

Branch :

शाखा :

Date

मिति

YYYY

MM

DD

ई.सं.(AD)

बि.सं.(BS)

Customer No.

ग्राहक नं.

Please specify date in English calendar as far as possible. कृपया सम्भव भएसम्म मितिलाई ई.सं. मा लेख्नुहोला । Please cross the unused boxes/section. कृपया प्रयोग नभएका कोठा/भागहरू काट्नुहोला ।

Customer Name ग्राहकको नाम	Mr./Mrs./Ms. श्रीमान/श्रीमती/सुश्री					
Minor: नाबालक	<input type="checkbox"/> Yes हो	<input type="checkbox"/> No हैन	Gender: लिंग	<input type="checkbox"/> Male पुरुष	<input type="checkbox"/> Female महिला	<input type="checkbox"/> Others अन्य
Marital Status: बैवाहिक अवस्था	<input type="checkbox"/> Married बिवाहित	<input type="checkbox"/> Single एकल	PAN Number: स्थायी लेखा नम्बर			
Date of Birth जन्ममिति	Y Y Y Y	M M	D D	ई.सं.(AD) बि.सं.(BS)	Nationality राष्ट्रियता	
Citizenship No नागरिकता प्र.प.नं.		Issue Date जारी मिति	Y Y Y Y	M M	D D	ई.सं.(AD) बि.सं.(BS)
Passport No राहदानी नं.		Issue Date जारी मिति	Y Y Y Y	M M	D D	Issued District जारी भएको जिल्ला
Detail of other Identification (ID): Name & address of ID document issuing office						
अन्य परिचयको विवरण : परिचय सम्बन्धि कागजात जारी गर्ने कार्यलयको नाम र ठेगाना						
ID document No. परिचय पत्र नं.		Issue Date जारी मिति	Y Y Y Y	M M	D D	ई.सं.(AD) बि.सं.(BS)
Occupation पेशा	<input type="checkbox"/> Doctor डक्टर	<input type="checkbox"/> Engineer इन्जिनियर	<input type="checkbox"/> Civil Service निजामती सेवा	<input type="checkbox"/> Pilot पाइलट	<input type="checkbox"/> Businessman ब्यापारी	<input type="checkbox"/> Army/Police आर्मी/प्रहरी
Employment Detail रोजगारी विवरण	<input type="checkbox"/> Salaried जागीरे	<input type="checkbox"/> Unemployed बेरोजगार	<input type="checkbox"/> Self Employed स्वरोजगार	<input type="checkbox"/> Retired अवकास प्राप्त	<input type="checkbox"/> Others अन्य	Type of document कागजातको प्रकार

Family Details पारिवारिक विवरण

S.No. क्र.सं.	Relation नाता	Name, Surname नाम, थर	Citizenship Cert. No. नागरिकता प्रमाणपत्र नं.	Issue Date जारी मिति	Issued District जारी भएको जिल्ला
1.	Spouse श्रीमान/श्रीमती				
2.	Father बुबा				
3.	Mother आमा				
4.	Grand Father हजुरबुबा				
5.	Grand Mother हजुरआमा				
6.	Son छोरा				
7.	Daughter छोरी				
8.	Daughter in law बुहारी (छोराको श्रीमती)				
9.	Father in law/ससुरा (बिवाहित महिलाको हकमा)				

Note: Citizenship detail is not mandatory for separated, demised or Citizenship Certificate not obtained family members. Separate declaration to this effect will be required. Please provide detail in separate sheet if required. अंशवण्डा वा मृत्यु भैसकेका वा नागरिकताको प्रमाण पत्र नलिएका परिवार सदस्यको नागरिकता सम्बन्धि विवरण अनिवार्य छैन । यसमा ग्राहकको स्वघोषणा आवश्यक हुनेछ । आवश्यक परेको खण्डमा छुट्टै पृष्ठ प्रयोग गर्नुहोला ।

Profession of Spouse पति/पत्नीको पेशा		Education शिक्षा		Contact No. सम्पर्क नं.	
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Correspondence/Present Address पत्राचार गर्ने/हालको ठेगाना

Permanent Address स्थाई ठेगाना (If different from present address हालको ठेगानाबाट फरक भएमा मात्र)

Post Box पो.ब.नं.	House No. घर नं.	Post Box पो.ब.नं.	House No. घर नं.
Street/Tole मार्ग/टोल	Ward No. वडा नं.	Street/Tole मार्ग/टोल	Ward No. वडा नं.
M.C./V.D.C. न.पा./गा.वि.स.	District जिल्ला	M.C./V.D.C. न.पा./गा.वि.स.	District जिल्ला
Zone अञ्चल	Country देश	Zone अञ्चल	Country देश
Phone: (Res.) फोन (आवास)	(Work) (अफिस)	Phone: (Res.) फोन (आवास)	(Work) (अफिस)
(Mobile) (मोबाईल)	e-mail ईमेल	(Mobile) (मोबाईल)	e-mail ईमेल

Present Address verifying document
हालको ठेगाना पुष्टि हुने कागजात

Land Ownership Certificate
लाल पुर्जा

Voter's ID card
मतदाता परिचय पत्र

Tel/ Electricity bill
फोन/बिजलीको बिल

Others
अन्य

Detail of related Profession/Business ; DaGwt kzf jf Joj ; fosflaj/O

S.No. qm +	Name of related Employer/Business ; DaGwt Joj ; fo+ ; yfsljgfd	Address 7hgf	Position kb	Approx. Yearly Remuneration cgdhgt afhtf cfbfgl-kd/>lds
1				
2				
3				

Note: Please submit separate sheet if required -cfjZos ePdf 5\$)aj/O kz ugxfhf

Additional detail in case of Minor gfamssfxsdf cW lj j/O

Birth Certificate No. Issue Date (AD) Issuing Office
 hf/Lldtt hf/Lug/sfoffo (BS)

Guardian Name ; Afssfgfd Relationship with Minor gfams; fssj; DaGw Contact Phone No. ; lks{krf g+

For Non Resident/Foreigners u} cfj f; lo= lj bzlsfnlu

Local Contact Person/Organization Phone No.

Address Visa Expiry date

Source of Income cfbfglsf; ft

Own Business cf jofk/ Salary kll/>lds Sale of Assets ; lkQLlj lqm Remittance lj kzf Return on investments nufgsljktkm Others (please Specify) cW -skof vnhpgxf _

Other Bank Details cW a\$; DaGwLlj j/O

Do you have relation with other banks? Yes 5 No 5g *If yes* Name of Bank *5 eg]M a\$sljgfd*

Type of relation: Deposit Account lgfk vftf Loan shf Both bj } Others (please Specify) cW -skof vnhpgxf _

Location Map of Present residence 3/ klglaf6\$fgS; f

Please draw from the nearest landmark ghssfdv rfa6 b/fpgxfhf

↑
N
P

To be filled by the person staying on rent -8/ldf a:gh]egkgllj/O

House Owner's Name: 3/ wglsljgfd M

Phone No. krf g+

Address: 7hgf M

Customer Introduction ufks kl/ro

Introduced by Account No.
 kl/ro u/fpgsfjgfd vftf g+

I know the person mentioned in this form personally and recommend for banking relationship. All details filled up in this form are correct to best of my knowledge. If the Bank requires further information, please feel free to contact me. ofkrfddf pNylt JoQmfo(d JoQmrt ?kdf lr05/ lgh; f a\$E sf/ld/sf nfuL; krf; ub\$. o; krfddf el/Psf lj j/O d/f/hfgs/ldf eP ; Di l7s 5g\ c? sg}hfgs/LrftxPdf a\$ndnf0; lks{ugf; \$g]5 . Signature b:tvf

I hereby declare that all the information contained in this form and documents supplied herewith are true and correct in all respect. If found otherwise, I will be fully responsible as per the prevailing law. The Bank is authorized to share my information to the parties authorised by the Bank for various banking services or to any entity allowed to collect such information lawfully. The Bank is allowed to contact me on above given details by any means of communication and the Bank will not be responsible for any consequences thereon. I hereby agree to notify the Bank in case of any changes in the details provided. The Bank will not be held responsible for any consequences arising in future in case I failed or delayed to inform the change in the details provided. o; krfddf pNylt lj j/O / a\$df aen0Psf shuhfx? l7s tyf ; ff]5g\ . eimf]7x/Pdf krnt sigg adhd ; hfo dG/ 5 . a\$nd; f ; DaGwt hfgs/La\$af/f a\$sf ; jf ; ljwslfnlu clws/ kfofong u\$]t; f]kf jf sggL?kdf hfgs/Lng kpg]; yf jf JoQmfo(bg ; \$g\$. a\$no; krfddf lb0Psf]lj j/O cg; / dnf0; lks{jf krf/ ug; \$g\$ / b; df sg}sl; dsf; d:of ; hgf ePdf a\$ hjknlxg]5g . lb0Psf]lj j/Odf sg}sl; dsfkl/jtg ePdf a\$nf0(tTsn va/ ug\$ / va/ ghpSf]jf lbgdf l9nf0(ePsf]sl/0n)eljioldf sg}sl; dsf]c; yf ; hgf ePdf b; sfnfuLa\$ hDlj/ xg]5g .

Name Signature
 gfd b:tvf

For Bank's use only a\$ kofngsf]nlu dfq

CIF Open Date Customer Category Tax Category
 Account Officer Introducer's sign. verified by KYC/AML code

Form Checked/Customer's Sign. Confirmed/Attested by Reviewed/Re verified by Approved by
 Date : Date : Date :