



अमेरिकी कानून FATCA (Foreign Account Tax Compliance Act) स्व-प्रमाणिकरण घोषणा
(FATCA (Foreign Account Tax Compliance Act) Self Certification Declaration)

अमेरिकी कानून (FATCA) को अनुपालनाका लागि यस कुमारी बैंक लि.ले हाल अवलम्बन गरिरहेको नयाँ ग्राहक स्वीकार पद्धती र विद्यमान ग्राहकको हकमा अद्यावधिक विवरण आवश्यक रहेकोले तल उल्लिखित विवरणहरु यस खण्ड बमोजिम संकलन गरिएको हो ।
The information in this section is being collected because of enhancements to KBL New account on-boarding and review of existing account procedures in order to fully comply with (FATCA) requirements.

खण्ड क: खातावालले भर्नुपर्ने विवरण (To be filled by the accountholder/ accountholders)

| # | | #1 | #2 |
|---|---|---|---|
| | अमेरिकी हैसियत प्रति संकेत गर्ने सूची / Indicia of U.S. Status | खातावाल र अख्तियार प्राप्त Account Holder/Power of Attorney | खातावाल र अख्तियार प्राप्त Account Holder/Power of Attorney |
| 1 | के तपाईं अमेरिकी नागरिक हो ? Are you a U.S. Citizen? | <input type="checkbox"/> हो Yes <input type="checkbox"/> होइन No | <input type="checkbox"/> हो Yes <input type="checkbox"/> होइन No |
| 2 | तपाईंको जन्मस्थान कहाँ हो ? What is your place of birth? | | |
| 3 | के तपाईं अमेरिकी बासिन्दा हो ? Are you a U.S. Resident? | <input type="checkbox"/> हो Yes <input type="checkbox"/> होइन No | <input type="checkbox"/> हो Yes <input type="checkbox"/> होइन No |
| 4 | के तपाईं अमेरिकी ग्रीन कार्ड (U.S. Green Card) धारक हो ? Do you have a U.S. Green Card? | <input type="checkbox"/> हो Yes <input type="checkbox"/> होइन No | <input type="checkbox"/> हो Yes <input type="checkbox"/> होइन No |
| 5 | यदि तपाईं अमेरिकी बासिन्दा हुनुहुन्न भने तपाईं बसोबास गर्ने मुलुकको नाम (उल्लेख गर्नुहोला) Country of residence(Skip this question if you are a US Resident) | | |

स्व-घोषणा तथा स्वीकृति (Declaration and Acknowledgement)

म/हामीले माथि उपलब्ध गराएको विवरण, संलग्न कागजात तथा सोमा उल्लेख गरिएका विवरणहरु ठीक, साँचो तथा अद्यावधिक रहेको छु । म/हामीले भविष्यमा समेत माथि उल्लिखित व्यहोरामा कुनै परिवर्तन भएमा सोको जानकारी बैंकलाई दिन मञ्जुर गर्दछु/छौं । साथै अमेरिकी कानून (FATCA) अनुसार आवश्यक पर्ने कुनैपनि जानकारी सम्बन्धित निकायलाई प्रवाह गर्ने अख्तियारी कुमारी बैंकलाई प्रदान गर्दछु/छौं । I/We declare that the above information and the information in the submitted documents to be true, correct and updated, and the submitted documents are genuine and duly executed. I/We undertake to inform the Bank in the event of acquiring it at the material time in future and also authorize KBL to disclose the required information under FATCA to the relevant authority in such eventuality.

खातावालको हस्ताक्षर
Customer Signature

खातावालको हस्ताक्षर
Customer Signature

खातावालको नाम
Customer Name

खातावालको नाम
Customer Name

मिति(Date):

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

मिति(Date):

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
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For Internal Use Only

SECTION B: To be filled by CSD Staff/Relationship Manager

| # | Indicia of U.S. Status | Account Status | KBL action required |
|---|---|--|--|
| 1 | Have the account holder(s) provided any standing instructions to transfer funds to an account maintained in the U.S.? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If any question answers YES, request CSD staff/RM to collect additional documentation from the customer. |
| 2 | Does the account have a U.S. address (including P.O.Box) or U.S. Phone number? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | a) Have the account holder (s) granted Power of Attorney? b) If answer to above question is "Yes", then does the Attorney have a U.S. address? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | If all questions answer NO, classify the account in Section C. No further action required. |
| 4 | Does this account have a "hold mail" status or have an " in care of " address that is the sole address for this account? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION C: To be filled by CSD Staff/Relationship Manager

BANK'S ASSESSMENT OF CUSTOMER'S FATCA CLASSIFICATION: Customer is: US Non-US

Declaration and Acknowledgement

I declare that the required account opening checks have been performed for the customer(s) listed above; and that the information provided is true correct and updated.

Name of Bank Staff: Signature: Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|