्षिक आय/तलब)
	(७०.स	.) (સસ્ટ	थाका नाम)		(ठगाना)		(u@ <i>)</i>	(अनुमानित वाषक आय/तलब)
8.		r Income Tax Assessed' ॥ दर्ता गरिएको छ ?)	?	Yes (ন্ত্ৰ)	No (টে ল)			
	(If yes, pl (छ भने , प	ease furnish PAN/VAT n <mark>यान र भ्याट नं. खुलाउनुहो</mark>	number) <mark>स् ।)</mark>					
	PAN No.: (प्यान नं .:)						
9.	Purpose (खाताको उह	of account: इथ्यः)	Saving (बचत)		Investment (लगानी)		Loan Repayment (कर्जा भुकानी)	PAYROLL (तलब)
			Remittar (रेमिटेन्स्)	ice	Transactional (कारोबारीय)		Others, please spe (अन्य, विवरण दिनुहोर	ecify: म्:)
10	.Source ((आयथ्रोतः)	of Funds:	Saving (बचत)		Salary (तलब)		Inheritence/Gift (उत्तराधिकार/उपहार)	
			Disposal (सम्पतिको	of Assests ৰিস্কী)	Return on Investment (लगानीको प्रतिफल)		Others, Please sp (अन्य, विवरण दिनुहोर	ecify: म्)
11	.Family D (पारिवारिक	etails विवरण)						
	S.No (ऋ.सं.)	Relation (ਗਗ)				Full N (पूरा		
	1	Spouse's Name (श्रीमान्/श्रीमतीको नाम)						
	2	Father's Name (बुबाको नाम)						
	3	Mother's Name (आमाको नाम)						
	4	Grand Father's Name (हजुरबुबाको नाम)						
	5	Grand Mother's Name (हजुरआमाको नाम)						
	6	Son/s' Name (छोरा/हरूको नाम)						
	7	Daughter/s' Name (छोरी/हरूको नाम)						
	8	Daughter in Law/s' Nar (बुहारी/हरूको नाम)	me					
	9	Father in law's Name ((ससुराको नाम, विवाहिता महि	For married wome हेलाको हकमा)	n)				
	10	Mother in law's Name (सासुको नाम, विवाहिता महिल	(For married wom	en)				

12. Are you Politician or relative of (के तपाई राजनीतिज्ञ अथवा राजनीतिज्ञव	ो नातेदार हुनुहुन्छ ?)	☐ Yes ਛੀ	☐ No होइन		
13. Do you have Benificiary Owner (के तपाईको हिताधिकारी हुनुहुन्छ ?)		∐ Yes ফ্	∟ No छैन		
If Yes, Please write name of Be छ भने, तपाईको हिताधिकारीको नाम र त Name (नाम):			lation (नाता)ः		
14. Is account holder a Non Reside (के खाता गैर-आवासीय नेपालीको हो ?)	nt Nepali ?	Yes (ਗ)	☐ No (होइन)		
•	'lease tick(√)in approp क (√) चिन्ह सम्बन्धित कोट 1 lac to 10 lacs ान्दा माथि देखि १० लाख सम्म;	ामा लगाउनु होला) ☐ Above 10 lacs to 2	.5 lacs		Above 50 lacs (২০ লাফ্র भन्दा माथि)
16. Anticipated No. of transaction p	per year (Please tick(√] Above 20 to 50 trans (২০ भन्दा माथि देखि ५० र	saction	क अपेक्षित कारोबार संख्या (कृपया /e 50 to 100 transaction न्दा माथि देखि १०० कारोबार संख्या	☐ Above 100 trans	saction
17. Are you associated with a forei; (के तपाई विदेशी देशसंग सम्बन्धित हुनुहु		☐ Yes ☐ No ফ ফীল			
If Yes : Name o (यदि हुनुहुन्छ भने) देशको ना	f a country •		Citizer (नागरिक		ard Holder ं होल्डर)
		days or more within one रि मित्रमा १८० दिन वा सो भन्दा			
18.Do you maintain accounts in ot (अन्य बैंकमा खाता भएमा विवरण तल उल्ले		give details:			
Name of the Bank & Branch		Facilities/Se	ervices being availed (पाइएका	सेवा सुविधाहरू)	
(बैंकको नाम र शाखा)	Saving A/C (बचत खाता)	Current A/C (चल्ती खाता)	Overdraft A/C (ओभर ड्राफ्ट खाता)	Term Loan (अवधिक कर्जा)	Others (अन्य)
19. Location Map of Client's Resider	nce (to be filled by custo	mer) ग्राहक बस्ने ठेगानाको नव	ऱ्सा (ग्राहकले भर्नु पर्ने)		
					ਤਜ਼ਾ A
I hereby declare that the informat (माथि उल्लेखित जानकारीहरू सबै सत्य ध			my knowledge and I/we take	the responsibility in case	of any false information
Date: (मितिः)				Signatur (আন	e of Account holder गवालाको हस्ताक्षर)

For Bank's Use Only

S.No.	Account Name:					
	Account Number	Client Code				
1.	Status Verification	Name checked in Worldcheck Yes No				
2.	Name, Date of Birth and Nationality Verification	Customers' Name, Date of birth, Nationality verified and supported by one of the following accepted documents and a copy held & stamped "Original seen & verified" Citizenship Passport Birth Registration Embassy registration Refugee identity card Others, please specify				
3.	Customer's ID / Address Verification	Customers' permanent residential address verified and supported by one of the following documents Water Bill (No) Electricity Bill (No) Passport (No) Lalpurja Licence No. (No) Others, please specify:				
4.	Level 3 (High Risk) Customers	If the account holder (s) or authorized signatories fall into any of the following categories, tick the appropriate box/es and treat the account as High Risk-Level 3 account, obtain necessary approval. If not applicable, skip the section. The customer is Politically Exposed Person (PEP) or closely associated with a PEP. Please specify detail of PEP position and/or relationship An oversees customer residing or operating in high risk countries. Refer to the list of High Risk Country. Please specify country The customer whose source of funds is from High Risk Country. Please specify country The customer's business is involved in High Risk Business (Appendix 9 AML/CDD Procedures). Please specify Business				
5.	Completed by CSD/ARM/RM	Checked/Reviewed By				
	Name: Designation: Confirmation of Risk Level of Customer	Name: Designation:				
	(Low) L1 Medium (L2) High (L3)					
	Signature					
	Date:	Signature: Date:				
Level	3 Accounts must be approved jointly by respective Business Head,	, Head Compliance, Operational Risk & Audit prior to account opening.				
Nar	ne:	Name:				
Des	signation:	Designation:				
Sign	nature:	Signature:				
Dat	e:	Date:				