

URL

## Customer Information Form & Account Opening প্রাণ্ডির্ম্মের্মর্ম্বর্মর



T BANK LIMITED

	Customer ID						
Branch	Source Sales	Branch					
Please fill the form in CAPITAL LE All fields marked * are COMPULS	TTERS only.	_	Date DD MM YY				
	CUS	STOMER 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		0111	T T AUMEN				
CIT Number							
BIT Number							
Previous BIT Number							
	prietorship Partnership P	rivate Limited Public	Limited Trust Club Society				
	MA	AILING ADDRESS					
Address Line 1	Address	s Line 2	Address Line 3				
House No.	Thram/Plot No	Building Name					
LAM/Street Name		Village					
Gewog —		Dungkhag					
Dzongkhag		PO Box No.					
Country	DED	MANENT ADDRESS					
House No.  LAM/Street Name	Thram/Plot No	Building Name Village					
Gewog —		Dungkhag					
Dzongkhag							
Country		PO Box No.					
CONTACT DETAILS							
Phone No.		Mobile No.					
Fax No.		Email Id					

REL	ATIONSHIP DET	AILS – PROPRIET	OR/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				Ш				
* Date of Birth		* Gend	er 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						
		MAI	LING ADDRESS					
Address Line 1		Address Line 2	Address Line 3					
LAM/Street Name			Building Name					
Gewog			Village					
•			Dungkhag					
Dzongkhag			PO Box No.					
Country			PO BOX NO.					
PERMANENT ADDRESS								
House No.	——— Thram/l	Plot No.	Building Name					
LAM/Street Name			Village					
Gewog			Dungkhag					
Dzongkhag								
Country —			PO Box No.					
		CON	ITACT DETAILS					
Phone No			Mobile No.					
Fax No.			Email Id					
		Co	nsent Clause					
The Parties hereunto in thei	ir respective capacities	s as hereinabove mentic	ned do hereby declare that all the information furnished herewith is correct to the best	of mv/				

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 SIGNATURE LIMITS CITIZENSHIP NO. NAME DESIGNATION MODE OF OPERATION SIGNATURE **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 Date of Birth (Mandatory in case of minor) Relationship with the depositor \_\_\_\_\_ DD MM \* 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 2 -Name of witness 1 Signature\*\* Signature\*\* Address Address Place Date -Place twhen the deposit is made in the name of a minor t<mark>he</mark> 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 Transfer Cheque Cheque No. Dated Drawn on Amount in figures Term Deposit Tenure Years \_\_\_\_ Months\_ Interest Rate\_ Value Date DD MM YY Interest Redemption Frequency Auto Renewal Renew only Principal Renew with Credit Account No. Quarterly Redemption Principal SIGNATURES, PHOTOGRAPHS AND ACCEPTANCE Please paste your Please paste your Please paste your Please paste your passport size passport size passport size passport size photograph photograph photograph photograph Name \_\_ Name Name Designation \_\_\_ Designation \_\_\_ Designation \_ Designation \_ FOR BANK USE ONLY Approved by Sourced by System maker \_ System checker \_ Documents to be attached Trade license Letter of Incorporation CIT Return Two passport Size photographs Citizenship ID Card 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.

RELATIONSHIP DETAILS - PROPRIETOR/PARTNERS/NOMINEE/BOARD OF DIRECTORS						
* Relationship Type * Nature of Relationship						
* (Salutation) Mr Miss Dasho Dasho Dasho Others (Please specify)						
*First Name						
Middle Name						
Last Name						
* Date of Birth						
* 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 Address Line 3						
LAM/Street Name Building Name						
Gewog Village						
Dzongkhag Dungkhag						
Country PO Box No   PO Box No						
PERMANENT ADDRESS						
House No Thram/Plot No Building Name						
LAM/Street Name Village						
Gewog ————————————————————————————————————						
Dzongkhag						
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 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						

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\_\_\_\_\_