༄༅། །རྒྱལ་གཞུང་འགན་ཡིན་བདོག་གཏད་བརྗེ་སོར་ཁང་།

ROYAL SECURITIES EXCHANGE OF BHUTAN LIMITED

FORM 02 (A)

CD ACCOUNT OPENING FORM FOR INDIVIDUAL

(One time only if the client is registered with the same Depository Participant)

Please complete all details in CAPITAL letters. **Please fill all names correctly. Names once captured cannot be changed.** All communications shall be sent to the correspondence address.

Date D D | M M | Y E A R

Name in Full (As per Citizen Identity Card):

Gender : (M/F) **Date of Birth:** D D | M M | Y E A R

Occupation:

Citizen Identity Card No. :

TPN No. (Mandatory) :

Contact Details

Present Address/ Office Address :

Email Address :

Contact number :

Bank Details for dividend mandate (Mandatory)

Saving Account No. :

Bank Name :

Standing Instructions

I/ We authorize you to receive credits automatically into my / our account* Yes No

*if not ticked it will be assumed Yes by default.

DECLARATION

The Rules and Regulations of the Depository and Depository Participant pertaining to an account which are in force now have been read by me/us and I/We have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me or suppression of any material fact will render my account liable for termination and further action.

Legal Stamp

Signature of Account Holder

For use by Brokerage Firm

Central Depository Code No.

ༀ། །རྒྱལ་གཞུང་འབྲུག་ཡིན་བདོག་གཏད་བརྗེ་སོར་ཁང་།

ROYAL SECURITIES EXCHANGE OF BHUTAN LIMITED

FORM 02 (B)

CD ACCOUNT OPENING FORM FOR INSTITUTIONS

(One time only if the client is registered with the same Depository Participant)

Please complete all details in CAPITAL letters. **Please fill all names correctly. Names once captured cannot be changed.** All communications shall be sent to the correspondence address.

Date D D | M M | Y E A R

Name of Company :

TPN No. (Mandatory) :

Contact Details

Present Address :

Contact Person & Designation :

Email Address :

Contact No.:

Bank Details for dividend mandate (Mandatory)

Current Account No. :

Bank Name :

Standing Instructions

I/ We authorize you to receive credits automatically into my / our account* Yes No

*if not ticked it will be assumed Yes by default.

DECLARATION

The Rules and Regulations of the Depository and Depository Participant pertaining to an account which are in force now have been read by me/us and I/We have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me or suppression of any material fact will render my account liable for termination and further action.

Legal Stamp

Seal & Signature of the company

For use by Brokerage Firm

Central Depository Code No.