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T BANK LIMITED

POST BOX: 631

HEAD OFFICE : TCC Complex Building, Samten Lam,

THIMPHU: BHUTAN

FIXED DEPOSIT ACCOUNT OPENING FORM (CORPORATE)

Please fill the form in CAPITAL LETTERS only.

Branch:

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

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:

FIXED DEPOSIT

Name of Business/ Agency

Fixed Amount

Nu.

Days/Months/Years

Interest Payment Frequency

☐ On Maturity ☐ Annually ☐ Half Yearly ☐ Quarterly ☐ Monthly

☐ Credit amount to Account No.

Instruction on Maturity of Deposit

☐ Renew Principal & Interest ☐ Renew Principal only

☐ Close and transfer amount to Account No.

Mode of Operation

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

THE ACCOUNT WILL BE OPERATED BY THE FOLLOWING AUTHORIZED PERSONS

1st Applicant's Name: CIF No.

2nd Applicant's Name: CIF No.

3rd Applicant's Name: CIF No.

TERMS AND CONDITIONS

1. I/We agree to comply with T Bank's rules and regulations as amended from time to time.
2. 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.
3. 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.

Signature and Seal of the Applicant(s)



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Signature/Thumb Impression of the Applicant(s)		SEAL OF THE ENTITY/BUSINES/AGENCY
1.SIGNATURE		
2.SIGNATURE		
FOR BANK USE ONLY		
FD Account No.		
Opening Date		
Maturity Date		
Principal Amount		
Interest Rate		
Interest Amount		
Maturity Amount		
Created By: (Signature) Employee ID: Date: Authorized By: (Signature) Employee ID: Date:		