

७७॥ तज्ञुगार्गेर तसे या न् ज्यायर के न तही वा Bhutan Development Bank Limited

"Your Development Partner"

Branch:]	Date:	D D	M M	Y Y Y Y	
ACCOUNT OPENING FORM (Retail) (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 (<i>Please tick</i> ($$) <i>the appropriate box or boxes</i> & <i>provide details wherever applicable</i>)						
CURRENT ACCOUNT & SAVINGS ACCOUNT						
☐ Savings ☐ Drinchen Ama Savings		Pensio	n Savings	8		
☐ Drinchen Ama Savings (Dratshangs & Shedras)		☐ Youth	Ethics			
☐ Group Individual Compulsory Savings (for group loans only) ☐ Current Account						
☐ Central Fund Account (for group loans only)						
TERM DEPOSIT SCHEMES (The principal/instalment amount must be deposited on the same day of account opening)						
☐ Fixed Deposit (On Maturity)						
Principal Amount (in figures): Nu.						
(In words): Nu						
Deposit Term:						
Repayment Account No. (Savings):						
Source of Income:						



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☐ Steady Income Plan		
Principal Amount (in figures): Nu.		
(In words): Nu		
Deposit Term:		
Interest Frequency		
☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly		
Interest Credit/Repayment Account No. (Savings):		
□ Recurring Deposit		
Instalment Amount (in figures): Nu.		
(In words): Nu		
Deposit Term:		
Instalment Frequency		
Instalment/Repayment Account No. (Savings):		
Instalment Mode		
MODE OF OPERATION (Please tick ($$) the appropriate option		
☐ Single ☐ Joint ☐ Any TWO ☐ Guardian (in case of minor) ☐ Power of Attorney		
☐ Either or Survivor ☐ Anyone or Survivor		
In case of Joint Account, please provide the following details (A joint holder must submit a dully filled CIF form if he/she does not hold account with BDB)		
Name of Joint Holder 1: CIF ID:		
Name of Joint Holder 2: CIF ID:		
Name of Joint Holder 3: CIF ID:		
Name of Joint Holder 4: CIF ID:		



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NOMINEE DETAILS (This section is to be filled only if Nominee(s) is/are required) In the event of your death, the nominee/s recorded here shall have the absolute right to close this/these account/s and withdraw the balance lying therein, AFTER the adjustment of any outstanding with the bank. Relation to A/c Name ID No. **Address** % of Share Holder ADDITIONAL SERVICES REQUIRED (Please tick ($\sqrt{}$) ■ SMS Alert ☐ Cheque Book **SPECIMEN SIGNATURES** For Single/Guardian/Power of Attorney Modes of Operation Name:



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For Joint Modes of Operation

		Affix recently taken passport photograph here
Signature/Thumb Impression 1	Signature/Thumb Impression 2	
Name (Joint Holder 1):		
		Affix recently taken passport photograph here
Signature/Thumb Impression 1	Signature/Thumb Impression 2	
Name (Joint Holder 2):		
Signature/Thumb Impression 1	Signature/Thumb Impression 2	Signature/Thumb Impression 1
	_ _	
Name (Joint Holder 3):		
Signature/Thumb Impression 1	Signature/Thumb Impression 2	Signature/Thumb Impression 1
Name (Joint Holder 4):		



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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 mobile 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. The nominee/s has the absolute right to close the accounts as per the nomination details provided by the account holder after the demise of the account holder. He/she also has the right to withdraw the balances lying therein, after the adjustment of any outstanding/s with this bank & receive the balance in the account/s.
- 9. I/we shall agree to maintain a minimum balance of Nu.1, 000 in my/our Current Deposit account at all times, and in Savings account if cheque facility is availed as required by the Bank's policy that may be subject to revision from time to time.
- 10. 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		
1	Name:	 	
Place: Da		 Date:	



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CHECK LIST

- 1. A copy of valid Identification Document
- 2. TWO recent passport sized photographs
- 3. A dully completed separate CIF Opening Form (for first time on boarding)
- 4. For Pension Savings Account, a letter from the Pension Board mentioning all the details of the account holder and his/her children (if the account is required for a minor) is mandatory; the account will also be additionally governed by the rules framed by the board.

For Minors:

- 5. Census Details (Family Tree)
- 6. TWO recent passport sized photographs of Minor
- 7. TWO recent passport sized photographs and a copy of ID document of Guardian
- 8. CIF forms need to be filled separately for Guardian (if not done already) and Minor

FOR BANK USE ONLY	
Created By (Signature):	Verified By (Signature):
Name:	Name:
Employee ID:	Employee ID:
Date:	Date: