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T BANK LIMITED

POST BOX: 631

HEAD OFFICE : TCC Complex Building, Samten Lam,

THIMPHU: BHUTAN

KYC UPDATE FORM (CORPORATE)

Please fill the form in CAPITAL LETTERS only.

Branch:

Date:/...../.....

Current Deposit Account No.:

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CORPORATE DETAILS

CUSTOMER TYPE

- ☐ Government Bodies
 ☐ Private Company
 ☐ State Owned Enterprise
☐ Sole Proprietorship
 ☐ Partnership
☐ Public Limited Company
 ☐ Trust/Association/ Club/Religious Bodies/NGO
☐ Others (Please Specify)

Business/ Agency Name

Establishment Date

License No.

License Expiry Date

Name of Proprietor

CID No.

Issue Date

Expiry Date

COMMUNICATION DETAILS

A. PRESENT ADDRESS

Residential/ Office Address

Company Name

Village

Gewog

Dungkhag

Dzongkhag

Email ID

Mobile No.

Post Box No.

B. PERMANENT ADDRESS

Village

Gewog

Dungkhag

Dzongkhag

House No.

Thram No.

GROSS ANNUAL INCOME (IN NU.)/ TURNOVER (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

Signature of the Applicant(s)



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FOR CORPORATE (INVESTMENT SIZE)

☐ Large

☐ Medium

☐ Small/Cottage Industry/Micro

IDENTIFICATION DOCUMENT (Please tick the appropriate box)

ID Type

☐ Trade License

☐ Letter from Public Authority

☐ Registration Certificate

TPN No. (Tax Payer Number):

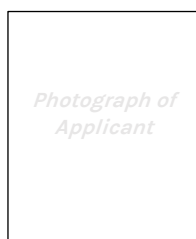
CONSENT AND DECLARATION

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.

SIGNATURE, PHOTOGRAPH AND ACCEPTANCE OF APPLICANT(S)

For Individual



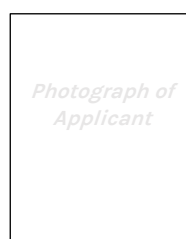
Name:

Date:/...../.....



Signature/Thumb Impression

For Joint A/c



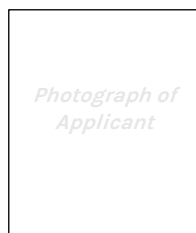
Name:

Date:/...../.....



Signature/Thumb Impression

For Joint A/c



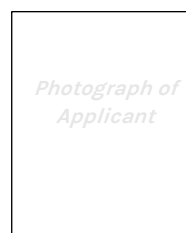
Name:

Date:/...../.....



Signature/Thumb Impression

For Joint A/c



Name:

Date:/...../.....



Signature/Thumb Impression

FOR BANK USE ONLY

Created By: (Signature)

Employee ID:

Date:

Authorized By: (Signature)

Employee ID:

Date:



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T BANK LIMITED

POST BOX: 631

HEAD OFFICE : TCC Complex Building, Samten Lam,

THIMPHU: BHUTAN

BENEFICIAL OWNER DECLARATION FORM

To The Branch Manager

T Bank Ltd.

..... Branch

Dear Sir/Madam,

DECLARATION OF BENEFICIAL OWNERSHIP

A. Details of the Company

Company Name:

License No:

Country of Incorporation:

B. Please tick which ever applicable:

- ☐ I/We declare the beneficial owners as described more fully on Page 2 of this form (ie.; Individual(s) who ultimately own(s) or effectively control(s) the company (regardless of shareholding), and the percentage shares held by each such beneficial owner of the Company are as follows:

PARTICULARS	BENEFICIAL OWNER 1	BENEFICIAL OWNER 2
Name		
CID No.		
Passport No.		
Date of Birth		
Nationality		
% of Shares		
Contact No.		
Are you a politically exposed person? (PEP) YES/NO		
PARTICULARS	BENEFICIAL OWNER 3	BENEFICIAL OWNER 4
Name		
CID No.		
Passport No.		
Date of Birth		
Nationality		
% of Shares		
Contact No.		
Are you a politically exposed person? (PEP) YES/NO		



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☐ I/We declare the company is ultimately owned by the following entity:

Name:

Registration Number:

Date of Incorporation:

Country of Incorporation:

% Shares:

1. **A-Equity (indicate %), B-Effective Control, C-Person on Whose Behalf Account is Operated**
2. **Please refer Notes below for more information on beneficial ownership**

I/We hereby declare and confirm all details provided herein are complete, valid and accurate disclosure of the Ultimate Beneficial Owner(s) of the above account. Further, I/We undertake to notify the Bank immediately in writing of any change in the beneficial owners of the account.

Witness Signature:

Name:

CID No:

Contact No.:

Legal Stamp
with
Signature(s)

**Shall be signed as per operating instructions
of the account with rubber stamp*

Notes

The AML/CFT Act 2018 defines a beneficial owner as

1. A natural person who ultimately owns or controls the rights to or benefits from property, including the person on whose behalf a transaction is conducted; or
2. A person who exercises ultimate effective control over a legal person or a legal arrangement.

As per the AML/CFT Act 2018, a natural person is deemed to ultimately own or control rights to or benefit from property within the meaning of the above definition when that person

1. Owns or controls, directly or indirectly, whether through trusts or bearer shareholdings for any legal entity 25% or more of the shares or voting rights of the entity; or
2. Otherwise exercises control over the management of the entity. A natural person is considered to exercise "effective control" of a legal entity customer if that person can elect a majority of the board of directors, supervisory board, or any equivalent body, of a legal entity; or exert a "dominant influence" over the financial, economic, or management policies of the entity, regardless of the amount, if any, of share ownership or voting rights in that entity. This is the case, for example, if a majority of the members of the entity's board of directors, supervisory board, or any equivalent body are used to or obliged to act in accordance with that person's directions, instructions, or wishes in conducting the affairs of the entity. Such an obligation may be formal or informal, written or unwritten.

If no such natural person fits the above description, the beneficial owner is the (Chief Executive Officer) or other person or persons performing similar functions, who effectively directs the business of the entity on a day-to-day basis.



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Property, or an interest in property, may be subject to the effective control of a person within the meaning of the AML/CFT Act whether the person has

1. A legal or equitable estate or interest in the property; or
2. A right, power, or privilege in connection with the property.

Regard may be had to

1. Shareholdings in, debentures over, or directorships of any company that has a direct or indirect interest in the property;
2. A trust that has a relationship to the property; and
3. Family, domestic, and business relationships between any person having an interest in the property, or in companies or trusts described above.

FOR BANK USE ONLY

Created by: (Signature)

Employee ID:

Date:

Authorized by: (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.: