

Date: D D M M Y Y Y Y

CUSTOMER INFORMATION 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	3	Passport size photograph of Account Signatory 4	
This section to be filled by	the Bank official receivi	ng th	ne form			
CIF Number:						
*Customer Type:						
Government	OHI Company		SOE		Public Company	
Private Company	Partnership		Sole Proprietorship		Armed Forces	
Autonomous Agency	Trust	Associations & Clubs (Registered CSO/NGO)				
Associations & Clubs (Unregistered CSO/NGO) Associations & Clubs (Registered Religious Org.)						
Associations & Clubs (Unregistered Religious Org.)						
*Business/Agency Name:						
Establishment Date:						
Registration/Reference No:						
In case of Sole Proprietorshi	р					
Name of Proprietor						
CID No.						



A dhi Company						
*Communication Details						
Residential/ Working Address		Road Name				
Village		Gewog				
Dungkhag		Dzongkhag				
Email ID		Post Box No.				
Company Name		Address				
Office Tel. No.		Fax No.				
Mobile No.						
*Gross Annual Income (In Nu.) / Turnover (in Nu.) for sole proprietorship/partnership						
0 - 100,0	000	300,001 -	- 500,000			
1,000,00	01 - 1,500,000	2,000,001	1 & Above			
For Corpora	te (Investment Size)					
Large						
Identification Document (Please tick the appropriate box)						
ID Type	Trade License Letter for	rom Public Author	rity Registration Certificate			
*TPN No. (Tax Payer Number):						
	Signature	e (all signatories)				



CONSENT AND DECLARATION

I/We confirm that the information/particulars provided herewith are true and accurate to the best of my/our knowledge and I/we shall be fully liable if proved otherwise. If any of the details change, I/we undertake to inform the Bank.

Signatory Details: Name **Citizenship ID Number** Signature



*Document Check List (All original documents to be submitted for verification):

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Eligibility	Documents Required				
Individuals Singly or Jointly with other;	 Two Passport Size Photographs Citizenship ID Card/Passport photocopy Rubber stamp and Business License for individual businessman 				
2. Firms - Sole Proprietorship	 Trade License photocopy Citizenship ID Card/Passport photocopy Letter of Authority and Photographs of the Persons operating the Account Rubber stamp of the firm Two Passport Size Photographs of the Proprietor 				
3. Partnership	 Partnership Deed Trade License photocopy Citizenship ID Card/Passport photocopy of Partners Rubber stamp of the firm Two Passport Size Photographs of each partner Copy of the latest financial returns for the partnership Any official valid document identifying the partners and the persons having Power of Attorney and their addresses 				
4. Clubs, Societies, Associations;	 Application Letter Article of Association Certificate copies of bye-law/rules/constitution of the club Board Resolution Two photographs of each Office Holder Citizenship ID photocopies of each Office Holder Rubber stamp Copy of the latest financial returns for the company or, if no return is available, an estimate of annual income Account Operators: Minimum two signatories 				
5. Limited Companies, Government Corporations, etc.	 Memorandum & Article of Association Copy of Board of Directors resolution Authority of the Company to open & operate the Account Citizenship ID Card copies of the Directors and Key Executive Certificate of incorporation Rubber stamp of the Company Letter of Authority (signature of the authorised person who deals with bank transaction) The latest financial returns for the Company or, if no return is available, an estimate on the annual income Account Operators: Minimum two signatories (unless if specified by the Board) 				
*A separate Account Opening Form needs to be completed to open any Account, apart from this Form. (Please ask for it at the counter, mentioning the type of Account you would like to open). Information required as per RMA AML/CFT Regulation					
Created By: (Signat	ure) Authorised By: (Signature)				
Employee ID: Date:					