



Branch:

Date:

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ACCOUNT OPENING FORM (Corporate)
 (TO BE FILLED IN BLOCK LETTERS ONLY)

CIF ID (To be filled by Bank)

ACCOUNT NO. (To be filled by Bank)

ACCOUNT NAME: _____

ACCOUNT TYPE (Please tick (√) the appropriate box or boxes and provide information wherever required)

Current Account

Corporate Fixed Deposit

Principal Amount (in figures): Nu.

(In words): Nu.....

.....

Deposit Term:Years.....Months

Interest Payment Frequency

Monthly Quarterly Half-Yearly Yearly On Maturity

Interest Credit/Repay Account No.:

(The principal amount must be deposited on the same day of account opening)

MODE OF OPERATION (Please tick (√) the appropriate option)

Single Joint Any TWO



SPECIMEN SIGNATURES

For Single Signatory

Signature 1

Signature 2

Affix recently taken
passport photograph
here

Name:

For Joint Signatories

Signature 1

Signature 2

Affix recently taken
passport photograph
here

Name (Authorized Signatory 1):

Signature 1

Signature 2

Affix recently taken
passport photograph
here

Name (Authorized Signatory 2):

Signature 1

Signature 2

Affix recently taken
passport photograph
here

Name (Authorized Signatory 3):

Signature 1

Signature 2

Affix recently taken
passport photograph
here

Name (Authorized Signatory 4):



ADDITIONAL SERVICES REQUIRED (Please tick (√))

- SMS Alert
- Cheque Book

TERMS AND CONDITIONS

1. I/We agree to abide by Bhutan Development Bank's rules in force from time to time.
2. In case of any wrong credit in my/our account, I/we agree to repay the same to the rightful owner/the Bank.
3. Bank reserves the right to lien note my/our account against the cheque/debit authority presented for payment to the Bank, recovery of non-performing assets, overdrawn accounts, disputed transaction, properties for seizure and court order.
4. In case of change in address and contact information, I/we shall inform the bank and update the changed details at the earliest.
5. In case of failure to update the changed contact details of phone number and email address, the bank shall not be held responsible for siphoning (misusing) of funds from my/our account.
6. The Bank shall reserve the right to debit my/our account towards Account Maintenance Fee for certain accounts maintained with the Bank for a financial year that is subject to revision from time to time.
7. I/we shall agree to pay the minimal fees to the Bank that are charged towards the additional services provided by the Bank.
8. I/we shall agree to maintain a minimum balance of Nu.1, 000 in my/our Current Deposit accounts as required by the Bank's policy that may be subject to revision from time to time.
9. I/we shall be absolutely liable for any misuse of the accounts/cards opened in my/our name.

CUSTOMER CONSENT AND DECLARATION

I/we hereby confirm that the information provided on this form is true and accurate to the best of my/our knowledge at this time and shall be fully liable if proven otherwise. If any of the details change, I/we undertake to inform the Bank promptly.

I/we have also read and understood the Terms & Conditions and also hereby agree to be bound by the rules and regulations governing the maintenance of accounts with the Bhutan Development Bank Ltd. (the Bank) in force and as amended by the Bank and / or Royal Monetary Authority and laws of the Kingdom.

Signature over
legal stamp

Name of the Proprietor/Authorized Representative:

Place: Date:



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 Corporate CIF Opening Form (for new customer on boarding)*

FOR BANK USE ONLY

Created By (Signature):

Name:

Employee ID:

Date:

Verified By (Signature):

Name:

Employee ID:

Date: