

Date:

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ACCOUNT OPENING FORM (Retail)

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:

SAVINGS

- | | |
|--|---|
| <input type="radio"/> i. Savings Account (Public) - Without Cheque Book
<input type="radio"/> ii. Savings Account (Public) - With Cheque Book
<input type="radio"/> iii. Savings Account for Staff
<input type="radio"/> iv. Savings Account (Staff) - Security Deposit | <input type="radio"/> v. Savings Account for Pensioner
<input type="radio"/> vi. Young Saver
<input type="radio"/> vii. Young Saver Plus
<input type="radio"/> viii. Empower Savings |
|--|---|

Unique Account No.

(Please provide 8 digit no. of your choice)

FOREIGN CURRENCY

CURRENT ACCOUNT

- ☐ i. FC I Bhutanese ☐ ii. FC I Non-Bhutanese

Currency (please tick):

☐ CA - Individual

- ☐ USD
 ☐ AUD
 ☐ EUR
 ☐ CHF
 ☐ Others ()

Mode of Operation:

- ☐ Single
 ☐ Jointly
 ☐ Either OR Survivor
 ☐ Anyone OR Survivor

**For Jointly/
Either OR Survivor/
Anyone OR Survivor**

1st Applicant Name: A/c No.:

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2nd Applicant Name: A/c No.:

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3rd Applicant Name: A/c No.:

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4th Applicant Name: A/c No.:

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This section to be filled by Bank official

CIF No.

Account No.

CHANNEL FACILITIES (Please tick the required services)

- ☐ mBoB
- ☐ Internet Banking (☐ View Only ☐ Fund Transfer)
- ☐ VISA Domestic Debit Card
- ☐ VISA International Debit Card
- *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 facilities you would like to avail)

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(S)

ACCOUNT SIGNATORY 1

ACCOUNT SIGNATORY 2

ACCOUNT SIGNATORY 3

ACCOUNT SIGNATORY 4