



**CUSTOMER INFORMATION UPDATE FORM (Retail)**

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

**CIF ID:**

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**DATE:**

D	D	M	M	Y	Y	Y	Y
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**ACCOUNT NUMBERS:**

SAVINGS	CURRENT	RECURRING	FIXED	LOAN

**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="display: inline-table; border-collapse: collapse; width: 100px; height: 25px;"><tr><td style="width: 15px; height: 20px;">D</td><td style="width: 15px; height: 20px;">D</td><td style="width: 15px; height: 20px;">M</td><td style="width: 15px; height: 20px;">M</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">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="display: inline-table; border-collapse: collapse; width: 100px; height: 25px;"><tr><td style="width: 15px; height: 20px;">D</td><td style="width: 15px; height: 20px;">D</td><td style="width: 15px; height: 20px;">M</td><td style="width: 15px; height: 20px;">M</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Expiry Date* (if minor leave blank)	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 25px;"><tr><td style="width: 15px; height: 20px;">D</td><td style="width: 15px; height: 20px;">D</td><td style="width: 15px; height: 20px;">M</td><td style="width: 15px; height: 20px;">M</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; 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												
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*		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="display: inline-table; border-collapse: collapse; width: 100px; height: 25px;"><tr><td style="width: 15px; height: 20px;">D</td><td style="width: 15px; height: 20px;">D</td><td style="width: 15px; height: 20px;">M</td><td style="width: 15px; height: 20px;">M</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td><td style="width: 15px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y												
Phone No.*		Email ID (If available*)																	
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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**Bhutan Development Bank Limited**

*“Your Development Partner”*

**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 further 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: .....

**FOR BANK USE ONLY**

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