

Please fill up the form in CAPITAL LETTERS. Fields marked * are compulsory

Date: d d / m m / y y y y

CIF:

The Manager

T Bank Ltd

..... Branch

I would like to open a Term Deposit/ Recurring Deposit Account at your branch as per the details below:

Customer Detail*

Customer Saving Account No. :

Customer Saving Account Name. :

Mode of Operation*

Single Jointly Either or Survivor

For Term Deposit

Amount (In Figures) :

Amount (In words) :

Tenure : Interest Rate:

For Recurring Deposit

Amount (In Figures) :

Amount (In words) :

Tenure : Interest Rate:

Consent/ Declaration

I hereby confirm that the information provided on this form is true and accurate to the best of my knowledge at this time and shall be fully liable if proven otherwise. If any of the details change I undertake to inform the Bank promptly.

I also hereby agree to be bound by the rules and regulations governing the maintenance of accounts with the T Bank Ltd (the Bank) in force and as amended by the Bank and/or the Royal Monetary Authority of Bhutan from time to time. I also agree to the disclosure of my account information as required by the regulatory authority and laws of the Kingdom. I have understood the conditions that apply on premature closure of such accounts, especially regarding the adjustment of interest during such closure.

When the deposit is made in the name of a minor, it must be signed by a person lawfully entitled to act on behalf of the minor.

Specimen Signature*

Signature
or
Thumb Impression
1

Passport-sized
Photograph

Signature
or
Thumb Impression
2

Passport-sized
Photograph

Name :

Contact No :

Email ID:

Name :

Contact No :

Email ID:

TD/RD Account Number:

Processed by: Verified by: