

CUSTOMER INFORMATION CHANGE FORM

To be filled by the Bank official on receiving the form

Branch:

CIF Number:

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To be filled by the Customer

Account No:

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I/We request for the following changes in your bank record. I understand that the change(s) is/are being carried out at my/our request and will affect the above account held by me/us with Bank of Bhutan. I/We submit the necessary documents in original and photocopy required for effecting the same.

Please tick the field you would like to change:

- 1. Change of Name:**
 Existing Name: New Name:
- 2. Change of Branch:**
 Existing Branch: New Branch:
- 3. Change of Mode of Operations:** (Please tick any one of the following)
 Existing: Singly Jointly Either or Survivor Anyone or Survivor Other
 New: Singly Jointly Either or Survivor Anyone or Survivor Other
 Name: CID No:

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 Name: CID No:

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- 4. Change of Contact Number:**
 Existing Mobile No: New Mobile No:
- 5. Change of Email ID:**
 Existing Email ID: New Email ID:
- 6. Change of Normal Saving Account Number to Unique Account Number**
 Existing Acc No:

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 Unique Acc No:

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(Please provide 8 digits)
- 7. Subscription for e-statement:**
 Subscribe Un-subscribe

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8. Change of Signature:

Existing	New
Joint Account Holder	Joint Account Holder
Primary Account Holder	Primary Account Holder
Joint Account Holder	Joint Account Holder
Joint Account Holder	Joint Account Holder

9. Addition/Change of Nomination Details:

Sl. No	Name of Nominee	CID No.	Date of Birth	Relationship with the depositor	% Share	Add or Remove

Signature of Witness

Name:

CID No:

Mobile No:

Affix Legal Stamp
(customer's signature)

(Please submit the form personally to the nearest Branch Office)

For Bank/Official use only:

Created By: (Signature)

Authorised By: (Signature)

Employee ID:

Employee ID:

Date: