



सिभिल बैंक लिमिटेड

CIVIL BANK LTD.

Thinking forward Moving forward

Class "A" Institution Licensed by Nepal Rastra Bank

**Enhanced
KYC Updates for Individual
Account** ग्राहक पहिचान सम्बन्धी व्यवस्था

As per NRB Directive 19

Recent Passport
Sized Photograph
(Mandatory)हालसालै खिचिएको
पासपोर्ट साइजको फोटो
(अनिवार्य)Account Number (खाता नं.) Branch _____
(शाखा)

Account Name : (खातावालाको नाम) _____

1. Date of Birth: PAN No.: (जन्ममिति) (स्थायी लेखा नं.) N/A2. Current Address (हालको ठेगाना): _____ Permanent Address (स्थायी ठेगाना): _____
District (जिल्ला): _____ District (जिल्ला): _____
MC/VDC (न.पा./गा.वि.स.): _____ MC/VDC (न.पा./गा.वि.स.): _____
Ward No. (वडा नं.): _____ N/A Ward No. (वडा नं.): _____ N/A
House No. (घर नं.): _____ N/A House No. (घर नं.): _____ N/A
Contact No. (सम्पर्क नं.): _____ N/A Contact No. (सम्पर्क नं.): _____ N/A
E-mail (ईमेल): _____ N/A E-mail (ईमेल): _____ N/A
Website (वेबसाइट): _____ N/A Website (वेबसाइट): _____ N/A
P.O.Box No. (पोष्टबक्स नं.): _____ N/A P.O.Box No. (पोष्टबक्स नं.): _____ N/A
Mobile No. (मोबाइल नं.): _____ Mobile No. Not available (मोबाइल नं. नभएमा)

3. Communication Address: If Different from Current or Permanent Address (पत्राचार गर्ने ठेगाना हालको र स्थायी ठेगाना फरक भएमा): _____

4. Family Information (एकाघर पारिवारिक विवरण):

क्र. सं.	नाता	नाम थर
१	Spouse's Name (श्रीमान्/श्रीमतीको नाम):	
२	Father's Name/Stepfather's Name (बुबाको नाम/दोस्रो बुबाको नाम)	
३	Mother's Name/Stepmother's Name (आमाको नाम/दोस्रो आमाको नाम)	
४	Grandfather's Name (हजुरबुबाको नाम)	
५	Grandmother's Name (हजुरआमाको नाम)	
६	Son's Name (छोराको नाम)	
७	Daughter's Name (छोरीको नाम)	
८	Daughter in Law's Name (बुहारीको नाम)	
९	Father in Law's Name: for married women (ससुराको नाम: विवाहित महिलाको लागि)	
१०	Mother in Law's Name (सासुको नाम)	
११	Brother/Sister/Grandson/Granddaughter (दाजु-भाई/दिदी-बहिनी/नाती/नातिनी)	

5. Involved Occupation/Business (संलग्न पेशा/व्यवसाय):

क्र. सं.	संस्थाको नाम र उद्देश्य	ठेगाना	पद	अनुमानित वार्षिक आमदानी र पारिश्रमिक
१				
२				
३				
४				

6. Nature of Business: Trading: _____ Industry: _____ Service: _____ Others (Specify): _____
(व्यवसायको प्रकृति) (ट्रेडिङ्ग) (उद्योग) (सेवा) (अन्य केहि भएमा)7. Education: Master Bachelor's Intermediate SLC Others (Specify): _____
(शिक्षा) (स्नातकोत्तर) (स्नातक) (उच्च शिक्षा) (एसएलसी) (अन्य केहि भएमा)8. Expected Yearly Turnover Less than 5 Lakhs Between 5 to 10 Lakhs Above 10 Lakhs
(अपेक्षित वार्षिक कारोबार रकम) (पाँच लाख भन्दा कम) (५ देखि दश लाखको बिचमा) (दश लाख भन्दा माथि)9. Number of Transactions/Year: Up to 20 20 to 50 50 to 100 Above 100
(वार्षिक कारोबारको संख्या) (२० पटक सम्म) (२० देखि ५०) (५० देखि १००) (१०० भन्दा माथि)10. Purpose of Account (खाताको उद्देश्य) Remittance (विप्रेषण) Saving (बचत) Business (व्यवसाय) Others (अन्य) _____11. Source of Funds Salary Return on Investment Donation Sale of Assets Others _____
(आयको श्रोत) (तलब) (व्यवसायिक नाफा) (सम्पत्तिको श्रोत) (व्यवसायिक नाफा) (अन्य)12. Current Investments: Commodities Share Government Secs. Land Others _____
(हालका लगानीहरू) (कमोडिटिज) (शेयर) (सरकारी ऋणपत्र) (जग्गा) (अन्य)

13. Beneficiary Owner (हिताधिकारी), self or if others specify (आफै वा यदि अरु भए): Name (नाम): _____
 Relation (सम्बन्ध): _____ Address (ठेगाना): _____ Contact No. (सम्पर्क नं.): _____

14. Identification Document: (परिचय खुल्ने कागजातहरू)

Citizenship No. _____ Issuing Office _____ Date of Issue _____
 (नागरिकता नं.) (जारी गर्ने कार्यालय) (जारी मिति)

15. Passport No. _____ Issuing Office _____ Date of Issue _____ Expiry Date _____ N/A
 (पासपोर्ट नं.) (जारी गर्ने कार्यालय) (जारी मिति) (समाप्त मिति)


16. Land ownership certificate Recommendation of Local Authority Voters ID Driving License Other Document
 (लालपुर्जा) (वडा/नगरपालिका/गा.वि.स.को सिफारिश) (मतदाता परिचयपत्र) (सवारी चालक अनुमतिपत्र) (अन्य कागजात)

17. I Maintain accounts in other banks. Please provide details: (अन्य बैंकको खाताको विवरण)

Financial Institution's Name/Branch (वित्तीय संस्थाको नाम/शाखा)	Saving A/C (बचत खाता)	Current A/C (चलती खाता)	Overdraft A/C (अधिविकर्ष खाता)	Term Loan (आवधिक कर्जा)	Others (अन्य)

18. Location Map

Customer Residence - Location Map



From Main Road/Street, the distance to my/our residence is meters

19. Risk Grading Questionnaire

S. No.	Question	Yes	No
a.	Are you involved in any of the following businesses?		
	Art Dealer		
	Wholesale/ Retail business related to alcohol and such products		
	Auction house		
	Manufacturing of weapons/ ammunition		
	Real Estate (as a broker)		
	Money exchange		
	Jewelry (rough diamonds/ jewelry shop)		
	Gambling institutions		
	Antique dealer		
	Others		
b.	Are you associated with a foreign country? If yes specify country:		
	Residential Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Resident (Residing for more than 6 months in one calendar year) <input type="checkbox"/> Non-Resident Nepali (नागरिक) (स्थायी निवास) (निवास) (गैह्र मुलका नेपाली)		
c.	Are you a politician or close relative to a politician ?		
d.	Have you been punished for any criminal activity ?		

20. I shall submit the following documents by () ____/____/____:

Pending documents (नपुग कागजातहरू) :

21. I am a foreign national (म विदेशी नागरिक हुँ):
- Copy of passport of enclosed (पासपोर्टको फोटोकपि):
 - Registration/ recommendation letters from the Indian Embassy enclosed (in case of Indian National without passport) भारतीय नागरिकसंग पासपोर्ट नभएको खण्डमा भारतीय दूतावासबाट जारी गरेको सिफारिश पत्र)
 - I am on a Visa (म सँग भिषा छ): Issue Date (जारी मिति): _____ Expiry Date (समाप्त मिति): _____

22. I am an employee (म कर्मचारी हुँ):
- Employee identification copy enclosed (identification mandatory for government officials) कार्यालय परिचयपत्र (कर्मचारीको हकमा/सरकारी कर्मचारीका लागि अनिवार्य)

23. I am a tenant (म भाडामा बस्छु):
- Rental agreement copy enclosed (घर बहाल सभौता पत्र): N/A
 - Name of owner _____ Address _____ Contact No. _____
(मालिकको नाम) (ठेगाना) (सम्पर्क नं.)
 - Owner is a company or agent: Name of Contact Person _____ Contact No. _____
(.....) (सम्पर्क नं.)

Account Holder's Signature (खातावालाको सही) Introducer's Signature (परिचय गराउनेको सही) Account Number of Introducer (परिचय गराउनेको खाता नं.) Date (मिति)

24. I/We have enclosed the following documents for your review and record:
(म/हामी)
- True certified copy of citizenship True verified copy of my passport and visa My recent passport-sized photo
(.....) (.....) (.....)
 - True certified copy of my identification True certified copy of document revealing my address: _____
(.....) (.....)
 - True certified copies of citizenship of my immediate family members or Not applicable or Not available
(.....) (.....) (.....)

I hereby declare that the information furnished hereinabove is complete, correct, and true to the best of my knowledge and belief. I authorize Civil Bank to conduct any inquiries regarding the information declared above. All communication made by the Bank with respect to the operations my/ our account to the above-mentioned addresses shall be considered effective and valid unless notified otherwise by me/ us in writing.

25. I am aware that:
- a. In the event my/ our account is a joint or corporate account, I/ We are required to provided separate address update instructions, and
 - b. In the event I am one of the signatories in an individual account, the communication details of the owner of the account/s shall be valid for the purpose mentioned above.

Right (दाँया) Left (बाँया)

Account Holder's Signature (खातावालाको सही) _____ Date (मिति) _____

For Bank's Use Only

1	Status verification	Name checked in Black List: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Account Risk Grading	<input type="checkbox"/> High Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Low Risk		
3	Information updated in computer system	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date updated: _____		
4	Name, Birth Date and Nationality verification	Customer's Name, Date of Birth, Nationality has been verified and supported by one of the following accepted documents and a copy held & stamped with "Original seen & verified" <input type="checkbox"/> Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Birth Registration <input type="checkbox"/> Embassy Registration Identity Card <input type="checkbox"/> Others: _____		
5	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.:) <input type="checkbox"/> Others:		
6	High Risk Customer	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 Account. Obtain necessary approvals. If not please skip this section <input type="checkbox"/> Customer is a Politically Exposed Person <input type="checkbox"/> Customer is high ranking government official <input type="checkbox"/> Customer is high ranking official in the military or police <input type="checkbox"/> Overseas person residing/ operating in high-risk countries (Refer to list of sanctioned countries on Infobase) <input type="checkbox"/> Customer's source of funds is from high-risk countries <input type="checkbox"/> Customer is identified in the restricted person's list <input type="checkbox"/> Customer is a the owner of a manpower supplying company		
7	Account Type: _____ Product Type: _____ Minimum Balance: _____ Others: _____			
8	1. Prepared by/Confirmed by: Staff Name: Designation: Confirmation of Risk Level of Customer: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Signature: Date:	2. Verified by/Checked by (MLPO): Name: Designation: Signature: Date:	3. Authorized by: Name: Designation: Signature: Date:	4. File Approved by (BM/Officiating BM) Name: Designation: Signature: Date:

1. For High-Risk Customers, prior to opening of account, the accounts must be jointly approved by:
 - a. Branch Manager/Officiating BM and Regional Manager or
 - b. Branch Manager/Officiating BM and Business Heads (eg: Head Marketing/Head Retail/etc.)
2. All High Risk Accounts must obtain a "No objection" declaration from Compliance Department.

Name: Designation: Signature: Comments: Date:	Name: Designation: Signature: Comments: Date:
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