



འབྲུག་གོང་འཕེལ་དངུལ་ཁང་ཚད་འཛིན།
Bhutan Development Bank Limited

“Your Development Partner”

Branch:	Date:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Recent Passport Sized Photograph
D	D	M	M	Y	Y	Y	Y				
CIF ID (To be filled by Bank Officials):	<table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

CUSTOMER INFORMATION FORM (Retail)

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

IDENTIFICATION DOCUMENT AND BASIC INFORMATION DETAILS

Identification Document Type*	<input type="checkbox"/> Citizenship ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Work Permit <input type="checkbox"/> Non-National ID Card <input type="checkbox"/> Letter from MoHA																		
Identification Document No.*		Issue Date*	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y												
Date of Birth*	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Expiry Date* (if minor leave blank)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>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												
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others																		
Title*	<input type="checkbox"/> HRH <input type="checkbox"/> Lyonpo <input type="checkbox"/> Dasho <input type="checkbox"/> Lam <input type="checkbox"/> Aum <input type="checkbox"/> Mr. <input type="checkbox"/> Master <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss																		
Full Name*																			
Father's Name*		Mother's Name																	
Birth Country*		Are you BDB Staff?*	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Staff ID.....)																
Are you Residing Abroad?*	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Residing Abroad Start Date*): <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Phone No.*									
D	D	M	M	Y	Y	Y	Y												
Email ID (Required if you are Residing Abroad*)		Enable Mobile Alerts?*	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Taxpayer Number (TPN). (If applicable*)		Politically Exposed Person (PEP) / Linked to PEP?*	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please obtain approval from the Management)																



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GUARDIAN DETAILS (For Minors only)

Guardian Type*	<input type="checkbox"/> Court Appointed <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others (Please Specify).....		
Guardian CIF ID*		Guardian Name*	
Guardian ID No.*		Guardian Phone No.*	

ADDRESS DETAILS

1. Permanent Address (Foreigners can fill in only “Country” field)

Thram No.*		Household No.*	
House No.*		Dzongkhag*	
Gewog*		Village*	
Country*		Postal Code	

2. Present Address

Same As Permanent Address?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If No, please provide the following details:</i>			
Country*		Dzongkhag* (Not required if you are residing abroad)	
Gewog* (Not required if you are residing abroad)		Village/Locality	
Street Name/No. (Required if you are residing abroad*)		Postal Code	
Address* (Residential/Working/University)			

DEMOGRAPHIC DETAILS

Nationality*	<input type="checkbox"/> Bhutanese <input type="checkbox"/> Others	Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
<i>If Married, please provide the following details:</i>			
Spouse Name*		Spouse’s Identification Document No.*	
Spouse’s Phone No.*		Spouse’s Occupation*	



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EMPLOYMENT AND INCOME DETAILS (Required as per RMA AML/CFT Regulations)

1. Employment Details

Please select the appropriate Employment Type and tick the corresponding options under Occupation

Employment Type*	Occupation*
<input type="checkbox"/> Employed	<input type="checkbox"/> Armed Force <input type="checkbox"/> Associations (NGO) <input type="checkbox"/> Parliamentarian <input type="checkbox"/> Civil Servant <input type="checkbox"/> Corporate Employee <input type="checkbox"/> Diplomat <input type="checkbox"/> Private Employee <input type="checkbox"/> Public Servant (Autonomous) <input type="checkbox"/> International Agency <input type="checkbox"/> Local Govt Employee <input type="checkbox"/> Others (Please Specify).....
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Businessman/woman <input type="checkbox"/> Self Employed (Contractor/Taxi) <input type="checkbox"/> Service <input type="checkbox"/> Others (Please Specify).....
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Homemaker/House Wife/Husband <input type="checkbox"/> Others (Please Specify).....
<input type="checkbox"/> Retired	<input type="checkbox"/> Pensioner <input type="checkbox"/> Others (Please Specify).....
<input type="checkbox"/> Others	<input type="checkbox"/> Monk/Nun/Layman <input type="checkbox"/> Others (Please Specify).....
Employer Name (if Employed or self-Employed)*	

2. Income Details

Gross Annual Income* (Nu.)	
Source of Income*	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Rental <input type="checkbox"/> Dividend <input type="checkbox"/> Cash Crops <input type="checkbox"/> Sale of Properties <input type="checkbox"/> Inheritance (Parents) <input type="checkbox"/> Sale of shares or other investments <input type="checkbox"/> Livestocks <input type="checkbox"/> Poultry <input type="checkbox"/> Wages (Labour) <input type="checkbox"/> Others (Please Specify).....



CUSTOMER CONSENT AND DECLARATION

I hereby confirm that the information provided is true and accurate to the best of my knowledge at this time and shall be fully liable if proven otherwise. In case of any changes in the information provided, I undertake to inform the Bank promptly.

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

Signature/Thumb
Impression over
Legal Stamp

Full Name:

Place:

Date:

CHECK LIST

- 1. A copy of valid Identification Document
- 2. TWO recent passport sized photographs
- 3. A dully completed separate Account Opening Form

For Minors:

- 4. Census Details (Family Tree)
- 5. TWO recent passport sized photographs of Minor
- 6. TWO recent passport sized photographs and a copy of ID document of Guardian
- 7. CIF forms need to be filled separately for Guardian (if no CIF created earlier) and for Minor

FOR BANK USE ONLY

Created By (Signature):	Verified By (Signature):
Name:	Name:
Employee ID:	Employee ID:
Date:	Date: