



འབྲུག་གོང་འཕེལ་དངུལ་ཁང་ཚོང་འཛིན།  
**Bhutan Development Bank Limited**  
*"Your Development Partner"*

Branch: ..... Date: 

D	D	M	M	Y	Y	Y	Y
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CIF ID (To be filled by Bank Officials): 

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**CUSTOMER INFORMATION FORM (Corporate)**

Please fill up the form in CAPITAL LETTERS only. The fields marked with \* are **mandatory**. Please tick (✓) the appropriate option wherever required.

**BASIC INFORMATION DETAILS**

Name of the Entity/Business*																			
Entity Segment (Please Tick One)*	<input type="checkbox"/> Armed Force <input type="checkbox"/> Corporate <input type="checkbox"/> Association/Club/Trust <input type="checkbox"/> Autonomous Body <input type="checkbox"/> CSO <input type="checkbox"/> Commercial Bank <input type="checkbox"/> DHI Company <input type="checkbox"/> Govt. Agency <input type="checkbox"/> Govt. Corporation <input type="checkbox"/> National NGO <input type="checkbox"/> NBFi <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Public Company <input type="checkbox"/> Pvt. Company <input type="checkbox"/> Religious Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> SOE <input type="checkbox"/> Educational Institute <input type="checkbox"/> Others (Please Specify).....																		
Nature of Business*																			
Source of Fund (Please Tick One)*	<input type="checkbox"/> Own Fund <input type="checkbox"/> Bank Loan <input type="checkbox"/> Govt.Grants/Subsidies <input type="checkbox"/> ADB <input type="checkbox"/> Micro Finance <input type="checkbox"/> World Bank <input type="checkbox"/> Business <input type="checkbox"/> Company Sale <input type="checkbox"/> Company Profit <input type="checkbox"/> UN Development Fund <input type="checkbox"/> Sale of Properties <input type="checkbox"/> Others (Please Specify).....																		
Incorporation Date*	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Commencement Date*	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												
Taxpayer Number (TPN)*	Anticipated Annual Income (Nu.)*																		
Beneficial Owners (Please mention the shareholding patterns)*																			



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**Bhutan Development Bank Limited**

*“Your Development Partner”*

IDENTIFICATION DOCUMENT DETAILS																			
Identification Document Type <i>(Please Tick one)*</i>	<input type="checkbox"/> Identification Proof <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Partnership Deed <input type="checkbox"/> License <input type="checkbox"/> Letter from Public Authority <input type="checkbox"/> Trust Deed <input type="checkbox"/> Memorandum of Association <input type="checkbox"/> Articles of Association <input type="checkbox"/> Certificate to Commence Business																		
Identification Document No.*																			
Issue Date*	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Expiry Date*	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">D</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">M</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> <td style="width: 25px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												
Investment Type *	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Industry <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Micro Trade <input type="checkbox"/> Others (Please Specify).....																		
Investment Scale*	<input type="checkbox"/> Micro <input type="checkbox"/> Cottage <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large																		

REGISTERED (HEAD OFFICE) ADDRESS DETAILS			
Address*			
Dzongkhag*		Gewog.*	
Email ID*		Office Phone No.*	
Postal Code		Fax No.	
Building/Flat No.		Street/Road Name	

MAILING/CORRESPONDENCE ADDRESS DETAILS (CURRENT ADDRESS)			
Same As Registered Address?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If No, please provide the following details:</i>			
Address*			
Dzongkhag*		Gewog*	
Email ID*		Office Phone No.*	
Postal Code		Fax No.	
Building/Flat No.		Street/Road Name	

KEY CONTACT PERSON DETAILS			
Key Contact Person Name*		Identification Document No.*	
Phone No*		Email ID*	



**CUSTOMER CONSENT AND DECLARATION**

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/We also agree to the disclosure of my account information as required by the regulatory authority and laws of the Kingdom.

Signature  
over Legal  
Stamp

Name of Proprietor/Authorized Person: .....

Place: .....

Date: .....

Phone No.: .....

**CHECK LIST**

1. *Official letter/management approval/board resolution stating to open CD/FD account addressed to Branch Manager stating the designated persons/signatories to operate the account/s.*
2. *A copy of valid Identification Document/Identification Proof.*
3. *Tax exemption certificate (if tax is exempted).*
4. *Copy of Legislative or any other basis on which the government body has been established.*
5. *A copy of CID and TWO recent passport sized photographs of authorized representative and Authorized signatories.*
6. *A dully completed Account Opening Form*
7. *Articles of Association/Shareholding patterns*

**FOR BANK USE ONLY**

<p><b>Created By (Signature):</b> .....</p> <p><b>Name:</b> .....</p> <p><b>Employee ID:</b> .....</p> <p><b>Date:</b> .....</p>	<p><b>Verified By (Signature):</b> .....</p> <p><b>Name:</b> .....</p> <p><b>Employee ID:</b> .....</p> <p><b>Date:</b> .....</p>
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