

15. Nature of Business: Trading Industry Service Others, Please specify
व्यवसायको प्रकार व्यापार उद्योग सेवा अन्य, कृपया खुलाउनु होस

16. Name, Designation and Address of office currently working/which you own/Retired :
हाल कार्यरत संस्थाको नाम, पद, ठेगाना/आफनै संस्थाको विवरण/निवृत्त भएको

S.N. क्र.स	Name of Organization संस्थाको नाम	Address ठेगाना	Designation पद	Estimated Annual Income/ Remuneration अनुमानित वार्षिक आमदानी/पारिश्रमिक (ने.रु)
1.				
2.				
3.				
4.	Other Income sources (अन्य आमदानीका स्रोत)			

17. Religion: Hindu Buddhist Muslim Christian other, please specify.....
धर्म हिन्दु बौद्ध मुस्लिम ईसाई अन्य भए खुलाउने

18. A/c with other Bank/Financial Institution: No Yes, Name of Bank/FI, Branch
अन्य बैंक/वित्तीय संस्थामा खाता भए/नभएको घोषणा नभएको भए, बैंक/वित्तीय संस्थाको नाम, शाखा

क्र.स.	बैंक/वित्तीय संस्थाको नाम	खाताको किसिम	खाता नम्बर

19. Family Details / पारिवारीक विवरण

SN क्र.स	Relation नाता	Full Name पुरा नाम	Citizenship card No. नागरिकता नम्बर
1	Spouse श्रीमान् / श्रीमती		
2	Father बाबु		
3	Mother आमा		
4	Grandfather बाजे		
5	GrandMother बज्यै		
6	Son छोरा	1.	
		2.	
		3.	
7	Daughter छोरी	1.	
		2.	
		3.	
8	Daughter-in-Law बहारी		
9	Father-in-Law सुसरा		
10	Mother-in law सासु		

20. Proof of Identification/ परिचय पत्रको प्रमाण

1. Self attested and Original verified copy of National ID	[]
2. Self attested and Original verified copy of Citizenship Certificate	[]
3. Self attested and Original verified copy of Passport (as applicable)	[]
4. Additional Identification documents	
a. For Government Employee	
Copy of valid photo identity card issued by government institution	[]
b. For other Employee	
Copy of valid photo identity card issued by employer	[]
5. Copy of PAN Certificate	[]

21. Proof of Current Address Verification Document (Any one) / वर्तमान ठेगाना प्रमाणित गर्ने कागजात

[] Recently paid water bill	[] Recently Paid Electricity bill
[] Recently paid telephone bill	[] Land ownership certificate
[] Address Verified by FI's Official	

Office Use Only

Please refer NRB Directive No. 19 Annexure 19.1 for further clarification

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Documents collected and verified with original ? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Acceptable address verifying document obtained ? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you consider the purpose of account as High Risk ? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is account holder related to politically exposed person (PEP)?
If yes, please mention the name/affiliation: | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you consider transaction profile as High Risk ? | <input type="checkbox"/> | <input type="checkbox"/> |

Client Code

A/c Type:

Account No.

Name Check in Sanction List*: Yes No

Name Check in Negative List*: Yes No

Dual Account: Yes No Multiple Cust. ID

Risk Category: Low Risk Medium Risk High Risk* PEP*

Reason for Risk Category:

Signature, Thumbprint and Photograph scanned by Approved By

.....
Checked and Entered
Name:
Date:

.....
Verified
Name:
Date:

.....
Approved
Name:
Date: