

Account Number: Client Code :							

RETIREMENT FUND ACCOUNT OPENING APPLICATION FORM

Wish to open the under mentioned retirement fund account and undertake to comply, observe and be bound by the Rules and Regulations made and as may be amended by the Kumari Bank Retirement Fund from time to time pertaining to such accounts: Pervolant Fund Account	Kumari Retireme Bagbazar, Kathn Nepal.						Date	e: D D	M M	Y Y Y Y
Personal Details Personal D			d as may be amend	ed by the	e Kumari					
Name (IN CAPITAL): Sox: Male /Female	Provident Fu	nd Accoun	t Retireme	ent Fund A	Account		Gratuity Fund	Account		
नाम(चननामरीकमा):				P	ersonalD	etail	S	<u> </u>		
Permanent Address: District: MC//DC; Ward No.: Tole/Street.: House No.: Tel. o.:	Name (IN CAPITA	AL):						s	ex: Male (/ Female
Present Address:	नाम(देबनागरीकमा):	:			,			Marital Status	: Single	/ Married
Present Address:	Permanent Addre	ess: Distr	ict: MC/VDC:		Ward	d No.:	: Tole/Street.:	House No).: Tel.	o.:
Office Name : Office Address: Other Account if any: Nationality: Other Account if any: Other Account if any: Other Account if any: Date of Birth: Passport No: Place & Date of Issue: Date of Birth: Passport No: Place & Date of Issue: Details of Family (Additional Information for KYC): SN			ict: MC/VDC:		Ward	d No.:	Tole/Street.:	House No	o.: Tel.	o.:
Office Name : Office Address: Other Account if any: Nationality: Other Account if any: Date of Birth: Passport No: Place & Date of Issue: Date of Birth: Passport No: Place & Date of Issue: Details of Family (Additional Information for KYC): SN										
ID Card No.: PAN: Occupation: Other Account if any: Nationality: Citizenship No: Place & Date of Issue: Date of Birth: Passport No: Place & Date of Issue: Details of Family (Additional Information for KYC): SN	.	Res:	Off:	Mobile						
Nationality:	Office Name :						Oπice Address:			
Date of Birth: Passport No: Place & Date of Issue: Details of Family (Additional Information for KYC):	ID Card No.:	P	AN:	Осо	cupation:		Other Acc	count if any	:	
Details of Family (Additional Information for KYC): SN	Nationality:		Citizenship No:			Plac	ce & Date of Issue:			
SN Relation Name SN Relation Name	Date of Birth:		Passport No:			Plac	ce & Date of Issue:			
SN Relation Name SN Relation Name	Details of Family	(Additions	al Information for KY0	:)·						
2. Father 3. Mother 4. Grand Father Personal & Institution Declaration I /We hereby confirm that the information given above is true and correct. Applicant's Photo Signature/Thumb Impression of Applicant Name of Applicant: Date: Personal & Institution Declaration Authorized Signature Name: Position:		·		- / -	S	N	Relation	Na	me	
3. Mother	1. Husband	/ Wife				5.	Son			
Personal & Institution Declaration I // We hereby confirm that the information given above is true and correct. Applicant's Photo Signature/Thumb Impression of Applicant Name of Applicant: Name : Position: Date :	2. Father		,		(მ.	Daughter			
Personal & Institution Declaration I // We hereby confirm that the information given above is true and correct. Applicant's Photo Signature/Thumb Impression of Applicant Name of Applicant:										
Applicant's Photo Signature/Thumb Impression of Applicant Name of Applicant: Name: Position:	4. Grand Fa	ther				3.	Father-In-Law			
Applicant's Photo Signature/Thumb Impression of Applicant Name of Applicant: Name of Applicant: Position:			Pe	rsonal &	Instituti	on [Declaration			
Signature/Thumb Impression of Applicant Name of Applicant: Date: Date:	I /We hereby co	nfirm that t	he information giver	above is	s true and	corr	rect.			
Signature/Thumb Impression of Applicant Name of Applicant: Date: Date:	(
Signature/Thumb Impression of Applicant Name of Applicant: Date: Date:										tamp
Signature/Thumb Impression of Applicant Name of Applicant: Date: Date:										eal/S
Name of Applicant:										ŭ
Name of Applicant:										
Name of Applicant:										
Name of Applicant:	Sign of the //Thursd	h lunu un a ais	on of Annlicent					A vith a vince	l Ciana atum	
Position:										
Date:Name of Institution:	Position:									
Admic of modulation.										

Self-Declaration Self-Declaration	
Do you have Beneficial Owner? Yes No	
If Yes , please provide the following details:	
Name of Beneficial Owner:	
Father's Name:	
Grand Father's Name:	
Citizenship / Passport No:	
Place and Date of Issue:	
Have you ever been charged with criminal offence in Nepal (or in any country)? Yes No If Yes , specify:	
Are you U.S. Resident/Citizen/Permanent Resident (Green Card) Holder? Yes No If Yes , please provide the following details:	
US Telephone Number:	
US Citizenship Number/ Green Card Number:	
Passport Number:	
Country of Birth US: Yes No	
TIN (Taxpayers Identification Number):	
For foreign citizen (other than U.S.) Green Card /PR holder / NRN Yes No If Yes , please provide the following details:	
Name of Country:	
Passport / Social Security / NRN Identification No:	
Address in Foreign Country:	
Phone No:	
Contact person Abroad:	
Visa Expiry Date:	
Are you currently a Board of Director / CEO / Top Management of any Bank or Financial Institution / Government / S Government Authorities/? Yes No If Yes , specify:	Semi
Have you been formally sanction or penalized by any government authority? Yes No If Yes , specify:	
Are you a Politically Exposed Person (PEP), High Ranking Officials (HRO), Influential Persons (IP) or are you related any Politically Exposed Person, High Ranking Officials, Influential Persons given below:	with

Type of PEP/HRO/IP	You	Your Own Family Member
President, Vice-President, Prime Minister, Chief Justice		
Speaker of the House of Representatives, Speaker of the National Assembly, Head of State		
Minister of GoN, Chief Minister of the State Government, Minister of the State Government		
Member of the Federal Parliament, Officials of the Constitutional Body, Speaker of the State Assembly		
First Class Officers or equivalent or above officials of GoN		
Judge of High Court or Judge of a Higher Rank		
Deputy Speaker of the State Government, Member of the State Assembly, Central Committee Member of National Level Political Party		
Chairman and Vice Chairman of District Coordination Committee		
Mayer and Deputy Mayer of Metropolitan, Sub-Metropolitan and Municipality		
Chairman and Vice-Chairman of Rural Municipality		
Executives or equivalents of fully or partially owned organization by Government of Nepal		
Officials of Union, Organizations and Institutions that can directly or indirectly influence in the National Policy Formulation level		
Foreign High Positioned Person,		
High Positioned Person of International Organization		
None of the Above		
Name of Political Party: Designation:		
If your own house family member/(s) is/are PEP/HRO/IP, please specify the name of associate	ated PEP/	HRO/IP:
Name:		
Relation with you:		
Citizenship No:		
Name of Political Party:		
Designation:		
Are you enrolled in other retirement fund?		
If Yes , please provide following details:		
Fund's Name:		
Scheme Type:		
I/We hereby confirm that the information provided by me/us in this form and documents provide	ed are true	e and correct.

Nomination (Und	ler Section 81 of the Bank	ing and Financial Institut	ion Act 2063)	
lwhich may be due to me from this acc				
Name of Nominee(Mr./Mrs./Ms.):			Relation:	
Son/Daughter/Wife of:		Date of Birth:		
Permanent Address:			Age:	
Contact Address:		Contact No:		Nominee's Photo
and in the event of my death during the receive all monies due to me on beha		minee(s), I appoint followir	ng person to	
Mr./Mrs./Ms.:		Relation:		
Son/Daughter/Wife of:			.ge:	
Permanent Address:				Photo of
				Appointed Person
Signature of Applicant/Account ho	lder			i cison
Name of Applicant / Account holde	er:	Date :		
Required Documents: Citizenship	Certificate	dentification Card LOCAT	TION MAP OF RE	ESIDENCE
Recommen	ndation Letter from Institutio			
Others (Pls	s. specify)			
General Rules, Terms & Conditions	for Account Operation a	nt Kumari Bank Retiremen	nt Fund	
 The Retirement Fund Account shall be man By-Laws 2059' approved by Inland Reventer. All Retirement Fund accounts are non-open employing them. Retirement Fund Depositor will be eligible retirement fund account upon the recommenter of the Interest Rate on Deposit and Loan accommittee. If an employee retires from his/her service payment. Tax shall be levied on the final paymenter Act/Regulation. In case of death of the beneficiary of the repayment would be made as per Rule 8(2) and The Kumari Bank Retirement Fund will take error the Kumari Bank Retirement Fund reserve which it deems necessary with or without Operation By-Laws 2059' approved by Inlate I hereby acknowledge that I have read and agree to abide by any amendments to the sale. 	to apply the Loan against retire endation of the concerned Institute, he/she may request to the Kunt of the retirement fund deposit shall be vary/flute, he/she may request to the Kunt of the retirement fund deposit shall be vary/flute, he/she may request to the Kunt of the retirement fund deposit seriement fund, payment will be of Retirement Fund Management ke utmost care to record all the serves right to correct the entries the right to add/amend/alter to notice to the account holders and Revenue Department of Nepunderstood the terms and conditions.	ement fund deposit only at leasution. ctuate time to time as decided umari-RF along with retirement posit of an employee as per the made to nominee if appointed. at and Operation By-Laws 2059 e entries correctly in the accour s without notice and recovery ar any and/ or all the terms & cor however not in contradictory poal. litions mentioned herein and acy the Bank from time to time with	loyees and regulate at after one year of the following by the Kumari Bardocument of the interpretable prevailing provious and prevailing Lawn of the constituenty amount due from the interpretable provides at any time to 'Retirement Furgree to be bound by	contributing on such ank Retirement Fund a stitution for the final sion of Income Tax ointment of nominee of Nepal. It, but in case of any and the constituent. It and in any manner, and Management and the same. I further to me.
	FOI KUIIIAII DAIIK KETIF	ement runu s ose		
Prepared by List of Pending Documents (if any): 1), Ot 2)	otained On	Scanned by		Approved By Date:
Checked & Verified By	Reviewed Date:			