



**BANK OF BHUTAN**

A  Company

Date: 

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**ACCOUNT OPENING FORM (Retail)**

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

This section to be filled by the Bank official receiving the form

CIF Number: 

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Account Number: 

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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.

**SAVINGS**

- i. Savings Account (Public) - Without Cheque Book
- ii. Savings Account (Public) - With Cheque Book
- iii. Savings Account for Staff
- iv. Savings Account (Staff) - Security Deposit
- v. Savings Account for Pensioner
- vi. Young Saver
- vii. Young Saver Plus
- viii. Empower Savings

**Unique Account Number**

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(Please provide 8 digit no. of your choice)

**RECURRING**

- i. Simple Recurring Deposit for Public
- ii. Simple Recurring Deposit for Staff
- iii. Recurring Deposit Plus for Public
- iv. Recurring Deposit Plus for Staff
- v. Flexi Recurring Deposit for Public
- vi. Flexi Recurring Deposit for Staff

**Installment Amount:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**FIXED DEPOSIT**

- i. Fixed Deposit - Public
- ii. Fixed Deposit - Staff
- iii. Fixed Deposit - MOD

Fixed Amount: \_\_\_\_\_ Months/Years: \_\_\_\_\_

**Interest Payment Frequency:** On Maturity  Annually  Half Yearly  Quarterly  Monthly

Credit Amount to Account No. 

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**Instruction on Maturity of Deposit:**  
 Close and Credit Amount to Account no.: 

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 Renew Principal & Interest  
 Renew Principal Only

**CURRENT (INDIVIDUAL)**

- i. CA - Public
- ii. CA - BoB Staff

**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

**For Jointly/  
Either OR Survivor/  
Anyone OR Survivor**

1<sup>st</sup> Applicant Name: ..... A/c No.: 

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 2<sup>nd</sup> Applicant Name: ..... A/c No.: 

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 3<sup>rd</sup> Applicant Name: ..... A/c No.: 

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 4<sup>th</sup> Applicant Name: ..... A/c No.: 

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**Terms & Conditions**

1. I/We agree to abide by Bank of Bhutan's rules in force from time to time.
2. In case of any wrong credit in my/our account, I/We agree to repay the same to the rightful owner/the Bank.
3. Bank reserves the right to lien note my/our account against the cheque/debit authority presented for payment to the Bank, recovery of non-performing assets, overdrawn accounts, properties for seizure and court order.

**Signature/Thumb Impression of Applicant(s)**

PRIMARY ACCOUNT HOLDER

PRIMARY ACCOUNT HOLDER

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