

Branch Office (शाखा कार्यालय) _____

CORPORATE CUSTOMER INFORMATION FORM

(संस्थाको ग्राहक पहिचान फाराम)

(To be filled Separately by Institutions/Corporate Body)

Account No. (for existing account holder):

खाता नं. (बहालवाला खातावालाको लागि)

Details of Institution (संस्थाको विवरण)

A. Name of Institution (संस्थाको नाम):

B. Customer A/C Nature (ग्राहक खाताको प्रकृति):

- | | | | | | |
|---|---|---|--|--|---|
| <input type="checkbox"/> Sole Proprietorship
(एकाधिकार) | <input type="checkbox"/> Partnership
(साझेदार) | <input type="checkbox"/> Pvt. Ltd.
(प्रा.लि.) | <input type="checkbox"/> Public Ltd.
(पब्लिक) | <input type="checkbox"/> Club, NGO & Association
(क्लब / गैर सरकारी संस्था) | <input type="checkbox"/> Co-operative
(सहकारी) |
| <input type="checkbox"/> Guthi
गुठी) | <input type="checkbox"/> School/College
(स्कूल / कलेज) | <input type="checkbox"/> INGO
(अन्तर्राष्ट्रिय गैर सरकारी संस्था) | <input type="checkbox"/> Foreign Company
(वैदेशिक कम्पनी) | <input type="checkbox"/> Government Office
(सरकारी कार्यालय) | |
| <input type="checkbox"/> Diplomatic Mission/Embassy
(कूटनीतिक नियोग / दूतावास) | <input type="checkbox"/> Upabhokta Samiti
(उपभोक्ता समिति) | <input type="checkbox"/> Other (Specify)
अन्य (उल्लेख गर्नुहोस्) | | | |

If the Associates of foreign company/entity, details of foreign company/entity.

यदि वैदेशिक कम्पनीसंग सम्बन्ध भएमा, त्यसको विवरण।

Name (नाम):

Address (ठेगाना):

C. Details of Registration (दर्ता विवरण):

i. Registration No. (दर्ता नं.): ii. Registration with (दर्ता भएको कार्यालय):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Local Body
स्थानीय तह | <input type="checkbox"/> Cottage & Small Ind.
साना तथा मझौला उद्योग | <input type="checkbox"/> Department of Commerce
वाणिज्य विभाग | <input type="checkbox"/> Company Registrar Office
कम्पनी रजिष्ट्रार कार्यालय |
| <input type="checkbox"/> Social Welfare Council
समाज कल्याण कोष | <input type="checkbox"/> Others (specify) _____
अन्य (उल्लेख गर्नुहोस्) | | |

iii. Date of Registration BS AD Registration Expiry (if any): BS AD
(दर्ता मिति): (दर्ता समाप्ति मिति)

iv. Registered/Issuing District (दर्ता / जारी जिल्ला):

v. Specific Approval/permission from concern authority (if any) विशेष स्वीकृति / अनुमति (कतै):

vii. Address of Concern Authority (कार्यालयको ठेगाना):

Registered Address:

Country (देश) Province (प्रदेश) District (जिल्ला) Ward No. (वार्ड नं.)

Metro/Sub Metro/Municipality/Rural Municipality (महा / उपमहा / नगरपालिका / गाउँ) House No. (घर नं.)

Tole (टोल) City (शहर)

Business Address:

Country (देश) Province (प्रदेश) District (जिल्ला) Ward No. (वार्ड नं.)

Metro/Sub Metro/Municipality/Rural Municipality (महा / उपमहा / नगरपालिका / गाउँ) House No. (घर नं.)

Tole (टोल) City (शहर)

Phone No (फोन नं) Country Code (देश कोड) Mobile (मोबाइल नं)* +

Email (इमेल)

* This No. shall be used for Digital Banking Service.

Customer Initial Signature

viii. No. of Branches & Address (if any) : No छैन YES छ
मुख्य कार्यालय/शाखा कार्यालयहरूको संख्या र ठेगाना

S.N. क्र.सं.	Main Office Address मुख्य कार्यालय ठेगाना	Branch1 Address शाखा १ ठेगाना	Branch2 Address शाखा २ ठेगाना	Other अन्य

ix. Scope of Working/Business & Permission Area (if defined) व्यवसायिक कार्यक्षेत्र/अनुमति क्षेत्र:

x. Nature of Business/activity (व्यवसायको प्रकृति):

- Trading व्यापार Manufacturing उद्योग Import आयात Export निर्यात Contractor टेक्कापट्टा IT Developer आईटी डेभलपर Service सेवा
- Other (specify)
अन्य उल्लेख गर्नुहोस्

D. Whether Income Tax Assess: YES छ No छैन

आयकरसंग सम्बन्धी विवरण

If yes, please furnish below PAN/VAT Number (यदि, भएमा तल उल्लेख गर्नुहोस्)

PAN. Issuing Date: Issuing District:
स्थायी लेखा नं. जारी मिति जारी जिल्ला

E) Please Provide Name & designation of individual/proprietor/partners/directors/Trustee members/CEO/Senior Management/Authorized Signatory/Share Holding 15% and above:

व्यक्ति/प्रोप्राइटर/साझेदार/निर्देशक/ट्रस्टी सदस्य/प्रमुख कार्यकारी/वरिष्ठ व्यवस्थापक/आधिकारिक दस्तखत/१५% भन्दा बढी शेयर भएकाहरूको नाम र पद उल्लेख गर्नुहोस्:

S.N. (क्र.सं.)	Name (नाम)	Post/Designation (पद)

Note: 1. Please use additional sheet as required.

2. Customer Information Form (CIF) to be filled of all above mentioned persons. (साथि उल्लेखित सबैको ग्राहक पहिचान फारम भर्नु पर्नेछ)

F. Share Holding and Beneficial Owner Details (Inc case of Company Legal /Entity):

शेयरहोल्डिङ तथा लाभदायकको विवरण (कम्पनीको लागि)

a. Please Provide the Share Holding Pattern of company as per your latest share lagat:

क. पछिल्लो शेयरलागत अनुसार शेयरहोल्डरहरूको विवरण:

S.N. क्र.सं.	Name of Shareholder शेयरहोल्डरहरूको नाम	Ownership (%) स्वामित्व	Address of the shareholder शेयरहोल्डरहरूको ठेगाना

b. In case any legal entity is holding 15% or more shares, then please provide below the details of such entity as under:

ख. कृपया यदि कुनै संस्थाको १५% भन्दा बढी शेयर स्वामित्व भएमा विवरण उल्लेख गर्नुहोस्:

S.N. क्र.सं.	Name of Entity owning 15% and above share १५% भन्दा बढी शेयर स्वामित्व भएको संस्थाको नाम	Share Holders शेयरहोल्डरहरू	Ownership % स्वामित्व	Address of the share holders शेयरहोल्डरहरूको ठेगाना

c. If the second tier shareholders are also legal entities, the third tier shareholder's name, ownership interests and nature of ownership shall also needs to be listed. This exercise should continue until the ultimate beneficial owners (Natural person) are clearly identifiable as a natural person and additional paper may be attached as per requirement.

S.N. क्र.सं.	Name of Entity owning 15% and above share १५% भन्दा बढी शेयर स्वामित्व भएको संस्थाको नाम	Share Holders शेयरहोल्डरहरू	Ownership % स्वामित्व	Address of the share holders शेयरहोल्डरहरूको ठेगाना

Customer Initial Signature

d. Details of Entity holding on and above 15% share (१५% भन्दा बढी शेयर स्वामित्व भएमा विवरण):			
	Entity 1 संस्था १	Entity 2 संस्था २	Entity 3 संस्था ३
Name of Entity (संस्थाको नाम)			
Registration No. (दर्ता नं.)			
Registration Office (दर्ता कार्यालय)			
PAN (स्थायी लेखा नम्बर)			
Date of Registration (दर्ता मिति)			
Country (देश)			
Registered Address (दर्ता ठेगाना)			
Business Address (व्यावसाय ठेगाना)			
Google Plus Code (गुगल प्लस कोड)			
Phone No. (फोन नं.)			
E-mail (इमेल)			
Website (वेब साईट)			
Social Media ID (सामाजिक सञ्जाल परिचय नं.)			
Note: Please use additional sheet as required. (नोट: आवश्यकता अनुसार अतिरिक्त पृष्ठ भर्नुहोला।)			

O. Total Annual Income (वार्षिक आम्दानी):

Upto Rs. 5 lacs रु. ५ लाखसम्म
 Upto Rs. 15 lacs रु. १५ लाखसम्म
 upto Rs. 25 lacs रु. २५ लाखसम्म
 upto Rs. 50 lacs रु. ५० लाखसम्म
 upto Rs. 1 crore रु. १ करोडसम्म
 More than Rs. 1 crore, please specify रु. १ करोडभन्दा माथि


H. Expected Annual Transaction (अनुमानित वार्षिक कारोबार):

Amount Rs. (in lacs)..... रकम रु. (लाखमा) Number..... संख्या

I. Location Map of Company/Institutions/Google Plus code.

Registered Office / Branch Office

..... Meter East/West/North/South from main road/chowk.
मुख्य सडक/चोकबाट मिटर पूर्व/पश्चिम/उत्तर/दक्षिण


N

Google Plus Code

J. Detailing with other BFIs (अन्य बैंक तथा वित्तीय संस्थासंग सम्बन्ध):

Name of the Bank and Branch (बैंक तथा शाखाको नाम)	Deposit (वचत)			Loan (कर्जा)		Other (अन्य)
	Saving	Current	Fixed	OD/WC/CC	Term Loan	Others

K. Self Declaration (स्वघोषणा):

1/१ Declaration of convicted or sanctioned or fine or charged or penalized of any crime in the past के तपाईं विगतमा कुनै पनि अपराधमा वा आरोपमा दोषी ठहरिएको छ ? No छैन If Yes, Please Specify: यदि छ भने कृपया उल्लेख गर्नुहोस्

2/२ Blacklisting inclusion कालोसूचीमा समावेश: No छैन Yes छ

If now released for blacklist, date of release: (कालोसूचीमा हटेको भए, हटेको मिति)

Customer Initial Signature

iii. Foreign Account Tax Compliance Act (FATCA) Declaration by US Persons for US Tax purpose only.

S.N.	Answer below in "Yes" or "NO" (तल जवाफ हो वा होईनमा दिनुहोस्)	Account/Mandate Holder (खातावाला/खाता संचालनकर्ता)
1	US Person (अमेरिकी व्यक्ति)	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)
a	US Citizenship Holder (अमेरिकी नागरिकता बाहक)	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)
b	Resident of US (अमेरिकी बासिन्दा)	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)
c	Green Card Holder (ग्रीनकार्ड बाहक)	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)
2	US INDICIA	
a	US Telephone Number Holder (अमेरिकी टेलिफोन नं. बाहक)	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)
b	US Address including a PO Box	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)
c	Country of Birth is US (जन्मेको देश अमेरिका)	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)
d	Have "Care of " address that is the sole address	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)
3 a	United States TIN Number (अमेरिकी कर दाखिला परिचयपत्र नं.)	
b	W9 Form Submitted (W9 फारम बुझाएको)	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)

Note: Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the USA Hire Act 2010. Towards compliance with FATCA, the Bank may be required to obtain information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/tax authorities, the Bank may also be constrained to withhold and pay out any sums from your account or close or suspend your accounts. If TIN is not yet available or has yet not been issued, please provide an explanation and attach this to the form.

I/we hereby declare that the information furnished above is complete and true to the best of our knowledge. In case any information furnished to bank proves to be falsified, forged or misrepresented, I/we shall be severally liable to face any legal consequences.

मैले उपलब्ध गराएको विवरणको बारेमा बुझ्ने अधिकार म एभरेष्ट बैकलाई दिनेछु। यदि मैले दिएका कुनै पनि विवरण गलत भएमा कानून बमोजिम सहालारबुझ्नुला।

Date: BS AD
मिति DD MM YY YY YY YY BS AD

Place: _____
स्थान



Seal of Institution



Authorized Signatory 1
Name:



Authorized Signatory 2
Name:

FOR BANKS USE ONLY

Branch Code

Customer ID No.:

M. Enclosed Documents (संलग्न कागजातहरू):

True copy of Firm Registration PAN/VAT MOA AOA Tax Clearance Certificate Audited Report
 Board Minute Other (specify)

1. Risk Rating Category Low Medium High (specify)

PEP (if yes, specify)

2. Risk Subcategory: I category O category S category Others

3. Name Screening ID No.

CID No. and Customer Signature verified and obtained all relevant certified copy of documents including ID, Address verifying documents such as copy of land ownership certificate, receipt of drinking water/electricity payment and name of house owner, address and phone/mobile no. in case of institution residing in rented building.

If No, give the reasons and when it will be received.

Prepared by

Name:

Emp ID No.:

EB-198 (G)

Checked by

Name:

Emp ID No.:

Approved by

Name:

Emp. ID No.: