



BHUTAN NATIONAL BANK Ltd.

POST BOX : 439

THIMPHU : BHUTAN

APPLICATION FORM FOR INTERNET BANKING- FOR RETAIL(Savings Account Only).

Date:

Salutation: HM HRH Lyonpo Dasho Mr Mrs Ms
others (specify): _____

Full Name: _____

Date of Birth:

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Gender: Male Female

Nationality: Bhutanese Non Bhutanese

Citizenship Identity Card Number

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Passport Number (if non Bhutanese): _____ Expiry Date: _____

Work permit Number (if non Bhutanese): _____ Expiry date: _____

Occupation/Profession

Organization name: _____

Designation	:	Dept/Div	:
City	:	Post Box No	:
* Email ID	:	Fax No	:
*Mobile No	:	Telephone	:

Mode of Operation of Accounts (Tick only)

Single any one

If Minor Only:

Name of Minor: _____

Name of Legal Guardian: _____

Relation: _____

ID card No of Guardian: _____

Mobile Number: _____

Add. Of Guardian: _____

SL#	Account No. to be accessed(Including Other Branches)	Branch Name
1		
2		
3		
4		

Please tick the facilities you want to avail (Tick).

- View Only**
(Balance Inquiry; Accounts statement, Account summary and information;Cheque book request,Cheque book status and cheque stop; Loan details, Rates for Fx, View Loan Details)
- View and Transfer / Transactions**
(Balance Inquiry; Accounts statement, Account summary and information;Cheque book request,Cheque book status and cheque stop; Rates for Fx, FD creation; View Loan Details, Loan Repayment; Fund transfer: own account, within BNB account; Fund transfer to other banks – BOB in Bhutan and HDFC / AXIS in India; Bill Payment)

Declaration

I/We have read and understood the Terms and Conditions provided in the Bank's website www.bnb.com.bt relating to the BNB Internet Banking services. I/We accept and agree to be bound by the said Terms and Conditions and any changes applicable if any or made to if from time to time. I understand that the Bank may discontinue the Internet Banking services completely or partially without any notice to me. I/We also declare that all the particulars and information given in this application form are true, correct, complete and up-to-date in all respects.



Signature of the Applicant
(Affix Legal stamp)

FOR BANK USE ONLY	
Signature, account no. and names of the applicant(s) verified and found as per Bank's records. Required services are enabled at the account level. Recommended and Permitted for provided internet Banking services.	
Application Received Date* _____	Name & Signature of Dealing/Passing Officer* _____
FOR USE AT DELIVERY CHANNELS GROUP ONLY	
Created by * _____	User ID allotted* _____
<u>Password/PIN Mailer Received By</u>	
Name.....Signature.....Date.....	

