



BHUTAN NATIONAL BANK LIMITED

Customer Information Up-dation Form (Retail)

Please complete in **CAPITAL LETTERS** and the appropriate boxes

All the fields marked * are mandatory

Account Number (s)*:		
Full Name*:		
Date of Birth (DD/MM/YYYY)*:		
ID Number*:	Mobile No*.:00975	
Email ID*:	Tax Payer Number*:	
Education*: <input type="checkbox"/> Non-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Other(Specify)		
Employment*: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other(Specify)		
Occupation*:		
If employed (Name of Organization):		
Designation:	Contact No.:	
Full Address:		
Gross Annual Income* (If employed)		
Source(s) of income/fund* (Specific and in detail):		
Monthly Rental Income (Nu.):		

Permanent Address*		
House No.:	Thram No.:	Village:
Gewog:	Dungkhag:	Dzongkhag:

Address for correspondence/Domicile Address*	
Building/Flat No.:	Street/Road Name:
Post Box No.:	City/Village:
Gewog:	Dzongkhag:

Marital Status*	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)	
Name of Spouse:	CID of Spouse:
Mobile No.: 00975	Spouse has BNB Account <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, BNB Account No.:

In the event of my death, I hereby declare the following nominees as the legal representatives for all the Account(s): Savings Account or Term Deposit account or Recurring Account or Safe Deposit Locker maintained with your Bank in the name of..... & Account Number(s)

Nominee	CID/Passport No	Contact No	Relation to Customer	% to be paid

- I. He/she has the absolute right to close any of the accounts or claim for contents in Safe Deposit Locker.
- II. He/she also has the right to withdraw the balances lying therein, after the adjustment of any outstanding/s with this bank & receive the contents in the Safe deposit Locker.
- III. I have read and understood the procedure for legal claim from my Deposit accounts maintained with this Bank.
- IV. This Bank shall not be liable, once the payment/contents are made/delivered to the nominee as per the nomination details provided/declared above.

You can revise this list at any time during the currency of the account, by providing a written application to the bank.

Consent & Declaration

I/We hereby confirm that the information provided is true and accurate to the best of my/our knowledge at this time and shall be fully liable if proven otherwise. In case of any changes in the information provided, I/We undertake to inform the Bank promptly.

I/We have read the and understood the Terms & Conditions and also hereby agree to be bound by the rules and regulations governing the maintenance of accounts with the Bhutan National Bank Ltd (the Bank) in force and as amended by the Bank and/or the Royal Monetary Authority of Bhutan from time to time. I/We also agree to the disclosure of my account information as required by the regulatory authority and laws of the Kingdom.

Signature(s):

Date:



Witness:

Name & CID #:

Contact #.....

Bank Use

Processed by:

Verified By: