



Date:

## ACCOUNT OPENING FORM (Corporate)

Please fill form in **CAPITAL LETTERS** only. All fields marked \* are **MANDATORY**  
Please Tick the appropriate Product

Passport size photograph of Primary Account Holder	Passport size photograph of Joint Account Holder 1	Passport size photograph of Joint Account Holder 2	Passport size photograph of Joint Account Holder 3
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**This section to be filled by the Bank official receiving the form**

CIF Number:

Account Number:

**This section to be filled by the customer**

Any other existing BOB Account Numbers:

I/We ..... would like to avail the following products from your Bank.  
I/We agree to abide by Bank of Bhutan's rules in force from time to time.

### Government Account:

- i. CA - Government LC with Overdraft Facility
- ii. CA - Government RGR
- iii. CA - Government Department
- iv. CA - Government Corporation
- v. CA - Government Refundable Deposit
- vi. CA - Government Budget Account
- vii. CA - Government Ways and Means

### Current Account (Corporate):

- i. CA - Corporation
- ii. CA - Sole Proprietorship
- iii. CA - Partnership
- iv. Saving Account - Corporate

### Fixed Deposit:

Fixed Amount :   
Months/Year :

### Interest Payment Frequency

- On Maturity  Annually   
Half Yearly  Monthly

### Instruction for Renewal on maturity of deposit

- Renew for Principle & Interest   
Renew for Principle Only

Credit Interest to Account No.

Credit Interest to Account No.

Period for which Renewal required ..... months/years  
No. of times .....

## ACCOUNT OPENING FORM (Corporate)

### Safe Deposit Vault:

- i. Safe Deposit Vault (Locker)
- ii. Safe Custody

(\*A separate lease agreement to be signed to avail this service.)

### Mode of Operation:

- Single   
  Jointly   
  Either OR Survivor   
  Anyone OR Survivor   
  Power of Attorney

**Name of the Firm/Business Entity:** .....

For Current Account Individual

### The Account will be operated by the following authorized persons:

1st Applicant Name: .....	CIF No:	<input type="text"/>
2nd Applicant Name: .....	CIF No:	<input type="text"/>
3rd Applicant Name: .....	CIF No:	<input type="text"/>
4th Applicant Name: .....	CIF No:	<input type="text"/>

### Channel Facilities (Available)

- Internet Banking
- VISA Domestic Debit Card
- VISA International Debit Card
- B-Wallet
- Tele-Banking
- m-BOB

\*\* A separate Form needs to be completed to avail any of the above facilities, apart from this Form.  
 (Please ask for it at the counter, mentioning the type of facilities you would like to avail)

- SMS alert will be activated on primary applicant mobile number

### Introducer Details:

Name: .....

Account No:

I confirm that I know the applicant as:

- Relative   
  Friend   
  Colleague   
  Other .....

for more than six months and confirm his/her identity, address and occupation as stated in the form.

Seal & Signature

Seal & Signature



**ACCOUNT OPENING FORM (Corporate)**

I have received the copy of the most important documents of terms & conditions  
Seal & Signature/Thumb Impression of Applicant

PRIMARY ACCOUNT HOLDER	PRIMARY ACCOUNT HOLDER
JOINT ACCOUNT HOLDER	JOINT ACCOUNT HOLDER
JOINT ACCOUNT HOLDER	JOINT ACCOUNT HOLDER

Created By: (Signature)

Authorised By: (Signature)

Employee ID: .....

Employee ID: .....

Date: .....