

འབྲུག་གི་དངུལ་ཁང་།

B.B. 214C



BANK OF BHUTAN

A dhi Company

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ACCOUNT OPENING FORM (Corporate Fixed Deposit)

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
---	---	---	---

This section to be filled by the customer

Name of Firm/ Business Entity:																			
Existing BoB Account No.																			
Fixed Deposit Corporate																			
Fixed Amount	Nu.																		
Months/Years																			
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. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Instruction on Maturity of Deposit	<input type="radio"/> Close and credit amount to Account No. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="radio"/> Renew Principal & Interest <input type="radio"/> Renew Principal only																		

Mode of Operation

☐ Single
 ☐ Jointly
 ☐ Either OR Survivor
 ☐ Anyone OR Survivor
 ☐ Power of Attorney/Authorized Signatory

The Account will be operated by the following authorized persons:

1 st Applicant Name:	CIF No: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
2 nd Applicant Name:	CIF No: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
3 rd Applicant Name:	CIF No: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
4 th Applicant Name:	CIF No: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

This section to be filled by Bank official

CIF No.									
Account No.									
Maturity Date	D	D	M	M	Y	Y	Y	Y	
Maturity Amount									
Interest Rate									

འབྲུག་གི་དངུལ་ཁང་།

B.B. 214C



BANK OF BHUTAN

A dhi Company

TERMS & CONDITIONS

Consent and Declaration:

- I/We agree to abide by the Bank of Bhutan's rules and regulations in force from time to time.
- In case of any incorrect credit to my/our account, I/We agree to repay the amount to the rightful owner or the Bank promptly.
- The Bank reserves the right to place a lien on my/our account for any of the following:
 - Outstanding cheque/debit authority payments;
 - Recovery of non-performing assets or overdrawn accounts;
 - Disputed transactions;
 - Properties for seizure under court orders.

Prohibition of Third-Party Account Usage:

- I/We agree to use my/our account solely for lawful purposes and will not rent, share, or allow third parties to use my/our account.
- I/We acknowledge full responsibility for any unlawful use, including receiving, transferring, or holding illicit funds.
- I/We understand that permitting third-party account usage may result in immediate deactivation, and any illicit funds will be confiscated in accordance with applicable laws.
- I/We further acknowledge that breaching these terms could lead to criminal prosecution or civil penalties as stipulated by law.

Signature/Thumb Impression of Applicant

ACCOUNT SIGNATORY 1

ACCOUNT SIGNATORY 2

ACCOUNT SIGNATORY 3

ACCOUNT SIGNATORY 4

RUBBER STAMP/SEAL OF COMPANY

FOR BANK USE ONLY

Created By:

Authorized By:

(Signature)

Employee ID:

Date:

(Signature)

Employee ID:

Date: