



Branch: _____

Date:

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CLAIM NOMINATION FORM

I undersigned, bearing Citizenship/Identity Card No. (attached) from:

Village: Gewog:

Dungkhag: Dzongkhag: having:

- Savings Account
 Recurring Deposit
 Current Account
 Fixed Deposit
 Safe Deposit Locker
 Safe Custody

Account Number

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 maintained at branch of the Bank of Bhutan would hereby nominate the following person(s) for claiming the amount(s) from my above account upon my demise:

Sl.	Name of Nominee	CID Number	Date of Birth	Relationship with the Depositor	Address	Share in %

I declare and undertake the following to be enforced by the Bank of Bhutan:

1. The Bank of Bhutan is hereby authorized to make the adjustment against my loan if any before disbursing the same to my nominee(s).
2. The nominee shall be eligible to make the claim(s), subject to the availability of the balance amount in the said account.
3. The percentage of the claim declared by the undersigned is final and binding on all nominees and hence there shall not be any dispute or recourses, whatsoever by the nominee(s).
4. The Bank of Bhutan is fully authorized to make the payment of balance amount(s) from my deposit account(s) and items under safe deposit locker/safe custody to the nominee immediately upon making the claim(s).
5. The Bank of Bhutan shall obtain receipts of payments being made to the nominee(s).
6. Once the payment is being made to the nominee, there shall not be any further claim(s) by the nominee.

I have carefully read and fully understood the procedures for the legal claim from the deposit accounts of the Bank of Bhutan, and the Bank of Bhutan shall not be liable whatsoever once the payments to the nominee have been completed.

**Affix
Legal
Stamp**

Signature of the Bearer