

Date: D D M M Y Y Y Y

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	
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				
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		i. CA - Corporation ii. CA - Sole Proprietorship iii. CA - Partnership iv. CA - Associations and C	$\circ$	
vi. CA - Government Refundable Deposit  vi. CA - Government Budget Account  vii. CA - Government Ways and Means		i. Corporate		
Fixed Deposit:  Fixed Amount:  Months/Year:				
Interest Payment Frequency On Maturity Annually Half Yearly Monthly Credit Amount to Account No.				
Instruction on Maturity of Deposit:				
Close and Credit Amount to	o Account No.	Renew Principal & Interest Renew Principal Only		



## COUNT OPENING FORM (Comp

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Safe Deposit Vault:			
i. Safe Deposit Vault (Locker)			
ii. Safe Custody			
(*A separate lease agreement to be signed to avail this ser	vice)		
Mode of Operation:			
	Anyone OR Survivor ( ) Power of Attorney ( )		
Single ( ) Jointly ( ) Either OR Survivor ( )	Anyone or survivor Power of Attorney		
Name of Firm/Business Entity:			
For Current Account Individual			
The Account will be operated by the following authorized persons:			
1st Applicant Name:			
2 <sup>nd</sup> Applicant Name:			
3 <sup>rd</sup> Applicant Name:			
4 <sup>th</sup> Applicant Name:			
Channel Facilities (Available):			
Internet Banking			
○ VISA Domestic Debit Card			
○ VISA International Credit Card			
O B-Wallet			
○ Tele-Banking			
○ mBoB			
* 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)			
O SMS alert will be activated on primary applicant mobile number			
<ol> <li>Terms &amp; Conditions</li> <li>I/We agree to abide by Bank of Bhutan's rules in force from time to time.</li> <li>In case of any wrong credit in my/our account, I/We agree to repay the same to the rightful owner/the Bank.</li> <li>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, disputed transaction, properties for seizure and court order.</li> </ol>			
Seal & Signature	Seal & Signature		



## **ACCOUNT OPENING FORM (Corporate)**

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)	Authorized By: (Signature)		
Employee ID: Date:	Employee ID: Date:		