ཊི་དངུལ་ཁང་ཚད་འཛིན།

T BANK LIMITED

POST BOX: 631

HEAD OFFICE : TCC Complex Building, Samten Lam,

THIMPHU: BHUTAN

RECURRING DEPOSIT ACCOUNT OPENING FORM

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

Branch: …………………………………………………………………………………………………. Date: ………./………../………….

Customer Information File (CIF) Number: …………………………………………….

Account Number: ☐☐☐☐☐☐☐☐☐ Tax Payer Number (TPN): ☐☐☐☐☐☐☐☐

Any other existing T Bank Account Numbers: ☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐

I/We……………………………………………………………………………………would like to avail following Recurring Deposit Product from your Bank:

a. Recurring Deposit ☐
b. Flexi Recurring Deposit ☐

Installment Amount: ………………………………………………………..

Days/Months/Years: ……………………………………………………….

Frequency of interest redemption and instruction on Maturity of Deposit	On Maturity ☐ Close and transfer amount to Account No.: ☐☐☐☐☐☐☐☐☐
Mode of Operation	Single ☐ Jointly ☐ Either or Survivor ☐
For Jointly/Either or Survivor	1st Applicant's Name: ………………………………………………… A/c No: ☐☐☐☐☐☐☐☐☐ 2nd Applicant's Name: ……………..…………………………………..A/c No: ☐☐☐☐☐☐☐☐☐ 3rd Applicant's Name: ……………………..………………………. A/c No: ☐☐☐☐☐☐☐☐☐ 4th Applicant's Name: ………………………………………………. A/c No: ☐☐☐☐☐☐☐☐☐

TERMS AND CONDITIONS

I/We hereby declare that:

1. The information and documents provided are true and correct, and I/We will inform the Bank of any changes.
2. I/We authorize the Bank to verify and share my/our information with regulators, authorities, or service providers as required by law.
3. I/We accept full responsibility for the lawful use of my/our account and agree that misuse may lead to restrictions, closure, or legal action.

Note: **Please attach a valid copy of Citizenship Identity Card*

FOR BANK USE ONLY

Dealing Official's Signature	Manager's Seal & Signature
Employee ID ……………………….	Employee ID ……………………….
Date …………………………………….	Date …………………………………….

TBANK

ཏི་བྷེང་ལིམི་ཊེཊ།
T BANK LIMITED
POST BOX: 631
HEAD OFFICE : TCC Complex Building, Samten Lam,
THIMPHU: BHUTAN

CLAIM NOMINATION FORM

Branch…………………………………………… Date: ………./………../………….

I undersigned, bearing Citizenship Card No. …………………………………………………………………………………… (attached) from:

Village: ……………………………………………………………………………………… Gewog: ………………………………………………………………………………

Dungkhag: …………………………………………………………………………………. Dzongkhag: ……………………………………………………………… having:

☐ Savings Deposit ☐ Recurring Deposit ☐ Current Deposit ☐ Fixed Deposit ☐ Safe Deposit Locker

Account Number: ☐☐☐☐☐☐☐☐☐ maintained at ………………………………………………. branch of T Bank Limited would hereby nominate the following person(s) for claiming the amount(s) from my above account upon my demise:

Sl	Name of Nominee	Date of Birth	CID Number	Relationship	Contact No.	Share in %

I hereby declare and commit to the following provisions to be enforced by T Bank Limited:

1. T Bank Limited is authorized to offset any outstanding loan amounts against my balance before disbursing funds to my nominee(s).
2. The nominee(s) shall be eligible to make claims, contingent upon the availability of funds in the specified account.
3. The percentage of the claim declared by the undersigned is final and binding on all nominees, precluding any disputes or recourse by the nominee(s).
4. T Bank Limited is fully authorized to disburse the balance from my deposit account(s) to the nominee(s) immediately upon claim submission.
5. The T Bank Limited shall obtain receipts for payments made to the nominee(s).
6. Once payment has been made to the nominee(s), no further claims shall be entertained.

I have carefully read and fully understood the procedures for legal claims from the deposit accounts of T Bank Limited. T Bank Limited shall not be liable for any claims once payments to the nominee(s) have been completed.

Legal Stamp with Signature

**Signature of the Declarer*

Witness Signature: ………………………………………………

Name: ………………………………………………………………………

CID No: ……………………………………………………………………

Contact No.: ……………………………………………………………

Contact No.: ………………………………………