



# Customer Information Form & Account Opening Form -Corporate

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T Bank Ltd  
Thimphu Branch

Customer ID   
Account No.

Branch \_\_\_\_\_ Source  Sales  Branch

Date     
DD MM YY

Please fill the form in CAPITAL LETTERS only.  
All fields marked \* are COMPULSORY

## CUSTOMER DETAILS

\*First Name of Business Entity

Middle Business Entity Name

Last Business Entity Name

\* Corporate Registration Number

\* Date of Registration

\* Trade License Number

\* Trade License registration date

\* CIT Number

\* BIT Number

\* Previous BIT Number

\*Legal Constitution  Proprietorship  Partnership  Private Limited  Public Limited  Trust  Club  Society  
 Others (Please specify) \_\_\_\_\_

\* Nature of Business \_\_\_\_\_

## MAILING ADDRESS

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_ Address Line 3 \_\_\_\_\_

House No. \_\_\_\_\_ Thram/Plot No. \_\_\_\_\_ Building Name \_\_\_\_\_

LAM/Street Name \_\_\_\_\_ Village \_\_\_\_\_

Gewog \_\_\_\_\_ Dungkhag \_\_\_\_\_

Dzongkhag \_\_\_\_\_

Country \_\_\_\_\_ PO Box No.

## PERMANENT ADDRESS

House No. \_\_\_\_\_ Thram/Plot No. \_\_\_\_\_ Building Name \_\_\_\_\_

LAM/Street Name \_\_\_\_\_ Village \_\_\_\_\_

Gewog \_\_\_\_\_ Dungkhag \_\_\_\_\_

Dzongkhag \_\_\_\_\_

Country \_\_\_\_\_ PO Box No.

## CONTACT DETAILS

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Email Id \_\_\_\_\_

URL \_\_\_\_\_

**RELATIONSHIP DETAILS – PROPRIETOR/PARTNERS/NOMINEE/BOARD OF DIRECTORS**

\* Relationship Type \_\_\_\_\_ \* Nature of Relationship \_\_\_\_\_

\* (Salutation)  Mr  Miss  Mrs  Dasho  Aum  Lyonpo  Others (Please specify) \_\_\_\_\_

\*First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

\* Date of Birth \_\_\_\_\_ \* Gender  Male  Female \* Nationality \_\_\_\_\_

\* Citizenship ID No.(New) \_\_\_\_\_

Citizenship ID No.(old) \_\_\_\_\_

\* Citizenship Expiry Date \_\_\_\_\_

Non CID No. \_\_\_\_\_

Work Permit No. \_\_\_\_\_

Passport No. \_\_\_\_\_

Passport Expiry Date \_\_\_\_\_

Tax Identification No. \_\_\_\_\_

Driving License No. \_\_\_\_\_

Voter's ID No. \_\_\_\_\_

Marital Status  Single  Married

\* Mode of Operation  Single  Jointly

**MAILING ADDRESS**

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_ Address Line 3 \_\_\_\_\_

LAM/Street Name \_\_\_\_\_

Building Name \_\_\_\_\_

Gewog \_\_\_\_\_

Village \_\_\_\_\_

Dzongkhag \_\_\_\_\_

Dungkhag \_\_\_\_\_

Country \_\_\_\_\_

PO Box No. \_\_\_\_\_

**PERMANENT ADDRESS**

House No. \_\_\_\_\_ Thram/Plot No. \_\_\_\_\_ Building Name \_\_\_\_\_

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Country \_\_\_\_\_ PO Box No. \_\_\_\_\_

**CONTACT DETAILS**

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Email Id \_\_\_\_\_

**Consent Clause**

*The Parties hereunto in their respective capacities as hereinabove mentioned do hereby declare that all the information furnished herewith is correct to the best of my/our knowledge and ability and do hereby consent to disclose and share all or such information required by T Bank Ltd. to do such acts, deeds or things that are deemed necessary to facilitate Credit Information Bureau to ascertain accuracy/correctness of information. The parties hereunto mentioned do hereby give consent to use my/our demographic and credit information by the Credit Information Bureau and other credit reporting entities. Further I/We confirm that the information/particulars provided herewith is truthful and accurate to the best of my/our knowledge.*

Signature of Related Party \_\_\_\_\_

### PERSONS AUTHORIZED TO OPERATE THE ACCOUNT

NAME	DESIGNATION	MODE OF OPERATION	SIGNATURE	SIGNATURE LIMITS	CITIZENSHIP NO.

### NOMINATION – ONLY FOR SOLE PROPRIETORSHIP FIRMS

I/ We nominate the following person to whom in the event of my/ our/ minor's death, the deposited amount in this account which is being opened, be returned by ----- Bank

Date of Birth (Mandatory in case of minor) 

DD	MM	YY									

 Relationship with the depositor \_\_\_\_\_

\* As the nominee is a minor on this date, I/ We appoint 

Please leave a space between two words												

Guardian's Address \_\_\_\_\_

Name of witness 1 \_\_\_\_\_ Name of witness 2 \_\_\_\_\_

Signature\*\* \_\_\_\_\_ Signature\*\* \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Date \_\_\_\_\_

\* when the deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor.

\*\* Thumb impressions shall be attested by two witnesses

### CUSTOMER INSTRUCTIONS

Initial Deposit Details : Nu./INR \_\_\_\_\_ (amount in words)  Cash  Cheque  Transfer

Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_ Amount in figures \_\_\_\_\_

Term Deposit Tenure \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days Interest Rate \_\_\_\_\_ Value Date 

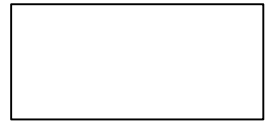
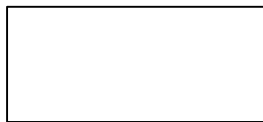
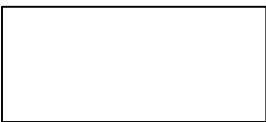
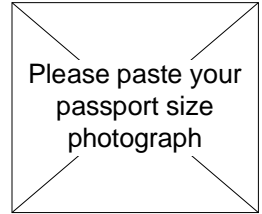
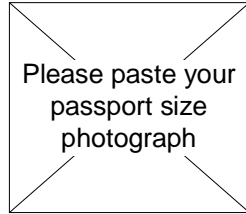
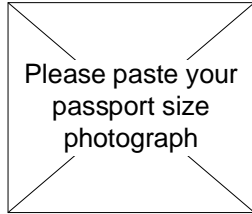
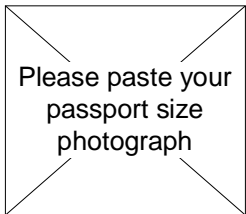
DD	MM	YY									

Auto Renewal  Renew only Principal  Interest Redemption Frequency

Renew with Principal  Quarterly Redemption Credit Account No. 

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### SIGNATURES, PHOTOGRAPHS AND ACCEPTANCE



Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Designation \_\_\_\_\_ Designation \_\_\_\_\_ Designation \_\_\_\_\_ Designation \_\_\_\_\_

### FOR BANK USE ONLY

Sourced by \_\_\_\_\_ Approved by \_\_\_\_\_ System maker \_\_\_\_\_ System checker \_\_\_\_\_

### Documents to be attached

- Two passport Size photographs  Citizenship ID Card  Trade license  Letter of Incorporation  CIT Return  
 Voters ID  Work permit  Passport  Board Resolution

\*\*\* Note: We, request our valued customers to produce all documents in original for verification for the concerned officers.

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