



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

Version No.: 1.1

Version Date: 24/01/2019

Revision Date: 31/12/2019

Customer Information Update 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)*:
Nationality	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
ID Type: <input type="checkbox"/> CID OR <input type="checkbox"/> Work Permit OR <input type="checkbox"/> Resident Permit OR <input type="checkbox"/> Passport OR <input type="checkbox"/> Green Card OR <input type="checkbox"/> MOHCA Letter OR <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Other (Specify)	
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"/> Others (Specify)	

Source/s of Income*	
Source(s) of income/fund:	<input type="checkbox"/> Salary <input type="checkbox"/> Rental <input type="checkbox"/> Other
Gross Annual Salary (If employed)	
Others (Specify)	<i>(If you have mentioned your source of income above as rental or "other", this field is mandatory)</i>

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

Please attach a copy of the ID mentioned in this form

Employment & Correspondence Address*	
Employment : <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (Specify)	Employee ID:
Name & Address of Organization:	
Current Designation:	
If Unemployed, C/O Name, CID No. Relationship and Address:	

Spouse Details

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



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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	Date of Birth	% to be paid

The nominee(s) above has/have the following rights:

- I. The absolute right to close any of the accounts or claim for contents in Safe Deposit Locker.
- II. 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.

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

Consent & Declaration	
<p>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 have read and understood the procedure for legal claim from my Deposit accounts maintained with this Bank; I understand that the Bank cannot be held liable, once the payment/contents are made/delivered to the nominee as per the nomination details provided/declared above.</p>	
<p>Name & CID #:</p> <p>Date:</p>	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Signature over Legal Stamp</p> </div>
<p>*legal stamp required if nominee declared</p>	

Bank Use	
Processed by:	
Verified By:	
Information Updated in the system on:	