रमुगायी र इंगायमा							
BOB							
A thi 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 Depo	sit Recurring	Deposit: Cu	irrent Deposit:	Fixed Deposit			
1)	1)	1)		1)			
2)	2)	2)		2)			
3) 4)	3) 4)	3) 4)		3) 4)			
5)	5)	5)		5)			
		Personal Details		-,			
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: Last Name:							
*Father's/Spouse Na	*Father's/Spouse Name:						
*Date of Birth (DD-MM-YYYY:							
*Identification	Citizenship ID Card						
Document Type: Bhutanese Residency ID Bhutanese Non-Residency ID Driving License							
	Special Residency Permit Marriage Certificate Birth Certificate						
Identification Doc	ument No:	Is	sue Date:				
Place of Issue:							
*Gender:	Male	F	emale *N	ationality:			
*TPN No: (Taxpayer identification No.):							
*Marital Status	Single	M	1arried				
Communication Details							
Residential/ Working Address:	Road/ Street	Name:	Locality/ Village Nar	me:			
<b>Bank of Bhutan Limited,</b> Post Box No: 102, Thimphu Fixed Line +957-2-334333, Website: www.bob.bt. Kingdom of Bhutan							

Gewog:	Gewog: Dungkhag:		Dzongkhag:			
*Country:	*Country: P.O Box No :		*Occupation :			
Fax No.: Country of Birth:						
Permanent Address						
*Village:	*Gewog:	*Dungkhag:	*Dzongkhag:			
*Tharm No:	*House No:	*Permanent Household No:				
General Information						
*Gross Annual Income (In Nu.): 1,000,001-1,500,000 100,001-2,000,000 2,000,001 & Above						
*Employment:	Employed Self En	nployed Unemploye	d			
If Employed: *Organization Name: *Office Tel. No.:						
	THANK YOU F	OR YOUR TIME				
For Bank/Officia	l use only:					
Created By: (Signa	iture)	Authorised B	By: (Signature)			
Employee ID:		Employee ID	·			