

For Bank's Use Only

Branch _____ Client Code _____

Account No. _____ Date: _____

Risk Grade: H ☐ M ☐ L ☐

Please fill the form in **BLACK INK** and **CAPITAL LETTERS** only.
Please tick the appropriate boxes. All fields marked* are mandatory.

A. TYPE OF ACCOUNT

☐ Current ☐ Others (Please Specify) _____

B. CURRENCY

NPR USD Others (Please Specify)

C. CUSTOMER DETAILS

(Leave one space between two words)

[illegible]

* Type of Business ☐ Sole Proprietorship ☐ Partnership ☐ Company ☐ NGO/INGO ☐ Cooperative
☐ Trust ☐ School/College ☐ Foreign Company ☐ Others (Please Specify) _____

| | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| * Registration No. | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|

| | |
|-----------------|--|
| * Registered at | |
|-----------------|--|

*Registered Date:[illegible]

| | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|
| * VAT No. | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|

| | | |
|----------------------|--|----------------|
| * Registered Address | | District |
| | | VDC/MCP |
| | | Ward No. |
| | | Tole & Home No |
| | | Location Name |

| | | |
|--|--|----------------|
| *New Registered Address (if different from the time of incorporation) | | District |
| | | VDC/MCP |
| | | Ward No. |
| | | Tole & Home No |
| | | Location Name |

*Phone No. Fax No. Email Id
 Po Box No. Place of Issue
 * Communication Address District
 VDC/MCP
 Ward No.
 Tole & Home No
 Location Name

*Phone No. Fax No. Email Id
 Website
 Po Box No. Place of Issue
 *Nature of Business Manufacturing ☐ Trading ☐ Import / Export ☐ Service ☐ Tourism ☐ NGO / INGO ☐
 Others (Please Specify)
 Work Area

No. of Branches / offices / & address of main branch / office

| SN. | Branch Office | Address |
|-----|---------------|---------|
| | | |
| | | |
| | | |

Expected Annual Turnover

D. Identification details of proprietor / partners / directors / chief executive / committee members / account operators / assigned representatives / other authorized people.

| S.N. | 1 | 2 | 3 | 4 |
|--------------------------|---|---|---|---|
| Full Name | | | | |
| Designation | | | | |
| Spouse's Name | | | | |
| Father's Name | | | | |
| Grandfather's Name | | | | |
| Permanent Address | | | | |
| Current Address | | | | |
| Citizenship/passport No. | | | | |
| Telephone | | | | |
| Mobile | | | | |
| Email | | | | |
| % of share holding | | | | |

| | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <div>Photo (P.P. Size)</div> | <div>Photo (P.P. Size)</div> | <div>Photo (P.P. Size)</div> | <div>Photo (P.P. Size)</div> |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|

| | | | | |
|-----------|--|--|--|--|
| Signature | | | | |
|-----------|--|--|--|--|

* Please use separate sheet if provided space is not sufficient.

| | |
|---|--|
| Name of Foreign Parent Company | |
| Address of Foreign Parent Company | |
| Contact details of Foreign Parent Company | |

I) Do you already have account in any of our branches? If Yes, please give details below:

| Name of the Branch | Account Type | Account No. |
|--------------------|--------------|-------------|
| | | |
| | | |
| | | |

| Name of the Bank/FIs | Branch | Account Type | Account No. |
|----------------------|--------|--------------|-------------|
| | | | |
| | | | |
| | | | |

Signature of Introducer _____

Introducer's Name

A/C No.

 Branch

Name:
Address:
Relation:
Contact No.:

1. I/We have read and understood all the terms and conditions governing the opening of account with NB Bank Limited and those relating to various services including but not limited to ATM/Debit Card. I/We accept and agree to be bound by the said terms and conditions including those limiting/excluding Bank's liabilities. I/we understand that the Bank may discontinue any of the services completely or partially under notice to me. I/we confirm that all the details provided on the form are correct.

- I irrevocably authorize the bank to report my/our account under FATCA regime, if any account or the transactions made in my/our account is found eligible to be reported under FATCA regime.

www.nbbl.com.np

My/our specimen signatures are given below and will be operated by
Any one of us ☐ All of us ☐ Other (Specify) ☐

| 1st Operator | 2nd Operator | 3rd Operator | 4th Operator |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <div>Photo (P.P. Size)</div> | <div>Photo (P.P. Size)</div> | <div>Photo (P.P. Size)</div> | <div>Photo (P.P. Size)</div> |
| <div></div> | <div></div> | <div></div> | <div></div> |
| Signature | Signature | Signature | Signature |
| Name | Name | Name | Name |
| <div></div> | | | |
| Office Seal | | | |
| Special Instructions if any: | | <div></div> | |
| | | Signature of Chairman/ Directors | |

FOR COMPANY ACCOUNT ONLY

RESOLUTION OF BOARD OF DIRECTORS _____ We
hereby certify that the following Resolution of the Board of Directors of _____ Limited
was
passed at a meeting of the Board held on the _____ day of _____ 20 _____ and has been duly entered in the Minutes Book
and signed there in by the Chairman and other directions of the meeting, and is in accordance with Articles of Association of the Company.

Resolved
That a banking account for _____ Limited be opened with the N.B. Bank (the Bank) and that the bank
be and is hereby empowered to honour cheques, bills of exchange and promissor notes drawn, signed, accepted or made on behalf of the company
by.

Signature of Chairman/ Directors

(Insert any two of the Directors & countersigned by the Secretary for the time being or other wise as required) and to act on any instructions given
by the persons so authorized with regard to any accounts whether in credit or overdrawn or any transaction of the company.
That the Bank be furnished with certified copies of:
1. An up to date copy of the Company's Memorandum & Articles of Association
2. The Company's Certified of Incorporation
3. The Company's Certificate to Commence Business (Public Company Only)
That the Company given the Bank a list of the names of the Directors, Secretary of the Company and advise the Bank in writing of any changes
that may take place and the Bank shall be entitled to act Upon the information so given.
That these resolution be communicated to the Bank and shall constitute the Company's Mandate to the Bank to remain in force until revoked by
notice in writing to the Bank signed by the chairman or any Director or the Secretary acting or purporting to act on behalf of the Company and for
this purpose any instruction varying or purporting to vary the Mandate contained in these Resolution shall be deemed as revocation.

FOR PARTNERSHIP ACCOUNT ONLY

We the undersigned being the present partners in the Firm of _____ here by request and authorize you to open and/or continue a current account in the name of our said Firm until any one of us shall given you notice in writing to the contrary to honour all cheques drawn or bills accepted or notes made or receipts for monies owing by you to the firm signed by any one of us or our Manager and/or Officer Mr. _____ and Mr. _____ whose specimen signature are appended here to and to debit such cheques, orders, bills, notes and receipts to the firm's account with you whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit and we will be jointly and severally responsible for repayment of any such amount together with interest.

Upon any partner ceasing to be a member of the Firm by death or otherwise you may until you receive notice in writing to the contrary from us any of us or the legal personal representatives or trustees of any or us treat or surviving or continuing partner or other the partners or partner for the time being as having full power to carry on the business of the firm and to deal with if's assets as freely as if there had been no change in or dissolution of the firm.

Signature of Partner

Signature of Partner

Signature of Partner

Date this _____ day of _____

FOR CLUB/SOCIETY/ASSOCIATION/TRUST

CERTIFIED COPY OF RESOLUTION

At a meeting _____ (insert Committee of Management or as the case may be) of the _____ (insert name of the club/society/association/trust) held on the _____ day of _____ 20 ____ it was resolved

1. That an account be opened in the above name with N.B. Bank and that the said bank be and is hereby empowered to honour and debit to such account any cheques & others for payment drawn, signed, accepted or made on behalf of the club/society/association/trust by the Chairman and Secretary or any two office bearer (s) so authorized and to act on any instructions given by the persons soauthorized with regard to the account not withstanding that any such debiting or acting on instructions may cause such account to be overdrawn there on to be increased.
2. That the Bank be furnished with a copy of constitution, Rules and Bye laws and be from time to time informed by notice in writing under the hand of the Secretary of any changes which may take place therein and be entitled to act upon any such notice.
3. That these Resolutions be communicated to the Bank and remain in force until revoked by notice in writing to the Bank signed by the Chairman or the Secretary acting or purporting to act on behalf of the club/society/association/trust and the Bank shall be entitled to act upon such notice.
4. Certified that the above Resolutions were duly passed and entered in the minute Book of the club/society/association/trust and duly signed by the Chairman and that the specimen signature recorded are correct.

Secretary

Chairman

Directors

Date

Please furnish me with a book of _____ Cheques for my use.

Name: _____

Signature: _____

For Bank's Use Only

Account Number Allotted _____

Signature scanned by _____ Date _____

Account opened and signature verified by _____

Account Risk Grading High Risk ☐ Medium Risk ☐ Low Risk ☐

Information Updated in CBS Yes ☐ No ☐

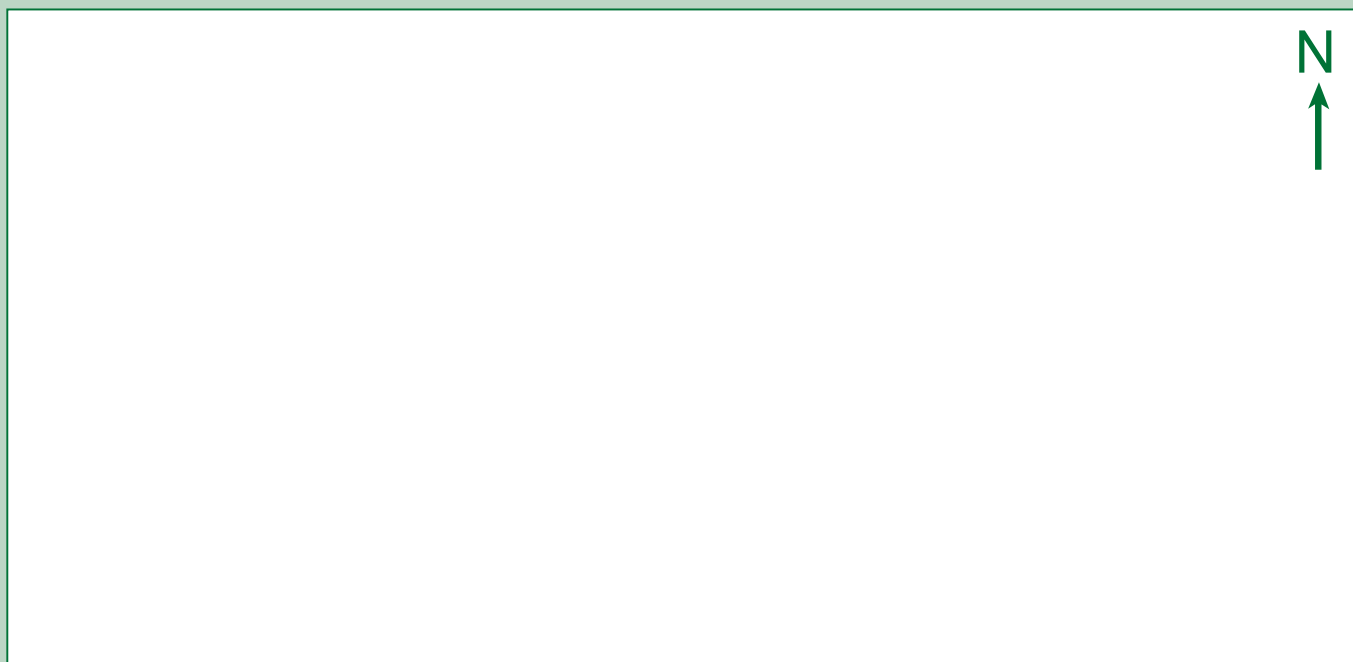
Date Updated in

.....
Prepared by

.....
Verified by

.....
Approved by

J. LOCATION MAP



(Location from the nearest Main Road)

General Terms and Conditions of Accounts

1. The Bank will take utmost care to record all the entries correctly and maintain secrecy in the account of the constituent(s), but in case of any error the Bank reserves right to make the correction, adjustment the entries without notice. But to provide account information to the Government Investigation body or Quasi/Judicial body as per prevailing Law of Land will not be considered as the breach of confidentiality.
 2. The bank provides security of the Depositor's account for all the obligations present and future. But the bank will not be bound to operate account in the event of the failure to discharge of their obligations or to provide necessary documentary evidenc.
 3. The minimum balance needs to be maintained in account(s) as fixed by the bank from time to time.
 4. The bank reserves right to close (without prior notice) any account(s) having zero balance over the period of six months or account(s) which needs to be closed due to any other reason.
 5. Where the account remains inoperative for the period of six months or more, the account holder/account operator has to request to make the account operative.
 6. Documents and instruments on behalf of the bank are valid only if signed by the duly authorized officials.
 7. Cheque(s) should be signed by the drawer as per specimen signature supplied to the bank and any alteration in the cheque must be authenticated by the drawer's full signature.
 8. The post dated or stale dated cheque shall not be entertained by the bank.
 9. Cheque(s) issued by the bank are the property of account holder(s) and they should take utmost care and keep in the safe place under lock. In case cheque(s) are lost or stolen, it is the responsibility of the account holder to inform the bank and stop the cheque(s). The bank will not be responsible if cheque(s) are misplaced, lost, stolen or encashed in any way by fraudulent signature.
 10. The account holder should not draw any cheque in excess of its available balance. The bank may blacklist the account holder(s) at the request of payee of cheque in case of non availability of balance to honour such cheque as per guidelines of Nepal Rastra Bank.
 11. Collections are undertaken at the risk of the account holders only. The bank should endeavour to collect the cheques and the items as promptly and carefully as possible, but it can accept no responsibility in case of any delay or loss due to unavoidable circumstances. The bank reserves the right to debit the customer's account in case of non realization of cheques which are already made payment.
 12. The address written in account opening form is treated as authentic address of account holder. Any change in the address or constitution of the account holder(s) should be immediately communicated to the Bank. The post office and other agents for delivery shall be considered agents of the account holder(s) for all delivery of letters, remittances etc. and no responsibility can be accepted for such documents by the bank for delay or non-delivery etc.
 13. In case, the accounts are overdrawn, interest will be charged on daily basis as per prevailing higher interest rate on the overdrawn amount.
 14. The bank reserves right to amend its terms and conditions as deemed necessary by updating the same on its web site and public media.
 15. The account holder(s) hereby declares and confirms that amount credited in his/her/their account is legitimate according to prevailing law of State. Any fund credited in his/her/their account by any other person is understood to be on behalf of the account holder unless the bank receives written instruction to the contrary by the account holder.
 16. The bank reserves right to debit the account for the dues of any outstanding incurred from funding/non-funding obligation of account holder(s).
 17. Periodical statement of accounts shall be considered correct unless the bank receive from the accountholder in writing to the contrary within 15 (Fifteen) days after dispatch thereof by the bank.
 18. If conflicting instructions are issued by any of the signatories, the bank may stop the operation of the relevant account until the dispute is resolved to the satisfaction of the bank.
 19. The prevailing laws and regulations of Nepal govern the conduct of these accounts.
- I/we have read and understood all the terms and conditions of account opening and agree to be bound without any prejudice.

Documents Required

A. Sole Proprietorship Account

- Firm registration certificate.
- Income Tax/Vat registration certificate.
- Photocopy of Citizenship certificate of proprietor /Account Operator (Original to be shown for verification).
- Tax clearance certificate.
- Latest audited financial statement.
- 2 passport sized photographs.
- Others (if any).

B. Partnership Firms

- Firm registration certificate.
- Income Tax/Vat registration certificate.
- Photocopy of Citizenship certificate of all the partners/Operators (Original to be shown for verification).
- Tax clearance certificate.
- 1 passport sized photograph of all the partners. 1 additional passport sized photograph of all the account operators.
- Photocopy of partnership deed
- Letter of authorization signed by all the partners for account opening and its operation.
- Audited financial statements of the preceding year (for new partnership firm projected financial statement).
- Others (if any).

C. Company

- Certificate of Incorporation.
- Certificate to Commence Business (Public Company Only).
- Income Tax/VAT registration certificate.
- Tax clearance certificate.
- Memorandum and Article of Association.
- Document certifying Name, Address and telephone no (if available) of all directors of the company.
- Copy of citizenship certificate and 1 Passport sized photograph of all directors and account operators.
- Minutes of Board Meeting for Opening and operation of Account.
- Authorization of BOD to CEO and other officials to operate the Account.
- Audited financial statements of the preceding year (for new Company projected financial statement).
- Others (if any).

D. Club/NGO

- Registration certificate.
- Referendum/By Laws/Constitution.
- Document certifying Name, Address and telephone no (if available) of all working committee members.
- Copy of citizenship certificate and 1 Passport sized photograph of all members of working committee/ Directors and all account operators.
- Affiliation certificate with Social Welfare Council or other Council.
- Decision of the working committee for opening an account.
- Power of attorney for operation of accounts and undertaking transactions.
- Audited financial statements of the preceding year (for new club/NGO. projected financial statement).
- Others (if any).

E. Co-operative Society

- Registration certificate.
- Referendum/By Laws/Constitution.
- Document certifying Name, Address and telephone no (if available) of all members of Board of Directors.
- Copy of citizenship certificate and 1 Passport sized photograph of all members of Board of Directors, Chief Executive and all account operators.
- Minutes of the BOD for opening of accounts and authorization for operation of accounts.
- Audited financial statements of the preceding year (for new cooperative projected financial statement).
- Others (if any).

F. Trust

- Registration certificate.
- Referendum/By Laws/Constitution.
- Agreement/Contract paper for the establishment of Trust/ Trust Deed.
- Document certifying Name, Address and telephone no (if available) of all the members of trust.
- Copy of citizenship certificates and photographs of all members of Trust/ Management Committee Members / Operators /Executive/Director.
- Minutes of the board of directors/Management Committee for opening of an account and authorization to operate the account.
- Others (if any).
- Audited financial statements of the preceding year

G. School/Campus

- Registration certificate.
- Income Tax/VAT Registration Certificate.
- Memorandum and Article of Association.
- Copy of liscence for operation of School / Campus.
- Document certifying Name, Address and telephone no (if available) of Principal/ Campus Chief and all members of Management Committee.
- Copy of citizenship certificate and photographs of all the directors/operators/ management committee members.
- Minutes of the Board Directors/ Management Committee for opening of an accounts and authorization to operate the account
- Audited financial statements of the preceding year (for new trust projected financial statement).
- Tax Clearance certificate.
- Others (if any).

H. INGO

- Copy of Organization Registration Certificate.
- Copy of the understanding /agreement paper made between Samaj Kalyan Parishad.
- Copy of the understanding /agreement between Government of Nepal and INGO (if any).
- Recommendation Letter of the respective country or embassy.
- Referendum /By laws/Constitution.
- Documents certifying name and full address of at least 2 top executives and directors.
- Copy of citizenship certificates or passport (whichever applicable) and photographs of all the directors assigned Nepali Representative, Executive and account operator.
- Document certifying Name, Address, telephone no and photos of the chief or representatives deputed in Nepal on behalf of the organization.
- Power of attorney for operating accounts and undertaking transaction.
- Audited financial statements of the preceding year (Not applicable for new INGO).
- Minute of the board decision with respect to authorization for opening accounts and its operation.
- Others (if any).

I. Foreign Companies

- Copy of the Foreign Company Incorporation Certificate.
- Copy of Memorandum of Association and Article of Association of the company
- Power of attorney given by Foreign Company for opening an account and its operation.
- Document certifying registered / business address of the foreign company
- Documents certifying name, address, telephone no and photograph of 2 top level officials of the Foreign Company.
- Document certifying full contact address of the Foreign Company and its officials in Nepal.
- Photocopy of Citizenship certificate/Passport of account operator/Representative
- Others (if any).
- Registration details, if registered in Nepal
- Audited financial statements of the preceding year

J. Embassies / Foreign Diplomatic Mission

- Letter of the Embassies / foreign diplomatic missions.
- Power of attorney for operation of account.
- Document certifying Name, Address, telephone no and photo of the Account operator.
- Copy of citizenship certificate/Passport of account operator.
- 2 passport sized photograph of each operators.
- Others (if any).

K. Self declaration by the account holder if audit is not needed or the institution has not been audited.

L. Self declaration by the account holder if the institution has been established under special act.

NEPAL BANGLADESH BANK LTD.
Checklist for AML / KYC
Non-Individual Account

Branch:

Date:

Account Name:

Account Number:

Account Type:

Pumori Account TypeCode:

| S.N. | Particulars | Document Status | | Remarks |
|------|--|--|--|---------|
| 1 | Company's Registered Name | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 2 | Registered Address | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 3 | Contact Telephone no./mobile no./ email ID/Fax no. | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 4 | Firm registratiion certificate | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 5 | PAN/VAT Registration Certificate/Tax clearance certificate | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 6 | Nature of business | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 7 | Work Area | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 8 | No of branches/offices & address of the main branch/office Expected annual turnover | <input type="checkbox"/> Obtained <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained <input type="checkbox"/> Not Obtained | |
| 9 | Memorandum & Articles of Association | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 10 | Certificate of Incorporation | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 11 | Detail of the Directors, Chief Executive and account operator | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 12 | Copy of citizenship/passport and photo of Directors, Chief Executive and account operator | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 13 | BOD's resolution & authorization for account opening & financial transaction | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 14 | Board Authorisation for carrying out financial transaction to managing director and other official | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 15 | Audited financial statements of the preceding year (for new co. projected financial statement) | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 16 | Board Resolution for operation of accounts and undertaking transactions | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 17 | Declaration of Beneficial Owner (if any) | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |
| 18 | Relevant Declaration (if any) | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not Obtained | |

.....
Prepared By

.....
Review/Verify By

.....
Account Approved By

Name:

Designation:

Operation In-Charge

Branch In-Charge