

KYC UPDATION FORM (Retail)

Please fill form in CAPTIAL LETTERS only. All fields marked * are MANDATORY

Please Tick the appropriate Product

Branch:

Date:/...../.....

Primary Saving's Deposit/Current Deposit a/c:

Name*

Date of Birth*

Email*

Phone Number*

IDENTIFICATION DOCUMENT TYPE (Please tick the appropriate box)

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Citizenship ID Card | <input type="checkbox"/> Dependent Card | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Work Permit | <input type="checkbox"/> Immigration Card - MC | |
| <input type="checkbox"/> DCRC Letter | <input type="checkbox"/> Immigration Card - DC | |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Special Resident Permit | |

Identification Document No

Place of Issue

Issue Date

Expiry Date

INFORMATION TO BE CHANGED

PERSONAL INFORMATION

- | | | | | | | | | | |
|----------------|----------------------------------|------------------------------------|---------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|------------------------------|---------------------------------|
| Account Type | <input type="checkbox"/> General | <input type="checkbox"/> Pensioner | <input type="checkbox"/> Minor | | | | | | |
| Salutation | <input type="checkbox"/> HRH | <input type="checkbox"/> Lyonpo | <input type="checkbox"/> Dasho | <input type="checkbox"/> Mr | <input type="checkbox"/> Miss | <input type="checkbox"/> Mrs | <input type="checkbox"/> Dr | <input type="checkbox"/> Lam | <input type="checkbox"/> Others |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Others | Nationality | | | | | |
| Marital Status | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Others | | | | | | |
| Spouse Name | | Spouse CID | | | | | | | |

COMMUNICATION DETAILS

A. Present Address

- | | | | |
|--|--|-----------|--|
| Residential Address/
Office Address | | | |
| Village | | Gewog | |
| Dungkhag | | Dzongkhag | |
| Country | | | |

B. Permanent Address			
Village		Gewog	
Dungkhag		Dzongkhag	
House No		Thram No	
EMPLOYMENT DETAILS			
Employment	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		
Occupation		Organization Name	
Gross Annual Income (In Nu)	<input type="checkbox"/> 0 to 100,000 <input type="checkbox"/> 100,001 - 300,000 <input type="checkbox"/> 300,001 - 500,000		
	<input type="checkbox"/> 500,001 - 1,000,000 <input type="checkbox"/> 1,000,001 - 1,500,000 <input type="checkbox"/> 1,500,001 - 2,000,000		
	<input type="checkbox"/> 2,000,001 & Above		
Tax Paying No (TPN) *			
(Signature) (Please submit the form by email to the respective branch or drop it at the nearest branch office)	1. Thimphu Branch: thimphubr@tbank.bt 2. Phuentsholing Branch: phuentsholingbr@tbank.bt 3. Samtse Branch: samtsebr@tbank.bt 4. Gelephu Branch: gelephubr@tbank.bt 5. Paro Branch: parobr@tbank.bt 6. Mongar Branch: mongarbr@tbank.bt 7. Trashigang Branch: trashigangbr@tbank.bt 8. Wangdue Branch: wangduebr@tbank.bt 9. Trongsa Branch: trongsabrar@tbank.bt 10. Samdrup Jongkhar Branch: sjongkharbr@tbank.bt		
Note: For change in primary information like the mobile number, email ID etc. please fill the customer information change request form.			
FOR BANK PURPOSE ONLY			
Customer Information Form (CIF) Number:			
Dealing Official's Signature		Manager's Seal & Signature	

