



Date:

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 Account Signatory 1	Passport size photograph of Account Signatory 2	Passport size photograph of Account Signatory 3	Passport size photograph of Account Signatory 4
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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 would like to avail the following products from your Bank.

<p>Government Account</p> <p><input type="radio"/> i. CA - Government LC with Overdraft Facility</p> <p><input type="radio"/> ii. CA - Government RGR</p> <p><input type="radio"/> iii. CA - Government Department</p> <p><input type="radio"/> iv. CA - Government Corporation</p> <p><input type="radio"/> v. CA - Government Refundable Deposit</p> <p><input type="radio"/> vi. CA - Government Budget Account</p> <p><input type="radio"/> vii. CA - Government Ways and Means</p>	<p>Current Account (Corporate)</p> <p><input type="radio"/> i. CA - Corporation</p> <p><input type="radio"/> ii. CA - Sole Proprietorship</p> <p><input type="radio"/> iii. CA - Partnership</p> <p><input type="radio"/> iv. CA - Associations and Clubs</p> <p>Savings Account</p> <p><input type="radio"/> i. Corporate</p>
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Fixed Deposit	
Fixed Amount	Nu. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Months/Years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Interest Payment Frequency	<input type="radio"/> On Maturity <input type="radio"/> Annually <input type="radio"/> Half Yearly <input type="radio"/> Monthly <input type="radio"/> Credit amount to Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Instruction on Maturity of Deposit	<input type="radio"/> Close and credit amount to Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Renew Principal & Interest <input type="radio"/> Renew Principal only

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 Power of Attorney

Name of Firm/Business Entity:

For Current Account Individual

The Account will be operated by the following authorized persons:

1 st Applicant Name:	CIF No:	<input type="text"/>
2 nd Applicant Name:	CIF No:	<input type="text"/>
3 rd Applicant Name:	CIF No:	<input type="text"/>
4 th Applicant Name:	CIF No:	<input type="text"/>

Channel Facilities (Please tick the required services)

- Internet Banking
 VISA Domestic Debit Card
 VISA International Credit Card
 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)

- SMS alert will be activated on primary applicant mobile number

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BANK OF BHUTAN

A  Company

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, disputed transaction, properties for seizure and court order.

Seal & Signature/Thumb Impression of Applicant

ACCOUNT SIGNATORY 1

ACCOUNT SIGNATORY 2

ACCOUNT SIGNATORY 3

ACCOUNT SIGNATORY 4

Created By: (Signature)

Authorized By: (Signature)

Employee ID:

Employee ID:

Date:

Date: