

Date:

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..... Branch

Account Name :

Account No:

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 Product Scheme:

A. For all Types of Account as applicable	Yes	No	N/A	Remarks
Duly filled Account Opening Form				
Account Opening Request in Letter Head of Institution				
Board Resolution to Open and Operate an Account				
Registration Certificate of Institution				
PAN/VAT Registration Certificate				
Up to date Tax Paid Receipt/Tax Clearance Certificate				
Latest Audited Financial Statement				
Operating License as applicable				
KYC details/Documents of Institution's Director/Partner/Proprietor/Shareholders/Account Operators				
Copy of Government issued ID Card/Recent Photographs of Directors and Account Operators				
B. For Power of Attorney (POA) as applicable				
Duly filled POA form				
KYC details/documents of attorney				
C. For Partnership/Co-operatives Account				
Partnership Deed and Partnership Resolution to Open and Operate an Account				
Co-operative By-laws				
D. For Private/ Public Limited Company Account				
Memorandum of Association (MOA)				
Articles of Associations (AOA)				
Latest list of Shareholdes (Share Lagat)				
Latest list of Directors (Sanchalak Lagat)				
E. For Society/Clubs/Associations/INGO/NGO Account				
By-laws Governing the Organization				
Affiliation Certificate with Social Welfare Council				
Agreement with Social Welfare Council for INGO				
Authorized Letter for Representation for INGO				
Latest Constitution of Committee/Latest List of Members				
F. For Joint Venture (JV) Account				
Joint Venture Agreement				
Foreign Company Registration Document – Certified By Notary Public as applicable				
Board Resolution/Authorized Letter for Representation of each JV Company				
Contract with Competent Authority of Government of Nepal				
G. For Local Consumer Committee Account				
Recommendation Letter from Local Government				
Declaration of Account Operators for Accountability of Transaction				
H. Other Documents as applicable.....				Total Page No.

Follow up details as applicable

Date	Contact Person	Follow Up By	Remarks
		(Name of Staff)	
		(Name of Staff)	
		(Name of Staff)	

Risk Category: Low Risk Medium Risk High Risk if High Risk, please specify:KYC Updated in System Yes No if no, please specify:Debit Restriction Yes No if yes, please specify:Account Activated on:

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 Depositors Type:

Prepared By (CSD Staff): Approved By (OI/BM):