



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

CUSTOMER INFORMATION FORM (CORPORATE)

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

Branch:

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

Customer Information Form (CIF) Number:

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Passport size photograph
of Account Signatory 1

Passport size photograph
of Account Signatory 2

Passport size photograph
of Account Signatory 3

Passport size photograph
of Account Signatory 4

CUSTOMER TYPE*

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

Business/ Agency Name*

Establishment Date*

License No.*

License Expiry Date*

PROPRIETOR'S DETAILS

Name of Proprietor*

CID No.*

Issue Date*

Expiry Date*

PERMANENT ADDRESS

Village*

Gewog*

Dzongkhag*

House No.*

Thram No.*

Signature and Seal of the Applicant(s)



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COMMUNICATION DETAILS			
Residential/ Office Address*			
Company Name*		Village*	
Gewog*		Dungkhag*	
Dzongkhag*		Email ID*	
Mobile No.*		Post Box 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			
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): (As required under AML/CFT Regulation)			
CONSENT AND DECLARATION			
1. I/We agree to comply with T Bank's rules and regulations as amended from time to time. 2. In the event of any erroneous credits to my/our account, I/we will report to the bank immediately and commit to return the amount to the rightful account holder or the Bank. 3. The Bank reserves the right to place a lien on my/our account for the settlement of cheques, debit authorizations, recovery of non-performing assets, overdrawn accounts, disputed transactions, asset seizures, and in compliance with court orders. 4. I/We agree to promptly update any changes to my/our KYC details with the Bank like CID Expiry, Signature, Email Address, Contact No., Address, etc. at any point of time.			
SIGNATORY DETAILS			
Name	Citizenship Identification Number	Signature	



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***A separate Account Opening Form needs to be completed to open any Account, apart from this Form.
(Please ask for it at the counter, mentioning the type of Account you would like to open). Information required as per RMA's
AML/CFT Regulation**

FOR BANK USE ONLY

Created By: (Signature)

Employee ID:

Date:

Authorized By: (Signature)

Employee ID:

Date:



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ACCOUNT OPENING FORM (CORPORATE)

Branch:

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

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

THIS SECTION TO BE FILLED BY THE BANK OFFICIAL RECEIVING THE FORM

CIF Number: Account Number:

THIS SECTION TO BE FILLED BY THE CUSTOMER

Any other existing T Bank Account Numbers:

I/We would like to avail the following products from your bank:

CURRENT DEPOSIT ACCOUNT FOR GOVERNMENT AGENCY

- ☐ i. CA. Government Corporation
- ☐ ii. CA. Government Bank Corporation

CURRENT DEPOSIT ACCOUNT FOR OTHERS

- ☐ i. CA. Corporation
- ☐ ii. CA. Sole Proprietorship
- ☐ iii. CA. Partnership
- ☐ iv. CA. Associations and Clubs
- ☐ v. CA. Private Company

CURRENT DEPOSIT ACCOUNT IN FOREIGN CURRENCY

i. FC II (Entities)

Currency (please tick):
☐ USD ☐ AUD ☐ EUR ☐ GBP ☐ JPY ☐ INR
**Account will be opened in a convertible currency only.*

MODE OF OPERATION

☐ Single ☐ Jointly ☐ Either OR Survivor ☐ Anyone OR Survivor

Name of Firm/Business Entity

THE ACCOUNT WILL BE OPERATED BY THE FOLLOWING AUTHORIZED PERSON(S)

1st Applicant's Name: CIF No. 2nd Applicant's Name: CIF No. 3rd Applicant's Name: CIF No.

Signature and Seal of the Applicant (s)



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VALUE ADDED SERVICES (VAS)

- | | |
|--|---|
| ☐ Internet Banking | ☐ International Visa Corporate Credit Card |
| ☐ International Visa Debit Card | ☐ International Visa Credit Card |

*A separate form needs to be completed to avail any of the above facilities, apart from this form
(Please ask for it at the counter, mentioning the type of facilities you would like to avail)

*Please note that each Value Added Service would have its own terms and conditions and eligibility criteria

- ☐ TPay (Download the app from Google Play Store/ App Store for online registration)
- ☐ SMS alert will be activated on primary applicant's mobile number

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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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(s)



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SEAL & SIGNATURE/ THUMB IMPRESSION OF THE APPLICANT(S)

Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression	Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression
Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression	Photograph of Applicant Name: Date:/...../..... Signature/Thumb Impression

Eligibility	Documents Required
1.Firms - Sole Proprietorship	• Copy of valid trade license • Tax payer certificate of proprietor • One passport size photograph of the proprietor • Three legal stamps • Copy of CID/passport of the proprietor • Rubber stamp of the firm • Letter of authority and photographs of the persons operating the account in case of authorization
2. Partnership	• Partnership deed • Copy of valid trade license • Copy of CID/passport of each partner • Three legal stamps • Rubber stamp of the firm • One passport size photograph of each partner • Copy of the latest financial returns for the partnership • Any official valid document identifying the partners and the persons having power of attorney and their addresses
3. Trust/ Association/Club/ Religious Bodies/ NGO	• Application letter duly signed by head of agency • Article of Association, if any • Certificate copies of bye-law/rules/constitution of the club • Registration certificate if it is Civil Society Organization (CSO)/Commission for Religious Organizations (CRO) registered and if not registered, minutes of meeting is required • Board resolution • Three legal stamps • One passport size photograph of each office holder/account operator • Copy of CID of each office holder/account operator • Rubber stamp • Account Operators: Minimum two signatories



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4. Private/Public Limited Company	• Copy of valid trade License • Copy of CID/passport of directors/ shareholders/account operators • One passport size photograph of the account operators • Three legal stamps • Copy of certificate of incorporation and articles of association (for Limited Companies) • No objection/forwarding letter from directors if to be operated by another person other than directors or any one from directors • Copy of the latest financial returns of the company • Company seal
5. Government Bodies	• Approval from Ministry of Finance • Copy of CID of the account operators • One passport size photograph of the account operators • Three legal stamps • Written authorization signed by the agency head for the concerned person(s) to open the account or undertake the transaction • Office Seal

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Created By: (Signature)

Employee ID:

Date:

Authorized By: (Signature)

Employee ID:

Date:



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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.

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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.: