



འབྲུག་རྒྱལ་ཡོངས་དངུལ་ཁང་ཚད་འཛིན།
BHUTAN NATIONAL BANK LIMITED

Version No.: 1.0

Version Date: 24/01/2019

Revision Date:

Account Opening Form- TD/RD

Please complete in **CAPITAL LETTERS** and the appropriate boxes. All the fields **marked * are mandatory**

Date _____

Dear Sir,

I would like to open a term deposit/recurring deposit account at your branch as per the details below:

Customer Detail		
Account Name:		
Account Type (please tick)		
<input type="checkbox"/> Term Deposit	<input type="checkbox"/> Term Deposit Plus Scheme	<input type="checkbox"/> Recurring Deposit

For Term Deposit / TD+ accounts	
Amount (In figures)	
Amount (In Words):	
Tenure:	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years Please tick as appropriate
Dr. Account No.:	
Interest Liquidation Frequency for TD+ Scheme: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Please tick as appropriate). For Corporate, only Yearly option is available	

For Recurring Deposits	
Amount (In figures)	
Amount (In Words):	
Tenure	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years Please tick as appropriate
Dr. Account No.:	

*In the event of my death, I hereby declare that the nominee as recorded in my **saving s Account** shall be the legal nominee of this Account.

Consent/declaration
<p>I hereby confirm that the information provided on this form is true and accurate to the best of my knowledge at this time and shall be fully liable if proven otherwise. If any of the details change I undertake to inform the Bank promptly.</p> <p>I 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 also agree to the disclosure of my account information as required by the regulatory authority and laws of the Kingdom.</p> <p>I have understood the conditions that apply on premature closure of such accounts, especially regarding the adjustment of interest during such closure.</p>
Signature (s):

RD or TD Account No.:



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For Bank use only			
Particulars	Name of the staff	Date/Month/Year	Signature
Input done by			
Verifier/approved by			