



KYC for Corporate

Branch:

Date:
DD MM YYYY

Client Code:

1) A/C No.

2) A/C No.

3) A/C No.

4) A/C No.

(Incase of
having more
A/C)

A/C Name :

Legal Status : Proprietorship Partnership Private Ltd
 Public Ltd Others (Please specify)

Registered Address :

DistrictMetropolitan/ Sub-Metropolitan/Municipality/ V.D.C.Ward No.

Tole..... House no Contact no..... Email Address :

Current Address :

DistrictMetropolitan/ Sub-Metropolitan/Municipality/ V.D.C.Ward No.

Tole..... House no Contact no..... Email Address :

Registration no: Registered Date :

VAT / PAN no: Registered with :

Is tax exemption applicable? Y N If yes enclose supportive evidence.

Nature of Business Trading Service Manufacturing Others (please specify)

Branches Details.

S.N.	Branch	Address	Contact No.
1.			
2.			
3.			
4.			
5.			
6.			

A/C operators details.

S.N.	Name	Designation	Contact No	Address
1.				
2.				
3.				
4.				
5.				

List of BOD and Shareholders holding 10% or more than 10% Shares.

S.N.	Name	Designation or Share %	Contact No	Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Purpose of Account Estimated Annual Transaction

Do you have A/C with other banks and FI NO Yes (If yes fill the Details)

S.N	Name of organization	A/C No.	Branch
1)			
2)			
3)			

Location Map of your Organization.

Introducer :

Client Code no:

Stamp of the Entity

.....
Signature

Date :

For Bank's Use

Name Check in sanction List No Yes

Name Check in negative List No Yes

Risk category Low Moderate Medium High

Remark (If Any):

KYC Next Review date:

.....
Signature of Staff

.....
Verified by

.....
Reviewed and Checked by

.....
Date