

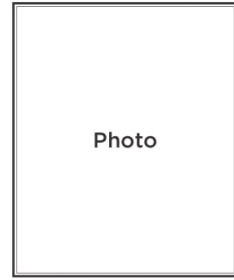


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**BANK OF BHUTAN**

(Incorporated under Company Act of the Kingdom of Bhutan, 2000)  
REGISTERED HEAD OFFICE: THIMPHU, BHUTAN

BB299



**Registration Form**

Tshongdrel Ngotshab

The Branch Manager,

**(ALL THE PARTICULARS WITH (\*) ARE MANDATORY)**

Dear Sir/Madam,

I/we wish to apply as **Tshongdrel Ngotshab** offered by the Bank of Bhutan for which the mode of operation would be individual/group/institution.

\*Name of Tshongdrel Ngotshab with Salutation (Mr./Mrs./Messrs)

\*E-Mail ID: \_\_\_\_\_

\*Mobile No: \_\_\_\_\_ Tele Phone No: \_\_\_\_\_ \*CID No: \_\_\_\_\_

\*Present Address/Business Address: \_\_\_\_\_

Tax Payer No. (TPN): \_\_\_\_\_

\*Father's Name: \_\_\_\_\_

\*Mother's Name: \_\_\_\_\_

**General Information:**

A/C No if any	CIF No. (To filled by Branch Official)

**Declaration:**

I hereby apply to register as Tshongdrel Ngotshab of Bank of Bhutan (BoB) and declare that the information provided herein are true to the best of my knowledge and ability. I agree that BoB reserves the right to accept or reject my application without assigning any reason, whatsoever. I also acknowledge and confirm that I have read and understood the terms and conditions governing the Tshongdrel Ngotshab clearly and its consequences mentioned in the agreement and agree to abide by them unconditionally. In the event of my failure to abide by the terms and conditions stipulated herein, I agree irrevocably to compensate BoB and its branches for any loss incurred or to be incurred in future. I shall immediately inform BoB upon change of my mobile number and any other details.



**TSHONGDREL NGOTSHAB'S SIGNATURE**  
Date:



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**FOR BANK USE ONLY**

The applicant is found to be eligible to be appointed as the Bank's Tshongdrel Ngotshab as per the attached eligibility criteria approved by the Bank. Therefore, applicant is recommended for appointment as Tshongdrel Ngotshab of the Bank.

Application Received:

Date\*: \_\_\_\_\_ \* Branch Seal: \_\_\_\_\_

Agent ID\* \_\_\_\_\_

Created By:

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved By:

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Signature: \_\_\_\_\_