

འབྲུག་གི་དངུལ་ཁང་།



BANK OF BHUTAN

A dhi Company

INFORMATION UPDATION FORM

Branch:

Date:

To be filled by the Bank official receiving the form

CIF Number:

Account Details

(Please write Account Number)

Saving Deposit	Recurring Deposit:	Current Deposit:	Fixed Deposit
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)
5)	5)	5)	5)

Personal Details

Please fill form in CAPITAL LETTERS only. All fields marked * are COMPULSORY.

*Salutation: Mr. Mrs. Master Miss Dasho Aum Others
(Please specify).....

*Customer Type: Public BoB Staff Pensioner Minor HM Soelra Others
(Please specify).....

*First Name: Middle Name:..... Last Name:.....

*Father's/Spouse Name: * Mother's Name:.....

*Date of Birth (DD-MM-YYYY):.....

*Identification Document Type: Citizenship ID Card Voters Card Passport Work Permit
 Bhutanese Residency ID Bhutanese Non-Residency ID Driving License
 Special Residency Permit Marriage Certificate Birth Certificate

Identification Document No:..... Issue Date:.....

Place of Issue:..... Valid upto:.....

*Gender: Male Female *Nationality:

*TPN No: (Taxpayer identification No.):

*Marital Status Single Married

Communication Details

Building/Flat No.: Road/Street Name: Locality/ Village Name:

Bank of Bhutan Limited, Post Box No: 102, Thimphu
Fixed Line +957-2-334333, Website: www.bob.bt. Kingdom of Bhutan

Gewog:		Dungkhag:		Dzongkhag:	
*Country:		P.O Box No :		*Occupation :	
Fax No.:		Country of Birth:			
Permanent Address					
*Village:		*Gewog:		*Dungkhag:	
*Tharm No:		*House No:		*Permanent Household No:	
General Information					
*Gross Annual Income (In Nu.): <input type="checkbox"/> 0-100,000 <input type="checkbox"/> 100,001-300,000 <input type="checkbox"/> 300,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,001-1,500,000 <input type="checkbox"/> 1,500,001-2,000,000 <input type="checkbox"/> 2,000,001 & Above					
*Employment: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed					
If Employed: *Organization Name:..... *Office Tel. No.:..... Fax No.:.....					
<p style="text-align: center;">Signature</p> <p style="text-align: center;">(Please submit the form by email to update@bob.bt or drop it at the nearest Branch Office)</p>					

THANK YOU FOR YOUR TIME

For Bank/Official use only:

Created By: (Signature)

Authorised By: (Signature)

Employee ID:

Employee ID:

Date: