

## Enhanced Customer Due Diligence Form

Account Number (खाता नं.)

Date (मिति):

Account Name (खातावालाको नाम)

Branch/counter:

Full Name (पुरा नाम थर)

**Citizenship** (नागरिकता)  Obtained (छ)  Not Obtained (छैन)

If Obtained (लिएको भए),

Citizenship No.: (नागरिकता नं.) Issuing Authority: (जारी गर्ने कार्यालय) Issued Date: (जारी मिति)

**PAN** (स्थायी लेखा नं.)  Obtained (छ)  Not Obtained (छैन)

If Obtained (लिएको भए),

PAN No.: (स्थायी लेखा नं.) Issuing Authority: (जारी गर्ने कार्यालय) Issued Date: (जारी मिति)

**Passport** (राहदानी)  Obtained (छ)  Not Obtained (छैन)

If Obtained (लिएको भए)

Passport No.: (राहदानी नं.) Issuing Authority: (जारी गर्ने कार्यालय) Issued Date: (जारी मिति)

**Visa** (भिसा)  Obtained (छ)  Not Obtained (छैन)

If Obtained (लिएको भए)

Visa No.: (भिसा नं.) Issuing Authority: (जारी गर्ने कार्यालय) Issued Date: (जारी मिति)

If Non-Resident Nepalese, Identification Card No: others:

Are you or your family member(s) or your close associate(s) currently involved in or retired from politics, bureaucracy or other high level position? (के तपाईं वा तपाईंको परिवारको सदस्य वा तपाईंको नजिकको व्यक्ति राजनीति, प्रशासनिक वा अन्य कुनै उच्च पदस्थ पदमा कार्यरत वा सोबाट अवकाश प्राप्त हुनुहुन्छ?)  Yes (छ)  No (छैन)

If Yes (छ भने),

Name (नाम) \_\_\_\_\_

Relationship with you (तपाईंसँगको नाता) \_\_\_\_\_

Position/Association (पद/संलग्नता) \_\_\_\_\_

Institution Name (संस्थाको नाम) \_\_\_\_\_

Appointment Date (नियुक्ती भएको मिति) \_\_\_\_\_

Retired Date (अवकाश मिति) \_\_\_\_\_

Additional Information (थप जानकारी) \_\_\_\_\_

**Family Details**(पारिवारिक विवरण):

S.N. (क्र.स)	Relation (नाता)	Full Name (पूरा नाम)	Citizenship (नागरिकता नं.)	Issued District (जारी भएको जिल्ला)	Account No. If Account maintained at PFLTD (प्रोप्रेशिभ फाइनान्स लि.मा खाता रहेको भए खाता नं.)
1.	Spouse (श्रीमान / श्रीमती)				
2.	Father (बुबा)				
3.	Mother (आमा)				
4.	Grandfather (हजुरबुबा)				
5.	Grandmother (हजुरआमा)				
6.	Son(s) (छोराहरु)				
7.	Daughter(s) (छोरीहरु)				
8.	Daughter(s) in Law (बुहारीहरु)				
9.	Father in Law (ससुरा) <i>For married women</i>				

Do you have any other person residing with your family for support or any official purpose? (के तपाईंसँग परिवार बाहेक अन्य कुनै कार्यालय प्रयोजन वा सहायताको लागि तपाईंको परिवारसँग बसोबास गर्ने कुनै व्यक्ति छ ?) .....

**Associated Business/Occupation** (पेशा / व्यवसायहरु):

S.N (क्र.स)	Name of the Institution/Firm (संस्थाको नाम)	Address (संस्थाको ठेगाना)	Designation (पद)	Contact No. (सम्पर्क नं.)	Yearly Income/Salary (वार्षिक आमदानी / तलब)
1.					
2.					
3.					

Present Address (हालको ठेगाना):

If you live in rent (भाडामा बस्ने भए)

Name &amp; Address of a House owner (घरधनीको नाम र ठेगाना):

Contact No (सम्पर्क नं.):

Contact No.(सम्पर्क नं.):

Purpose of Account Opening (खाता खोल्नुको कारण):

Source of Funds (सम्पत्ति / रकमको श्रोत):-

Expected Annual Turnover (अनुमानित वार्षिक कारोबार रकम):

 Less than 1 Lakh (एक लाख भन्दा कम)   
 Less than 5 Lakh (५ लाख भन्दा कम)   
 Less than 10 Lakh (१० लाख भन्दा कम)

 Equal to or above 10 lakhs (१० लाख वा सो भन्दा बढी)

Customer ID/Client Code:

Account Type:

Expected Monthly Transaction (मासिक अनुमानित कारोबार संख्या):-

Less than 10 transaction (१० भन्दा कम)

Equal to or more than 30 transaction (३० वा सो भन्दा बढी)

Less than 30 transaction (३० वा सो भन्दा बढी)

Site Map (घर जाने बाटोको नक्सा):

Present Address (हालको ठेगाना):

N  
↑

Declaration: I hereby declare that the information provided above is true and correct and if found otherwise, I shall bear the consequences thereof. (माथि उल्लेखित सम्पूर्ण विवरण सही र दुरुस्त भएको म स्व:घोषणा गर्दछु। यदि अन्यथा ठहरिएमा कानून बमोजिम बेहोर्ने छु।)

\_\_\_\_\_  
Signature (दस्तखत)

\_\_\_\_\_  
In case of Company/Institution  
कम्पनी तथा संस्थाको हकमा  
(आधिकारीक दस्तखत र छाप)

**For Official Use Only**

Address verifying supporting documents obtained?  Yes  No

Is beneficial owner different than the account holder?  Yes  No

If Yes,  Yes  No

Has the beneficial owner been identified and due diligence measures conducted for beneficial owner?  Yes  No

Has mandate to operate the account given to third party?  Yes  No

If Yes,  Yes  No

Has the due diligence measures conducted for account mandatee?  Yes  No

Relationship between account holder and account mandatee: \_\_\_\_\_

Copy of citizenship of the family members obtained?  Yes  No

(Copy of citizenship of family members are mandatory)

Name listed in Sanctions (Majorly UK, UN, OFAC, HMT)?  Yes  No

Account turnover in last one year:

No. of Transaction: \_\_\_\_\_ Amount: \_\_\_\_\_

Reason for conducting ECDD: \_\_\_\_\_

Date of KYC updated in Inorins:-

Remarks, If any:-

CSD Staff  
Date:

Operation In-Charge  
Date:

Branch Manager  
Date: