



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

CUSTOMER INFORMATION UPDATE FORM(Corporate)

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

CIF ID:

--	--	--	--	--	--	--

DATE:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ACCOUNT NUMBERS:

CURRENT	FIXED	LOAN

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; width: 100px; height: 20px;"><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; width: 100px; height: 20px;"><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)*																			



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

“Your Development Partner”

IDENTIFICATION DOCUMENT DETAILS

Identification Document Type (Please Tick one)*	<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*	D D M M Y Y Y Y	Expiry Date*	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.:

FOR BANK USE ONLY

Updated By (Signature):

Name:

Employee ID:

Date:

Verified By (Signature):

Name:

Employee ID:

Date: