

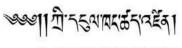


T BANK LIMITED

Branch						
Customer CIF	Account Type: Individual Corporate Bank					
CUSTOMER DETAILS - GENERAL						
Salutation: HRH Lyonpo Dasho Mr Miss	Mrs Dr. Lam Others (Please Specify)					
Address for Correspondence	Personal Details					
Name	Date of Birth/Nationality					
Current Designation	Citizenship ID NoExpiry Date/					
Employer Name	Gender: Male Female Others					
Business Entity Name	Telephone No:Mobile No:					
Dzongkhag Dungkhag	Employment: Employed Self Employed Unemployed					
Gewog Village	E-mail ID :					
Marita Marita	Status					
Single Married (If married) Spouse Name	Spouse CID no					
	Qualification Cold (No. 5, 15)					
☐ Non-student ☐ Under Graduate ☐ Graduate ☐ For Residen	Post Graduate Other(Please Specify)					
Work Permit / Passport No Issue Date						
Permanen	• •					
	ngkhag:Dungkhag:					
Gewog: Village: Village:						
Anticipated Gross Annual Income (In Nu) * (M	& above *TPN No (Taxpayer No)					
Customer						
	rmed Force Freelance NGO					
Autonomous Agency Pensioner Pri	ivate Sector Senior Citizen NRB					
☐ International Agency ☐ Politician ☐ Ho	ouseholder					
Religious practitioner Tshogpa Le	gal Personnel Judiciary Staff					
Consent &	Declaration					
The Parties hereunto in their respective capacities as hereinabove mentioned do h of my/our knowledge and ability and do hereby consent to disclose and share all						
that are deemed necessary to facilitate the Credit Information Bureau to ascertai	n accuracy/correctness of information. The parties hereunto mentioned do					
hereby give consent to use my/our demographic and credit information by the Creconfirm that the information/particulars provided herewith is truthful and accura						
	· · · \					
Signature of t	he Applicant					
Signature of Primary Applicant Signature of J	oint Applicant 1 Signature of Joint Applicant 2					
Documents to be attached (All document						
1. Passport Size Photograph(1 Copies) 5.	Proof of Present address (Utility Bills -As required under AML/CFT					
2. Copy of Citizenship ID Card	Regulation 2015)					
3. Copy of Trade License for CD A/c 6.	6. Source of Income/Latest Pay slip					
4. Copy of Work Permit / Passport 7.	Letter from School/College/University/Institution for students.					
FOR BANK PURPOSE						
Dealing Official Signature	Manager Seal & Signature					



ACCOUNT OPENING FORM (For Individual)



M T BANK LIMITED

Customer CIF	Date:/						
	ly. All fields marked * are COMPULSORY.						
The Manager, T Bank Ltd.							
	would like to avail the following products from your bank.						
Please tick the appropriate product.							
Saving Account Current Account Fixed Depos	sit Recurring Deposit FCY in						
Mode of Operation ☐ Single A/c ☐ Joint A/c ☐ Either or	Survivor Cheque Required Yes No						
Customer Instruction for Fixed Deposits							
Fixed Deposit Amount(Nu)(in figures)							
Payment By: Cash Transfer Cheque (If Cheque: Cheque No)						
Value Date:/	•						
Frequency of Interest Redemption: Quarterly On Maturity (Please Provide SB A/s No)							
Customer Instruction for Recurring Deposits							
PD Installment Amount(Nu)(in Source)	dsOnly)						
	•						
Mode of Installment Payment: Manual Payment Standing Ins							
RD Period:	/						
For Minor A/c only, if not	Minor Please skip this step.						
Name of the Minor	. Guardian Customer CIF						
Date of Birth/	Relationship with Guardian						
	or Either or Survivor						
Joint A/s CIF (1)Name (1)	Relationship						
Joint A/c CIF (2)							
Joint A/c CIF (3)							
<u> </u>	ts to be submitted in original for verification)						
1. Passport Size Photograph(2 Copies) 5.							
2. Copy of Citizenship ID Card	Regulation 2015)						
	6. Source of Income/Latest Pay slip						
4. Copy of Work Permit / Passport 7.	· · ·						
Applicant Signature, Photographs and Acceptance							
For Individual	For Joint A/c						
Name	Name						
DI .	DI .						
Please paste your passport size Date/	Please paste your passport size Date/						
photograph with	photograph with						
signature across	signature across						
Signature /Thumb Impression	Signature/Thumb Impression						
FOR BANK USE ONLY							
Account No	Date://						
Dealing Official Signature	Manager Seal & Signature						



Legal Claim Nomination Form on the Deposit Accounts

FD1				• • • • • •				
The	undersigned				card no			
	ed) e,G				g have Saving			
	rring(),Fixed() and Cu							
	ing persons for claiming							
SL.	Name of Nominee	Relat		CID No	Percentage o			
No					share			
			11 1 777					
	re and undertake the foll	•	•		- 1 C 1'-1			
a)	The TBL is here by au		ne adjustment a	igainst my ioan, if any	before disbursing			
1.	the same to my nomine				9.1.99.			
b)	The above nominee s	•	make the cla	im(s), subject to the	availability of the			
	balance amount in the							
c)	The percentage of claim		-	-	on all nominees and			
	hence there shall not be any dispute or recourse, whatsoever by the nominee;							
d)	The TBL if fully auth				from my deposit			
	account(s) to the nomin							
e)	The TBL shall obtain receipts of payments being made to the nominee(s);							
f)	Once the payment is be	eing made to the n	ominees, there	shall not be any furthe	er claim(s) by the			
	nominees;							
g)) The nominees are mixed of major, minor and disable for making the claim(s) as per this							
	declaration;							
h)	n) I have carefully read and fully understood the procedures for legal claim from the deposit							
	Accounts of the TBL;	and						
i)	The TBL shall not be liable, whatsoever once the payments to the nominees have been							
	completed,							
				Affix legal S	•			
****	Date:		a	Signature of				
Witnes			Co	ntact No	• • • • • • • • • • • • • • • • • • • •			
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	g:							
	khag:							