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BB											
					BAN	NK OF A dhi	<b>BHU</b> Company	JTAN	Date: D D M M Y Y Y Y		
ACCOUNT OPENING FORM (Fixed Deposit)											
Please fill form in CAPITAL LETTERS only. All fields marked * are MANDATORY Please Tick the appropriate Product											
This section to be filled by the customer											
Name											
Existing BoB Account No.											
I/We would like to avail the following products from your Bank:											
FIXED DEPOSIT (FD)											
FD Type	Fixed Deposit - Public     Fixed Deposit - Staff										
Fixed Amount	Nu.										
Months/Years											
Interest Payment Frequency	On Maturity     Annually     Half Yearly     Quarterly     Monthly       Credit amount to Account No.     Image: Credit amount to Account No.     Image: Credit amount to Account No.     Image: Credit amount to Account No.										
Instruction on Maturity of Deposit	<ul> <li>Close and credit amount to Account No.</li> <li>Renew Principal &amp; Interest</li> <li>Renew Principal only</li> </ul>										
Mode of Operation											
Single Jointly Either OR Survivor Anyone OR Survivor Power of Attorney/Authorized Signatory											
For Jointly/Either OR Survivor/Anyone OR Survivor											
1 <sup>st</sup> Applicant Name: A/c No:											
2 <sup>nd</sup> Applicant Name: A/c No:											
3 <sup>rd</sup> Applicant Name: A/c No:											
4 <sup>th</sup> Applicant Name: A/c No:											
This section to be filled by Bank official											
CIF No.											
Account no.											
Maturity Date	D	D	Μ	Μ	Y	Y	Y	Y			
Maturity Amount			1	1	1	1	1				
Interest Rate											



## **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						
FOR BANK USE ONLY							
Created By:	Authorized By:						
(Signature) Employee ID: Date:	(Signature) Employee ID: Date:						

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