



Branch _____

Date ☐ B.S. ☐ A.D.
(Please Tick)

DD

MM

YYYY

For Bank's Use Only

CIF Code:

AML Screening Code: _____

Account No.:

Details with NMB Bank Ltd.

Do you already have an account at NMB Bank Ltd.?

☐ Yes ☐ No

If yes, existing CIF or A/C No.

I/We request you to open an account as per details specified below:

Type of Account: ☐ Saving ☐ Current ☐ Call ☐ Others _____

Currency of Account: ☐ NPR ☐ USD ☐ Euro ☐ Others _____

Account Operation: ☐ Single ☐ Minor ☐ Joint No. of Joint Account Holders _____

If account operation is single, please fill the details of person opening account and in case of joint operation, please fill the details of one of the joint account holders and for rest of the joint account holders, please fill the separate KYC form.

1. Applicant's FULL NAME: (In BLOCK Letter)

निवेदकको पुरा नाम (नेपालीमा): _____

2. Address Details:

Address	House No.	Ward No.	Street/Tole	Municipality/Rural Municipality	District	State	Country
Permanent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Present	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Present Address same as Permanent Address.

3. In case the Applicant is a minor: (Please fill separate KYC form of Guardian)

Birth Certificate/Minor Identification Document No.:

Issuance Office:

Name of Guardian:

Issuance Date:

☐ A.D.

☐ B.S.

DD

MM

YYYY

Relation with Minor:

Guardian's Account No.:
(If account available)

4. Personal Details of Applicant:

Date of Birth:

☐ A.D.

☐ B.S.

DD

MM

YYYY

Gender: ☐ Male

☐ Female

☐ Others _____

Nationality:

Marital Status:

☐ Married

☐ Unmarried

☐ Others (Please Specify) _____

Education:

☐ Masters & Above

☐ Bachelor

☐ Intermediate +2

☐ High School

☐ Primary School

☐ Literate

☐ Illiterate

5. Contact Details: Is mobile number registered in own name?

☐ Yes

☐ No

Mobile No.:

Home Phone:

Office Phone:

Secondary Mobile No.:

Email:

Signature of Applicant

6. Identification Document Details:National ID details: ---District/Place of Issue: ID Issued organization: Date of Issue: ☐ A.D.
☐ B.S.
DD MM YYYY

In case of Other IDs:

Type of ID Card: ID Card No.: District/Place of Issue: Date of Issue: ☐ A.D.
☐ B.S.
DD MM YYYYID Issued organization: Date of Expiry: ☐ A.D.
(If any) ☐ B.S.
DD MM YYYY

For Non-resident Nepali/Foreign citizens:

Visa Issued Date (A.D.):
DD MM YYYYVisa Expiry Date (A.D.):
DD MM YYYYVisa Type: **7. Occupation:**☐ Salaried ☐ Retired ☐ Business ☐ Agriculture ☐ Student ☐ Housewife ☐ Other (Specify) **In case of occupation is Business:**Nature of Business: ☐ Real Estate ☐ Alcohol ☐ Gold & Silver ☐ Money Exchange ☐ Service ☐ Agriculture ☐ Other (Specify)

Details of organization where you work/which you own:

S.No.	Organization Name (Full Name of Organization)	Address	Contact No.	Designation	Anticipated Annual Income/Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Do you have PAN/VAT No. ? ☐ Yes ☐ No(If yes, please furnish PAN/VAT No.) PAN/VAT No.: PAN/VAT No. Issuen Date: ☐ A.D.
☐ B.S.
DD MM YYYY
9. Purpose of account: ☐ Saving ☐ Investment ☐ Loan Repayment ☐ Payroll
☐ Remittance ☐ Transaction ☐ Others, please specify:
10. Source of funds: ☐ Saving ☐ Salary ☐ Inheritance/Gift ☐ Business
☐ Disposal of Assets ☐ Return on Investment ☐ Others, please specify:
11. Family Details:

S.No.	Relation	Full Name	Have account with us ? Yes No		CIF ID (For Bank Use)
1.	Spouse's Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.	Father's Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3.	Mother's Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4.	Grand Father's Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5.	Brother/s' Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6.	Son/s' Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7.	Daughter/s' Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8.	Daughter in Law/s' Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9.	Father in Law's Name (for married women)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10.	Mother in Law's Name (for married women)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

12. Nominee Details (Applicable for Sole Accounts Only):

In the event of my death or incapacity, the following nominee shall be entitled to receive balance amount held with this account at your bank.

Nominee's Name		Relation	
Father's Name		ID No.:	
Mother's Name		ID Type:	
Address		Contact No.:	

In case the Nominee is Minor:

Guardian's Name		Relationship with Guardian	
Date of Birth		Guardian's ID Type	
Guardian's Address		Guardian's ID No.:	

13. Signature(s) of applicant(s) to be used as specimen signature (Please sign single signature within one box in black ink only)

Recent Photograph			
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Name: _____ Name: _____ Name: _____

For Joint Account:

Name of Account Holders (Please fill separate KYC form for joint account holder)

1 _____ 2 _____ 3 _____

Account Operating Mode: ☐ Single ☐ Joint ☐ As per special instruction (If any) _____

14. Are/were you politician or high level official or relative/close associate of politician or high level official?

☐ Yes ☐ No

☐ Political Expose Person (PEP) ☐ High Level Official ☐ Political Influence Person (PIP) ☐ Family Member/Close Associates of PEP & HLO

☐ Neighboring Foreign PEP (SAARC & China) ☐ Other Foreign PEP ☐ High Level Official of International Organization

If yes, please mention the following details for PEP and High level Official ☐ Current ☐ Former

Name of party/organization	Designation	Retirement Year (for former PEP & HLO)	Country (for foreign PEP)

Please mention the following details if any of your family members or close associates are PEPs (Politically Exposed Person) or high-level officials.

Name of High-Profile Person/Politician	Position	Area of Involvement	Relationship	Additional Information (if any)

15. Are you currently a Board of Director/CEO/Top Management of any offices under Nepal Government ownership or bank and financial institutions?

☐ Yes ☐ No

If yes, please provide the Institution Name: _____ Position: _____

16. Do you have Beneficial Owner (in this account)

☐ Yes ☐ No

If yes, please provide name of Beneficial Owner and relationship with you. Please provide separate KYC form of such Beneficial Owner:

Name: _____ Relation: _____

17. Have you been formally sanctioned, fined, penalized or punished by Nepal Government or any government authority?

☐ Yes ☐ No

If yes, please provide details: _____

18. Are you a non resident Nepali?

☐ Yes ☐ No

If yes, please provide name of resident country: _____

19. Are you associated with foreign country? ☐ Yes ☐ No

If yes, name of country _____

Residential Status:

☐ Citizen ☐ Green Card Holder ☐ Resident (Staying for 180 days or more within one calendar year) ☐ NRN (Non-Resident Nepali)

If you are associated with country USA on above terms, please fill separate form of FATCA declaration-individual.

20. Anticipated transactions amount per year (Please tick (✓) in appropriate box):

☐ upto 1 lacs ☐ upto 10 lacs ☐ upto 50 lacs ☐ upto 1 crore ☐ upto 5 crore ☐ upto 10 crores ☐ 10 crores & above


21. Anticipated no. of transaction per year (Please tick (✓) in appropriate box):

☐ upto 50 ☐ upto 100 ☐ upto 500 ☐ upto 1000 ☐ Above 1000

22. Do you maintain account/s in other banks, if yes, please give details:

S.No.	Name of the Bank	Type of Account

23. Location Map of Client's Residence (to be filled by client):



Nearest street _____ Nearest Landmark _____ Meters _____

Please draw from nearest landmark like temple, school, government office etc.

Geolocation (if available)
Latitude:
Longitude:
(OR) Plus Code:

24. Please tick (✓) in appropriate box as per the following service requirement.

a) Debit Card ☐ Yes ☐ No

b) Mobile Banking and Internet Banking ☐ Yes ☐ No

Signature of Applicant

Terms and Conditions

Terms and Conditions Governing Customers Accounts:

1. Minimum balance
The bank will prescribe minimum account balance to be maintained in the account.
2. Interest Payment
The rate of any interest payable on any account may be displayed by the bank at its branches and this rate may be subject to change with/without any prior notice to the customer. Interest on account will be paid on monthly/quarterly basis or as per account scheme at the end of English Calendar month after deducting applicable tax. Interest on amount less than prescribed minimum amount will not be paid.
3. Statement of Account
Statement of account will be provided as per customer instruction. Statement will not be provided if transactions are not found in the specified period. Statement of account will be delivered by e-mail or can be collected at the Bank's Counter. The statement of account may be collected by the customer or by the authorized person. The customer should provide mailing address where the statement of account is to be mailed. The change of mailing address should be immediately notified to the bank. Each duplicate statement of account is subject to the Bank's service charge.
4. Account Balance Certificate
At the written request of customer, the bank will issue Account Balance Certificate where a certain service charge will be levied as per the Bank's prevailing standard tariff charge.
5. Cheque Book
Cheque book for account will be provided to the accounts maintaining the certain minimum balance as stipulated by the Bank. Cheque book to a third party will be delivered only after obtaining the identity document of the receiver and authority from the account holder.
6. Closure of Accounts
The account may be closed on customer's request or if the account reflects negative balance for consecutive 60 days, without any information to the account holder. Customers shall return remaining unused Cheque leaves and ATM/debit card along with request for closure of accounts.
7. Cheque return
The bank shall charge applicable fee in case of Cheque return due to insufficient balance in the customer's account.
8. Good for Payment
The bank shall endorse a Cheque as 'Good for Payment' as per the request of customer where certain charge will be levied as per the Bank's rule.
9. In the absence of contract to the contrary, the credit balance in any account in the name of two or more persons, on the death of one or more of them, shall be payable to survivor as lawfully appointed nominee(s) of the deceased and if there is debit balance, the survivors and the estates of the deceased account holders (s) shall be jointly and severally liable for repayment thereof.
10. I/We hereby agree if the bank furnishes any information regarding any account to any entity/country as per the prevailing law and/or order of Nepal Government and/or directive/circular issued by Nepal Rastra Bank and/or any foreign country where I/we am/are associated with.
11. Miscellaneous:
 - a. The customers are advised to contact the bank for detail information regarding account operation and other service charges like minimum balance requirement for account opening charges, for duplicate statement of account, account balance certificate, account closing charge, Cheque return and good for payment charge and other details. The bank will debit the customer's account for the applicable charges on its services. The bank acts only as collecting agent and assumes no responsibility for the realization of any items deposited with the bank for collection. Proceeds of Cheques or other instruments deposited with the bank are not available for withdrawal until collected by the Bank. The bank reserves the right to debit any of the accounts that may have been exceptionally credited with an item subsequently unpaid on collection. The bank may refuse to accept for collection Cheques drawn in favor of a third party or if the payee's name is not identical to bank record.
 - b. Customers account details will not be provided through the telephone. The details will be provided to the customer or any authorized person.
 - c. I/we hereby agree if the bank furnishes any information regarding account to any entity/country as per the prevailing laws and/or order of Nepal Government and/or directives/circular issued by Nepal Rastra Bank and/or foreign country where I/we am/are associated with.
 - d. The customers are advised to count their cash withdrawn at the Bank's counters in front of the teller. The bank shall not be held responsible for any shortfall or losses in cash withdrawn that are not counted at the bank's counter in front of the tellers.
 - e. Bank shall have the right to refuse to open an account or close/block existing account at any time if the bank feels the transaction of an account as doubtful/suspicious without providing notice to this effect.
 - f. Bank reserves the right to amend the charges, fee and any or all terms and conditions mentioned herein as its sole discretion without giving any prior notice. This document is an integral part of the terms and conditions of account opening, maintaining and/or operating at the NMB Bank Limited.
 - g. Customer shall abide by the prevailing laws, rules and regulations and directives issued by Nepal Rastra Bank from time to time.
 - h. Post dated and stale Cheque will not be paid.
 - i. I/We agree to accept any changes in my personal detail provided to the bank through written request vide email/mobile provided by me/us.
 - j. In case of any minor turned to major on the basis of documents provided during minor account opening, account will be restricted but interest accrual will be continued as usual. Upon submission of required documents as guided by the bank for minor turned major cases the imposed restriction on account will be removed.
 - k. In case any dispute arises in the account maintained in the bank of any account holder, the account holder himself/herself will be responsible to bear all the bank and legal costs. In addition, account holder will be liable to compensate bank as well in case such situation arises.
12. Terms and Conditions Governing NMB Bank Card/Mobile/Internet Service
 - a. I/We hereby accept to use the NMB Bank Card/Mobile/Internet Service and acknowledge that I/We have received, read and understood the terms and conditions (also available in the link: www.nmb.com.np/terms-and-conditions) and its consequences and agree to abide by them unconditionally.
 - b. I/We hereby irrevocably authorize NMB Bank to debit my/our account for the settlement of transaction by utilizing NMB Bank Card/Mobile/Internet Banking service issued in my name including any re-issued cards/renewed services and agree to undertake full liabilities for all the charges/service fees/interest applicable due to the utilization of the service together with any sum to which you may be entitled in respect of the instructions.
 - c. I/We will be personally liable for all the transaction conducted via mobile/internet banking using my user name and/or password, OTP received in my mobile or email or by using any bio metric or other means of authentication. Bank and its officials shall not be held liable for any loss or damage to me/us by Hacking, Phishing, Trojan or Virus, etc. to my/our device or any network providers.
 - d. The user is solely responsible to reconcile the transaction with the account statement every month. Any dispute on the transaction should be lodged within 15 days to avoid rejection due to delay in lodging the claim from the service providers.
 - e. The card and Mobile/Internet service shall be auto renewed prior its expiry date and the renewal fee will be debited from the customer account. If the customer feel that the card/mobile/internet banking should not be renewed, the customer shall submit the written notification to the bank 60 days prior to such renewal date.
 - f. I hereby authorize bank to act banking instructions, which is received by me through electronic media. However, bank will not be obliged to act according to such instructions.
 - g. Although the instructions given by me through electronic means have been wrongly or fraudulently altered and issued in a manner that gives a false meaning even though it appears to have been issued by me at a glance, the bank has acted in good faith for that reason in accordance with such instructions. I/We will be personally liable for such instruction.
 - h. In the event that all the instructions given in connection with the service are understood and executed by the bank in good faith, the instructions given by the user himself or by someone else using the username and related password will be binding to the user. The Bank shall not have the duty to obtain the identity or authority of the person giving such instruction or to obtain the authority of such instruction.

Declaration:

I/We hereby declare that all the information provided here are correct and true in my/our knowledge. I/We have read and understood the Terms and Conditions pertaining to the opening and operating of account, agree to be bound by the same. I/we further agree to abide by any amendments to the above terms and conditions made by the bank from time to time, with or without notice to me/us. I/We agree to accept any punishment in case of breach of any rules and regulations of the bank by me/us. I/we accept that the bank reserve the right to modify above terms from time to time. I/We declare that I/We have not been backlisted by Credit Information Bureau of Nepal till date. I/we hereby declare that this account or the bank will not be used for any money laundering, terrorist financing or any other financial crime. I/we hereby declare that any information that couldn't be provided is because I/we don't have the exact knowledge of the same.

Thumb Print of Applicant

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Right

Left

Signature of Applicant

For Bank's Use Only

1.	Status Verification (Name Screening)	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
2.	Name, Date of Birth and Nationality verification	Customer's Name, Date of birth, Nationality verified and supported by one of the following accepted documents and a copy held & stamped "Original seen & verified" <input type="checkbox"/> Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Birth Registration <input type="checkbox"/> Embassy Registration <input type="checkbox"/> NID <input type="checkbox"/> Refugee Identity Card <input type="checkbox"/> Others, please specify _____																	
3.	Customer's ID and his/her Permanent/ residential Address Verification	Customer's ID and his/her permanent / residential address verified and supported by one of the following documents <input type="checkbox"/> Water Bill (No.....) <input type="checkbox"/> Electricity Bill (No.....) <input type="checkbox"/> Passport (No.....) <input type="checkbox"/> Lalpurja <input type="checkbox"/> License No. (No.....) <input type="checkbox"/> Others, please specify _____																	
4.	For High Risk Account.	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. <input type="checkbox"/> The customer is Politically Exposed Person (PEP) or closely associated or family members with a PEP and/or high official. Please specify detail of PEP position and/or relationship _____ <input type="checkbox"/> An overseas customer residing or operating in high risk and/or corruption and/or tax evasion countries. Refer to the list of High Risk Corruption and Tax Evasion Countries (As per AML CDD Procedure) Please specify the country _____ <input type="checkbox"/> The customer whose source of funds is from High Risk Country/country where huge corruption appears. (As per AML CDD Procedure) Please specify country _____ <input type="checkbox"/> The customer's business involved in High Risk Business (As per AML CDD Procedure). Please specify business _____ <input type="checkbox"/> ECDD form fill by branch staff.																	
5.	Branch/Operation (Please Specify): <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">RM Code</td> <td style="width: 20%;"><input type="text"/></td> <td style="width: 50%;">Customer Segment</td> <td style="width: 20%;"><input type="text"/></td> </tr> <tr> <td>Scheme Type</td> <td><input type="text"/></td> <td>Signature Update</td> <td><input type="text"/></td> </tr> <tr> <td>Scheme Code</td> <td><input type="text"/></td> <td>NRB 9.8 Code</td> <td><input type="text"/></td> </tr> <tr> <td>Minimum Balance</td> <td><input type="text"/></td> <td>Others</td> <td><input type="text"/></td> </tr> </table>			RM Code	<input type="text"/>	Customer Segment	<input type="text"/>	Scheme Type	<input type="text"/>	Signature Update	<input type="text"/>	Scheme Code	<input type="text"/>	NRB 9.8 Code	<input type="text"/>	Minimum Balance	<input type="text"/>	Others	<input type="text"/>
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Minimum Balance	<input type="text"/>	Others	<input type="text"/>																
6.	Completed by CSD/ARM/RM Name: Designation: Confirmation of Risk Level of Customer <input type="checkbox"/> Low (L1) <input type="checkbox"/> Medium (L2) <input type="checkbox"/> High (L3) Signature: Date:	Checked/Reviewed by Name: Designation: Signature: Date:	Signature Capture Confirmed Name: Designation: Signature: Date:																