

INDIVIDUAL CUSTOMER INFORMATION FORM (KYC)

Account Number: (खाता नं.)

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Account Name: (खाताको नाम)

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Account Operator: (खाता सन्चालन)

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Marital Status

Married

Single

Date of birth:

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Citizenship No:

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Issued By:

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Issued date:

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Pan No: (स्थायी लेखा नं.)

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Family Relations — पारिवारिक सम्बन्ध

S.N	Relations (सम्बन्ध)	Full Name (पुरा नाम)	Nationality	Remarks
1.	Spouse (श्रीमान/श्रीमती)			
2.	Father (बुबा)			
3.	Mother (आमा)			
4.	Grand Father (हजुरबुबा)			
5.	Grand Mother (हजुरआमा)			
6.	Sons (छोराहरु)			
7.	Daughters in Law (बुहारीहरु)			
8.	Father/Mother in Law			

Present Address (हालको ठेगाना)	Permanent Address (स्थायी ठेगाना)
Ward No. (वडा नं.)	Ward No. (वडा नं.)
Tole (टोल)	Tole (टोल)
House No. (घर नं.)	House No. (घर नं.)
Municipality (पालिका)	Municipality (पालिका)
District (जिल्ला)	District (जिल्ला)
Contact No. (सम्पर्क नं.)	Contact No. (सम्पर्क नं.)

Occupation:

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Nature of Business/Profession:

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Occupation/Business (पेशा / व्यवसायहरु)

S.N	Name of the Institution (कार्यालयको नाम)	Address/Contact No (ठेगाना / सम्पर्क नं.)	Designation (पद)	Yearly income (वार्षिक आमदानी)

Politically Exposed/ Influential person? Yes No (If yes, remarks on affiliation)

Expected Monthly Turnover (अपेक्षित मासिक कारोबार रकम)	<input type="checkbox"/> Less than 5 lakh	<input type="checkbox"/> Less than 10 lakh	<input type="checkbox"/> Above ten lakh
Purpose of Account (खाताको उद्देश्य)	<input type="checkbox"/> Remittance <input type="checkbox"/> Others	<input type="checkbox"/> Savings	<input type="checkbox"/> Business
Sources of Assets (सम्पत्तिको श्रोत)	<input type="checkbox"/> Remittance <input type="checkbox"/> Donation	<input type="checkbox"/> Return of Investments <input type="checkbox"/> Others (Specify if any)	<input type="checkbox"/> Sale of Assets

Supporting Documents (enclosed as applicable) (आवश्यक कागजातहरु):

- **Identification Document** (परिचयपत्र)
- **Employee Identification (If Employed. Mandatory for Govt. Officials)**
- **Present address verifying Documents (Any one)** (हालको ठेगाना प्रमाणित गर्ने आवश्यक कागजात(कुनै एक))

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|------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Bill (Electricity/Telephone/Water Bill) | <input type="checkbox"/> Ownership Certificate |
| <input type="checkbox"/> Recommendation of local Authority | <input type="checkbox"/> ID |
| <input type="checkbox"/> PAN card | <input type="checkbox"/> Others |

If on Rent: Landlord's name:

Telephone number:

Address:.....

Rental Agreement: Yes No

Right

Left

.....
Authorized Signature

Thumb impression

For Bank Use Only

<p>Account Risk Grading</p> <p><input type="checkbox"/> High risk <input type="checkbox"/> Medium risk <input type="checkbox"/> Low risk</p> <p>Any Further information/Remarks:</p> <p>.....</p> <p>KYC Officer: Date:</p>	<p>Information Upgraded in Bank System</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Updated on: _____</p> <p>.....</p> <p>CSD staff Date:</p>
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Account Holders Name:

Account Number:

Account Type:

Location Map: Residence from the main road

Account Holder Signature: