

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**

- |   |                                      |  |   |                                 |
|---|--------------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> Government Sector      | <input type="checkbox"/> Corporation | <input type="checkbox"/> Armed Force     | <input type="checkbox"/> Freelance      | <input type="checkbox"/> NGO    |
| <input type="checkbox"/> Autonomous Agency      | <input type="checkbox"/> Pensioner   | <input type="checkbox"/> Private Sector  | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> NRB    |
| <input type="checkbox"/> International Agency   | <input type="checkbox"/> Politician  | <input type="checkbox"/> Householder     | <input type="checkbox"/> Student        | <input type="checkbox"/> Others |
| <input type="checkbox"/> Religious practitioner | <input type="checkbox"/> Tshogpa     | <input type="checkbox"/> Legal Personnel | <input type="checkbox"/> Judiciary      | <input type="checkbox"/> 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) | 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     |  |

**FOR BANK PURPOSE**

<p><b>Dealing Official Signature</b></p>	<p><b>Manager Seal &amp; Signature</b></p>
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**ACCOUNT OPENING FORM  
(For Individual)**

**T BANK LIMITED**

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     FCY in.....

**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**



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T BANK LIMITED

**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:

- a) The TBL is here by authorized to make the adjustment against my loan, if any before disbursing the same to my nominee;
- b) The above nominee shall be eligible to make the claim(s), subject to the availability of the balance amount in the said account
- c) 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;
- d) 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);
- e) The TBL shall obtain receipts of payments being made to the nominee(s);
- f) Once the payment is being made to the nominees, there shall not be any further claim(s) by the nominees;
- g) The nominees are mixed of major, minor and disable for making the claim(s) as per this declaration;
- h) I have carefully read and fully understood the procedures for legal claim from the deposit Accounts of the TBL; and
- i) 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.....

***“Your Personal Bank”***

**HEAD OFFICE** - TCC Complex Building, Opposite to Hotel Taj Tashi, Samten Lam, Thimphu, Bhutan  
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 Website: www.tbank.bt, Email: customercare@tbank.bt, Toll Free No. 7070, SWIFT: TBBTBT