

Reliable Nepal Life Insurance Ltd.
Establish under Company act 2063(reg. no.1036/064/065) and Insurance act 2049
Corporate Office-Kathmandu

Related to AML/CFT Directive 2081 Sec.6
(KYC Form)

A. Company /Firm Information

Registered Corporate Name	
Trading Name:	
Registered Company /Firm Address:	
Business Address:	
Country Of Incorporation :	
Telephone No:	
Website:	
Email:	
Date Of Incorporation:	
Registration No:	
Regulatory Body:	
Regulatory Body's Website:	
Nature Of Business:	
Please add a supporting document: Certificate of incorporation or Registration document from regulatory body or Memorandum and Articles of Association	

B. Authorized Person Information (Authorized person refers to the person authorized to represent the company or business)

Full Legal Name	
Personal Identification (Unique identification No.)	
Contact No. (including Country Code)	
Position In the Company	
Country of Residence	
Gender	
Date of Birth	
Please add a supporting document: Letter of authority or letter of appointment or Director's resolution on the authorized person or other supporting document	

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C. Personal Details (Partner, Directors, Management committee, CEO, Shareholder with equity interest of more than 25%)

Full Legal Name	Personal Identification	Contact No. and Email Address	Position in the company	Spouse Name	Father Name	Grandfather Name	Permanent Address/ Current Address

D. Annual Estimated Transaction Amount:

E. Declaration

I hereby declare that all the information above is true, accurate and complete and Reliable Nepal life Insurance is entitled to rely fully on such information and representation as may be required by law. Reliable Nepal Life Insurance shall receive notice in writing of any change thereafter.

Signature

Full Legal Name: -

Personal Identification: -

E-mail address: -

Position in Company/Firm:-

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Office Purpose only

Risk Category	a. High b. Medium c. Low
Verified by	Approved by
Signature:	Signature:
Name:	Name:
Position:	Position:
Date:	Date:



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