

Self-Declaration (स्व-घोषणा)

Anti-Money Laundering (AML) & Combating the financing of Terrorism (CFT)

I/we hereby declare that the account is opened for share transaction with money obtained from legal means. All transactions in the account shall remain legitimate and the account shall not be used for the purpose of money laundering and financing of terrorism. If the company comes to know or suspects that the account is being used to process illegal proceeds. I/we shall have no objection if the company reports the account to the concerned authorities.

मैले/हामीले शेयर खरिद बिक्री प्रयोजनका लागि यस कम्पनीमा खोलिएको हितग्राही खातामा कानून सम्मत कारोबारबाट प्राप्त भएको रकम लगानी गरिएको हो । खातामा कानून सम्मत कारोबार मात्र गर्ने छु/छौं । मुद्रा शुद्धीकरणको प्रयोजनको लागि हितग्राही खाता प्रयोग गर्ने छैन/छैनौं । यो खाता गैरकानुनी कारोबारमा प्रयोग गरिएको छ भन्ने संस्थाको जानकारीमा आएमा वा संस्थालाई त्यस्तो लागेमा त्यस सम्बन्धी सूचना सम्बन्धित निकायमा दिएमा मेरा/हाम्रो मञ्जुरी छ ।

I/we hereby declare that all the information provided is true and correct. In case of information is not available with me/us or not applicable to me/us, the same has been specifically mentioned in the respective section of this form. I hereby notify the company in case of any changes in the detail provided. The company will not be held responsible for any consequences arising in the future in case I failed or delayed to inform the change in the detail provided.

म/हामीले उपलब्ध गराएका विवरणहरू ठिक साँचो हुन् । म/हामी संग उपलब्ध नभएका अथवा म/हामीसंग असम्बन्धित विवरणहरू फारमको सम्बन्धित खण्डहरूमा स्पष्ट उल्लेख गरिएको छ/छौं । दिइएको विवरणमा कुनै किसिमको परिवर्तन भएमा संस्थालाई तत्काल उपलब्ध गराउनेछु/छौं र सो विवरण नदिएको वा दिनमा भएको ढिलाईका कारणले भविष्यमा कुनै किसिमको अवस्था सृजना भएमा त्यसको लागि संस्था जिम्मेवार हुने छैन ।

Finger Impression (औंठा छाप)

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Right (दाँया) Left (बाँया)

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 Authorize Signature
 (आधिकारीक हस्ताक्षर)

For Office Use Only (कार्यालय प्रयोजनका लागि मात्र)

Received by: Verified by: Approved by:

Signature: Signature: Signature:

Date: Date: Date:

Account Risk Grading

High-Risk Medium Risk Low Risk

Remarks/reason

Screening of Sanctioned List By:

| | Checked By | Received By | Remarks If Any |
|----------------|------------|-------------|----------------|
| Name of Staff | | | |
| Full Signature | | | |
| ID | | | |