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B.B. 299B



**BANK OF BHUTAN**

A dhi Company

Date: 

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## CUSTOMER INFORMATION CHANGE FORM

Please fill form in CAPITAL LETTERS only.  
Please Tick the appropriate Product

### To be filled by the Bank Official

Branch: .....

CIF Number: 

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### To be filled by the Customer

Account No: 

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I/We ..... request for the following changes in your bank record. I understand that the change(s) is/are being carried out at my/our request and will affect the above account held by me/us with Bank of Bhutan. I/We submit the necessary documents in original and photocopy required for effecting the same.

### Please tick the field you would like to change:

☐ **1. Change of Name:**  
Existing Name: ..... New Name: .....

☐ **2. Change of Identification Number:**  
Existing Number: ..... New Number: .....

☐ **3. Change of Branch:**  
Existing Branch: ..... New Branch: .....

☐ **4. Change of Mode of Operations:** (Please tick any one of the following)  
Existing: ☐ Singly ☐ Jointly ☐ Either or Survivor ☐ Anyone or Survivor ☐ Other  
New: ☐ Singly ☐ Jointly ☐ Either or Survivor ☐ Anyone or Survivor ☐ Other  
Name: ..... CID No: 

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Name: ..... CID No: 

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☐ **5. Change of Contact Number:**  
Existing Mobile No: ..... New Mobile No: .....

☐ **6. Change of Email ID:**  
Existing Email ID: ..... New Email ID: .....

☐ **7. Subscription for e-statement:**  
☐ Subscribe ☐ Un-subscribe

☐ **8. Change of Young Saver Account (minor) to Normal Saving Account** (when a minor attains the age of 18)

### Checklist

☐ CID Copy ☐ Passport-Sized Photo

☐ **9. Change of Signature:**

Existing	New
Joint Account Holder	Joint Account Holder
Primary Account Holder	Primary Account Holder
Joint Account Holder	Joint Account Holder
Joint Account Holder	Joint Account Holder

**CONSENT AND DECLARATION**

I,/We hereby acknowledge that I have read and understood the clauses outlined below:

**1. Consent and Declaration**

- I/We confirm that the information provided is true, accurate, and complete.
- I/We acknowledge my/our responsibility to promptly update any changes to my/our Know Your Customer (KYC) details.
- Failure to do so may result in restrictions on account operations as per the Bank's policies.
- I/We acknowledge that I/We will be fully liable for any inaccuracies or false information provided, if it is proven to be untrue.

**2. PIMS Compliance and Privacy Consent**

- I/We consent to the collection, processing, and storage of my/our personal data in accordance with the ISO/IEC 27701:2019 standard for the Privacy Information Management System (PIMS) and the Privacy Policy of Bank of Bhutan Ltd. (BOBL).
- The Bank will handle my/our personal data securely and use it solely for legitimate banking purposes, regulatory compliance, and service enhancement.
- I/We agree to comply with any revisions to these standards.
- I/We acknowledge that my/our data may be shared with regulatory authorities or law enforcement agencies as required by law.

**Signature of Account Holder**

Name: .....

*(Please submit the form personally to the nearest Branch Office)*

**FOR BANK USE ONLY**

*\*Original identification document has been verified by the undersigned*

Created By: (Signature)

Employee ID:.....

Date:.....

Authorized By: (Signature)

Employee ID: .....