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BHUTAN NATIONAL BANK LIMITED

Issue No.: 1.0

Issue Date: 20th May 2019

Revision
Date:

NAME: APPLICATION FORM FOR BUSINESS ADVANTAGE CARD

BNB BUSINESS ADVANTAGE CARD

SECTION 1: CLIENT DETAILS

NAME OF THE APPLICANT:

BRANCH:CITIZENSHIP NO: TRADE LICENSE:

ADDRESS OF THE CLIENT:

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CONTACT NOS: MOBILE..... FIXED LINE FAX NO:

FACILITIES APPLIED FOR: LETTER OF CREDIT BANK GUARANTEES EMD/BID SECURITY

CUSTOMER BASE NO: (To be filled by bank official)

LINE LIMIT APPLIED FOR:

LIMIT AGAINST COLLATERAL: EXISTING NEW (To be filled by bank official)

IF EXISTING, REVALUATION ADVISED: YES NO (To be filled by bank official)

IF NEW: FURNISH COLLATERAL DETAILS (To be filled by bank official)

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EXISTING RELATIONSHIP WITH BNBL (To be filled by bank official)

FACILITY TYPE	ACCOUNT NUMBER	REMARKS
		DEFAULT

To be forwarded to Engineering Department for Evaluation: YES NO (To be filled by bank official)

SIGNATURE OF THE APPLICANT:

NAME OF THE CREDIT OFFICER:

SIGNATURE OF THE CREDIT OFFICER:

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NAME OF THE RELATIONSHIP IN CHARGE / BM: SIGNATURE OF THE RELATIONSHIP IN CHARGE / BM:

SECTION 2: COLLATERAL VALUATION DETAILS FOR NEW/REVALUATION

Sl. No	Collateral Details	Collateral Value	Evaluation Date

SIGNATURE OF THE ENGINEER:

NAME OF THE ENGINEER:

SECTION 3: RISK APPRAISAL

LINE LIMIT APPROVED:

TERMS AND CONDITIONS:

SL. NO	TERMS AND CONDITIONS	APPLICABILITY
1.	The approved limit excludes issuing of Bid Security and Earnest Money Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	All loans should NOT be in NPL on the date of issuing the bank guarantee	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Guarantee commission should be calculated & collected based on the type of guarantee issued	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	All relevant documents should be collected before issuing the bank guarantee	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	No LC can be issued if previous LC is at default status	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Total EMD amount up to the sanctioned limit may be given without changing the overall limit of the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No

The details for sanctioning have been forwarded to branch on (date)

Signature:

Signature:

Name of Risk Officer:

Name of Risk Head:

Date:

Date: