

Customer Information File (CIF)
Individual Registration Form

Branch Date:/...../.....
Customer CIF Account Type: Individual Corporate Bank

CUSTOMER DETAILS - GENERAL

Salutation: HRH Lyonpo Dasho Mr Miss Mrs Dr. Lam Others (Please Specify).....

Address for Correspondence

Personal Details

Name Date of Birth...../...../..... Nationality.....
Current Designation..... Citizenship ID No..... Expiry Date/...../.....
Employer Name Gender: Male Female Others
Business Entity Name Telephone No: Mobile No:
Dzongkhag..... Dungkhag..... Employment: Employed Self Employed Unemployed
Gewog Village E-mail ID :

Marital Status

Single Married (If married) Spouse Name..... Spouse CID no

Education Qualification

Non-student Under Graduate Graduate Post Graduate Other(Please Specify).....

For Resident Foreigner

Work Permit / Passport No Issue Date Expiry Date

Permanent Address

House No: Thram No: Dzongkhag:Dungkhag:
Gewog: Village: Country:

Anticipated Gross Annual Income (In Nu) *(Mandatory under AML/CFT Regulation of RMA)

0 - 100,000 100,000 - 300,000 300,001 - 500,000 500,001 & above *TPN No (Taxpayer No)

Customer Category

Government Sector Corporation Armed Force Freelance NGO
 Autonomous Agency Pensioner Private Sector Senior Citizen NRB
 International Agency Politician Householder Student Others
 Religious practitioner Tshogpa Legal Personnel Judiciary Staff

Consent & Declaration

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 the 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 the Applicant



Signature of Primary Applicant



Signature of Joint Applicant 1

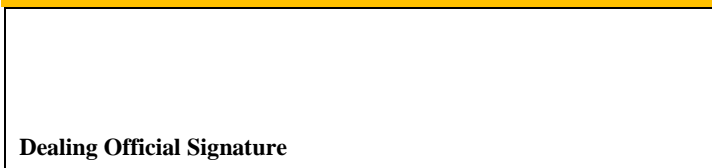


Signature of Joint Applicant 2

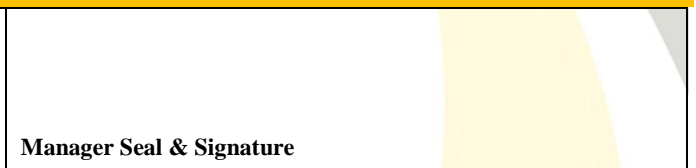
Documents to be attached (All documents to be submitted in original for verification)

1. Passport Size Photograph(1 Copies)
2. Copy of Citizenship ID Card
3. Copy of Trade License for CD A/c
4. Copy of Work Permit / Passport
5. Proof of Present address (Utility Bills -As required under AML/CFT Regulation 2015)
6. Source of Income/Latest Pay slip
7. Letter from School/College/University/Institution for students.

FOR BANK PURPOSE



Dealing Official Signature



Manager Seal & Signature

ACCOUNT OPENING FORM
(For Individual)

Customer CIF

Date:/...../.....

Please fill form in CAPITAL LETTER only. All fields marked * are COMPULSORY.

The Manager, T Bank Ltd.

I would like to avail the following products from your bank.

Please tick the appropriate product.

Saving Account
 Current Account
 Fixed Deposit
 Recurring Deposit

Mode of Operation
 Single A/c
 Joint A/c
 Either or Survivor
Cheque Required
 Yes
 No

Customer Instruction for Fixed Deposits

Fixed Deposit Amount(Nu)(in figures)..... (In words:..... Only)

Payment By: Cash Transfer Cheque (If Cheque: Cheque No) FD Period: Years..... Months Days

Value Date:/...../.....

Frequency of Interest Redemption: Quarterly On Maturity (Please Provide SB A/s No.)

Customer Instruction for Recurring Deposits

RD Installment Amount(Nu)(in figures)..... (In words:..... Only)

Mode of Installment Payment: Manual Payment Standing Instruction (If SI please provide SB A/c No).....

RD Period: Years..... Months Days Value Date:/...../.....

For Minor A/c only, if not Minor Please skip this step.

Name of the Minor Guardian Customer CIF

Date of Birth/...../..... Relationship with Guardian.....

Only for Joint A/c or Either or Survivor

Joint A/s CIF (1)Name (1) Relationship

Joint A/c CIF (2)Name (2) Relationship

Joint A/c CIF (3)Name (3) Relationship

Documents to be attached (All documents to be submitted in original for verification)

- | | |
|---------------------------------------|--|
| 1. Passport Size Photograph(2 Copies) | 5. Proof of Present address (Utility Bills -As required under AML/CFT Regulation 2015) |
| 2. Copy of Citizenship ID Card | 6. Source of Income/Latest Pay slip |
| 3. Copy of Trade License for CD A/c | 7. Letter from School/College/University/Institution for students. |
| 4. Copy of Work Permit / Passport | |

Applicant Signature, Photographs and Acceptance

For Individual

For Joint A/c

Please paste your passport size photograph with signature across

Name

Date/...../.....

Signature /Thumb Impression

Please paste your passport size photograph with signature across

Name

Date/...../.....

Signature /Thumb Impression

FOR BANK USE ONLY

Account No

Date:/...../.....

Dealing Official Signature

Manager Seal & Signature

Legal Claim Nomination Form on the Deposit Accounts

The undersigned bearing citizenship identity card no (attached)..... from..... Village,.....Gewog and.....Dzongkhag have Saving().Recurring(),Fixed() and Current() Account No.....maintained at the..... Branch of the TBank Ltd.(TBL). I hereby would like to maintain the following persons for claiming the share(s) from my above account upon my demise:

SL. No	Name of Nominee	Relation	CID No	Percentage of share

I declare and undertake the following to be enforced by the TBank Limited:

- The TBL is here by authorized to make the adjustment against my loan, if any before disbursing the same to my nominee;
- The above nominee shall be eligible to make the claim(s), subject to the availability of the balance amount in the said account
- The percentage of claim declared by the undersigned is final and binding on all nominees and hence there shall not be any dispute or recourse, whatsoever by the nominee;
- The TBL if fully authorized to make the payment of balance amount(s) from my deposit account(s) to the nominee(s) immediately upon making the claim(s);
- The TBL shall obtain receipts of payments being made to the nominee(s);
- Once the payment is being made to the nominees, there shall not be any further claim(s) by the nominees;
- The nominees are mixed of major, minor and disable for making the claim(s) as per this declaration;
- I have carefully read and fully understood the procedures for legal claim from the deposit Accounts of the TBL; and
- The TBL shall not be liable, whatsoever once the payments to the nominees have been completed,

Date:.....
 Witness:
 Signature:.....
 Name:
 CID No:
 Village:.....
 Gewog:.....
 Dzongkhag:.....

Affix legal Stamp
 Signature of Declarer
 Contact No.....