गरिमा म्युचूअल फण्ड अन्तर्गत खुलामुखी योजना

गरिमा सुवर्ण योजना

GARIMA SUBARNA YOJANA

समृद्धिको सारथी

Customer Identification Details (KYC for Individual Investor)

Photo

PERSONAL DETAILS

Name (In block letters): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth: ☐☐☐☐☐☐☐☐ Gender: ☐ M ☐ F ☐ Others

Contact No.: ☐☐☐☐☐☐☐☐☐☐ Alternative Contact No.: ☐☐☐☐☐☐☐☐☐☐

PAN No.: ☐☐☐☐☐☐☐☐☐☐ Email Address:

BOID (16 digit): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ NID No.:

Father's Name:				
Mother's Name:				
Grandfather's Name:				
Grandmother's Name:				
Spouse Name:				
Son/Daughter's Name:				
Father-in-Law's Name: (In case of Married Woman)				
Permanent Address:	Province:	District:		
	Municipality:			
	Ward No.:	Tole:		
Correspondence Address:	Province:	District:		
	Municipality:			
	Ward No.:	Tole:		
Citizenship No.: Birth Certificate No. (If Minor):		NID Number of Minor:		
Issued Date:				
Issued Place:				
In case of Minor:	Guardian's Name:			
	Guardian's Citizenship No.:		Issued Date and Place:	
	Guardian's NID No.:		Issued Date and Place:	

PROFESSIONAL DETAILS *(In case of Minor, Professional Details of Guardians)*

Profession Type	☐ Business ☐ Private Sector-Salary ☐ Salary ☐ Foreign Employment ☐ Real Estate Broker ☐ Freelancer ☐ Housewife ☐ Unemployed ☐ Retired ☐ Students ☐ Politician ☐ Stock Brokers ☐ Money Changers/Remitters ☐ Others
Source of Income	☐ Salary ☐ Business ☐ Rental Income ☐ Sale of Assets ☐ Loan ☐ Saving ☐ Remittance ☐ Others
Organization's Name	
Address	
Designation	
Annual Income	

BANK DETAILS

Account Holder's Name			
Bank Name			
Account Number			
Branch			
Account Type			

DETAILS OF NOMINEE (Optional)

Name of Nominee			
Citizenship No./NID		Relation	
Date of Birth (AD/BS)	AD : DD/MM/YYYY	BS : DD/MM/YYYY	
PAN No.			

AML / CFT Section

Please tick (✓) the appropriate option.

1. Investor Occupation

Please select your primary occupation:

☐ Government Service
☐ Private Sector – Salary
☐ Business / Entrepreneur
☐ Self-Employed / Professional
☐ Agriculture
☐ Retired / Pensioner
☐ Student
☐ Housewife
☐ Foreign Employment
☐ Others: _____

2. Are you a Non-Resident Nepali (NRN)?

☐ Yes ☐ No

3. Are you a Politically Exposed Person (PEP)?

(Politically Exposed Person includes current or former senior public officials)

☐ Yes ☐ No

4. Are you a family member or close associate of a PEP?

☐ Yes ☐ No

5. Is the investment made on behalf of another person/entity (Beneficial Owner different from Applicant)?
☐ Yes ☐ No

6. Have you ever been convicted, charged, or investigated for any financial crime, money laundering, or terrorist financing?
☐ Yes ☐ No

7. Source of Funds / Income
Please select the primary source of investment funds:
☐ Salary / Pension
☐ Business Income
☐ Professional Fees
☐ Rental Income
☐ Sale of Assets
☐ Foreign Remittance
☐ Loan
☐ Investment Return
☐ Others _____

8. Investment amount of NPR 100,000 or above (single or cumulative)?
☐ Yes ☐ No
(If "Yes", additional source of fund documents may be required.)

Documentary Requirement

☐ Copy of Citizenship ☐ Copy of National ID ☐ BOID /Demat Confirmation Document

☐ For minors, Birth Certificate and Citizenship of Guardian ☐ NID of Guardian

Alternatively, the scanned document can be mailed directly at info@garimacapital.com while submitting this form

Additional requirements for investors meeting any of the aforementioned criteria

☐ Proof regarding Source of Fund/Income

☐ KYC of family members (BOID information optional)

☐ For Applicants with different beneficiary, KYC of Such beneficiaries,

KYC Declaration - Individual Investor

1. I/We hereby declare that all information, declarations, and documents provided in this KYC form are true, complete, and accurate to the best of my/our knowledge, and I/We undertake to promptly inform the Fund Manager of any changes thereto.
2. I/We authorize and consent to the Fund Manager and its authorized agents to verify, store, use, and share my/our KYC information with regulators, depositories, banks, and service providers as required for KYC, AML, compliance, and operational purposes, and to communicate with me/us through electronic and digital channels in accordance with applicable laws.

Investor / Authorized Representative Signature: _____

3. **Name:** _____ **Date:** _____

(For Office / Compliance Use Only)

Risk Category: ☐ Low ☐ Medium ☐ High

Enhanced Due Diligence (EDD): ☐ Required ☐ Not Required

Verified By: _____ Date: _____