



T BANK LIMITED
 POST BOX: 631
 HEAD OFFICE : TCC Complex Building, Samten Lam,
 THIMPHU: BHUTAN

Photograph of
Applicant

CUSTOMER INFORMATION FORM (RETAIL)

Please fill the form in CAPITAL LETTERS only. All the fields marked * are MANDATORY.

Branch

Date/...../.....

Customer Information Form (CIF) Number

PERSONAL INFORMATION

Account Type*	☐ General ☐ Pensioner ☐ Minor ☐ T Bank Staff		
Salutation*	☐ Mr ☐ Mrs ☐ Miss ☐ Master ☐ Others (Please Specify)		
Name*			
Date of Birth*			
Gender*	☐ Male ☐ Female ☐ Others		
Nationality*	☐ Bhutanese ☐ Others (Please Specify)		
Qualification *			
Marital Status*	☐ Single ☐ Married		
Spouse Name		Spouse CID	
Contact No.			

IDENTIFICATION DOCUMENT TYPE (Please tick the appropriate box)

- | | | |
|--|--|--------------------------------------|
| ☐ Citizenship ID Card | ☐ Work Permit & Voter's Card | ☐ DCRC Letter |
| ☐ Passport | ☐ Others (Please Specify) | |

Identification Document No.

Issue Date

Expiry Date

COMMUNICATION DETAILS

A. PRESENT ADDRESS

Residential Address/ Office Address*			
Road Name*			
Village*		Gewog*	
Dungkhag*		Dzongkhag*	
Mobile No.*		Email ID*	
Country of Birth*		Post Box No.*	

Signature of the Applicant



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B. PERMANENT ADDRESS			
Village*		Gewog*	
Dungkhag*		Dzongkhag*	
House No.*		Thram No.*	
EMPLOYMENT DETAILS			
Employment	☐ Employed ☐ Self Employed ☐ Unemployed		
Occupation	☐ Parliamentarians ☐ Civil Servant ☐ Student ☐ Farmer		
	☐ Corporate Employee ☐ Private Employee ☐ Armed Forces ☐ Pensioner		
	☐ Monk/Lama/Nun ☐ Business ☐ Diplomats ☐ Home Maker		
	☐ Local Government Employee ☐ International Agency ☐ Royal Family		
	☐ Others (Please Specify)		
Designation		Tax Payer No. (TPN)*	
Organization Name		Employee ID	
Gross Annual Income (In Nu)	☐ 0 - 100,000 ☐ 100,001 - 300,000 ☐ 300,001 - 500,000		
	☐ 500,001 - 1,000,000 ☐ 1,000,001 - 1,500,000 ☐ 1,500,001 - 2,000,000		
	☐ 2,000,001 & Above		
Source of Funds	☐ Salary ☐ Business ☐ Rental		
	☐ Others (Please Specify)		
IF UNEMPLOYED/MINOR, PLEASE PROVIDE GUARDIAN'S DETAILS			
Name		Relationship	
Mobile No.		CID No.	
Address			
CONSENT & DECLARATION			
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.			



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SIGNATURE OF THE APPLICANT(S)		
Signature of Primary Applicant	Signature of Joint Applicant 1	Signature of Joint Applicant 2
<i>*Please attach a valid copy of Citizenship Identity Card</i>		
FOR BANK USE ONLY		
Dealing Official's Signature Employee ID Date Manager's Seal & Signature Employee ID Date		



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ACCOUNT OPENING FORM (RETAIL)

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 the following products from your Bank:

SAVINGS

- a. Savings Deposit ☐
 – With Cheque Book
- b. Savings Deposit ☐
 – Without Cheque Book
- c. Savings Deposit for Pensioner ☐
- d. Vanity Savings Deposit ☐

Account Number:

FOREIGN CURRENCY

- a. FC I Bhutanese ☐
- b. FC I Non-Bhutanese ☐

Currency (please tick)

USD ☐ AUD ☐ EURO ☐ JYP ☐ GBP ☐

INR ☐

CURRENT (INDIVIDUAL)

- a. Current Deposit ☐
- b. Vanity Current Deposit ☐

Account Number:

**Accounts will be opened only in a convertible currency.*

Mode of Operation

Single ☐ Jointly ☐ Either or Survivor ☐ Anyone or Survivor ☐

For Jointly/Either or Survivor/Anyone 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:

Signature of the Applicant(s)



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TERMS AND CONDITIONS

1. I/We agree to comply with T Bank's rules and regulations, as amended from time to time, and to promptly update my/our KYC and other required information whenever requested by the Bank. I/We understand and consent that failure to comply with KYC requirements may result in restrictions on my/our account, and that the account will be activated only upon successful completion of the Bank's Customer Due Diligence (CDD)/KYC requirements.
1. I/We agree to return any funds erroneously credited to my/our account and authorize the Bank to place a lien on my/our account where required by law, regulation, contractual obligations, court orders, disputed transactions, or for recovery of dues.
2. I/We agree to use my/our account solely for lawful purposes and will not rent, share, or permit any third party to use it. I/We accept full liability for any unlawful use of the account, including receiving, transferring, or holding illicit funds.
3. I/We understand that unauthorized third-party use may result in immediate account deactivation, that any illicit funds may be confiscated in accordance with applicable laws, and that any breach of these terms may result in civil or criminal action as prescribed under applicable laws and regulations.
4. I/We understand and agree that the Bank may remove my/our registered contact number from its records if the number is found to be deactivated or no longer in service. I/We undertake to promptly notify the Bank of any change or deactivation of my/our contact number and to provide a valid and active replacement contact number for updating the Bank's records.
5. I/We understand that a registered mobile number is mandatory to access Digital Banking services. If I/we avail Digital Banking services, I/we agree that all transactions carried out using my/our Digital Banking credentials shall be legally binding on me/us. I/We shall maintain the confidentiality of all authentication credentials and accept full responsibility for their use. I/We further understand and agree that, if I/we affix my/our thumb impression, Digital Banking services shall not be provided to me/us, and accordingly no Digital Banking authentication credentials shall be issued to me/us.

I/We hereby confirm that the information provided in this form are accurate to the best of my/our knowledge and shall be fully liable if proven otherwise.

Name(s):

Date:

Legal Stamp with
Signature



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SIGNATURE, PHOTOGRAPH AND ACCEPTANCE OF APPLICANT(S)			
<i>For Individual</i> Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression		<i>For Joint A/c</i> Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression	
<i>For Joint A/c</i> Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression		<i>For Joint A/c</i> Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression	
VALUE ADDED SERVICES			
Mobile Banking Application	TPay (Download the app from Google Play Store/ App store for online registration)		
Cards	a) International Visa Debit Card <i>(Can be used in Bhutan and Abroad)</i> b) International Visa Credit Card <i>(Can be used in Bhutan and Abroad)</i> c) International Visa Debit Card against FC accounts <i>(Can be used in Bhutan and Abroad)</i> <i>(Separate forms to be filled)</i> Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐		
Other Services	a) Internet Banking <i>(Separate forms to be filled)</i> b) SMS Alert <i>(Will be activated on primary applicant's mobile number)</i> Yes ☐ No ☐ Yes ☐ No ☐		
DOCUMENTS TO BE ATTACHED (All documents to be submitted in original for verification)			
Citizenship Identity Card (CID) 1. Valid Copy of CID 2. One passport size photo 3. Two legal stamps Special Resident Permit (SRP) 1. Valid copy of SRP 2. One passport size photo 3. Two legal stamps	Student Card (CID) 1. Valid Copy of student card 2. Letter from University 3. Valid copy of CID/passport 4. One passport size photo 5. Two legal stamps DCRC Letter 1. Valid copy of DCRC Letter 2. One passport size photo 3. Two legal stamps		



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Diplomatic Card (DC)

1. Valid Copy of diplomatic card
2. Official letter from working agency
3. Passport copy
4. One passport size photo
5. Two legal stamps

Trader Card

1. Valid copy of license and trader card
2. Passport or voter card copy
3. One passport size photo
4. Two legal stamps

Marriage Certificate Card (MC)

1. Valid copy of MC card
2. One passport size photo
3. Two legal stamps

Minors

1. Valid copy of (Parents/Guardians)
2. A copy of health card of the minor
3. A copy of family tree
4. One passport size photo
5. Two legal stamps

Work Permit/Voter Card

1. Valid Copy of work permit/voter card
2. Letter from employer
3. Copy of construction approval
(For construction worker)
4. CID copy of employer
5. One passport size photo
6. Two legal stamps

Dependent Card (DC)

1. Valid copy of dependent card
2. Copy of father's ID
3. One passport size photo
4. Two legal stamps

The Trust under the Associations/ Clubs/ Social Welfare Trust/Community Based Organization/ Religious Bodies/ Organization/ Non-Government Organization (NGO) (Non-Profit Making Organization)

1. Application letter from the Head of organization
2. Minutes of meeting, a letter from the Gup or certified copies of the club's by- laws/ rules/ association documents
3. Letter authorizing the members concerned to open and operate the account
4. Relevant documents should mention purpose and source of income
5. At least two signatories of the account operators
6. One passport size photo
7. Two legal stamps

Opening of such savings account subject to prior Head Office approval under special circumstances.

FOR BANK USE ONLY

Dealing Official's Signature

Employee ID:

Date:

Manager's Seal and Signature

Employee ID:

Date:



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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.

Witness Signature:

Name:

CID No:

Contact No.:



*Signature of the Declarer

Contact No.: