

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 Identification Number:**
 Existing Number: New Number:
- 3. Change of Branch:**
 Existing Branch: New Branch:
- 4. 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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- 5. Change of Contact Number:**
 Existing Mobile No: New Mobile No:
- 6. Change of Email ID:**
 Existing Email ID: New Email ID:
- 7. 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)
- 8. Subscription for e-statement:**
 Subscribe Un-subscribe
- 9. Change of Young Saver Account (minor) to Normal Saving Account** (when a minor attains the age of 18)

Signature:

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10. 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

Signature of Account Holder

Name:

For Bank/Official use only:

Created By: (Signature)

Employee ID:

Date:

Authorised By: (Signature)

Employee ID: