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T BANK LIMITED

POST BOX: 631

HEAD OFFICE : TCC Complex Building, Samten Lam,

THIMPHU: BHUTAN

KYC UPDATE FORM (RETAIL)

Please fill the form in CAPITAL LETTERS only.

Branch:

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

Primary Savings Deposit/Current Deposit a/c:

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Name

Date of Birth

Email

Phone Number

IDENTIFICATION DOCUMENT TYPE (Please tick the appropriate box)

☐ Citizenship ID Card

☐ Passport

☐ DCRC Letter

☐ Work Permit/Voter's Card

☐ Others (Please Specify)

Identification Document No

Issue Date

Expiry Date

PERSONAL INFORMATION

Account Type

☐ General

☐ Pensioner

☐ Minor

☐ T Bank Staff

Salutation

☐ Mr

☐ Mrs

☐ Miss

☐ Master

☐ Others (Please Specify)

Gender

☐ Male

☐ Female

☐ Others

Nationality

☐ Bhutanese

☐ Others (Please Specify)

Qualification

Marital Status

☐ Single

☐ Married

Spouse Name

Spouse CID

Contact No.

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 ☐ Diplomates ☐ 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.

Signature of the Applicant



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Legal Stamp
with Signature

(Please submit the form by email to the respective branch from your registered email ID or drop it at the nearest branch office)

1. Thimphu Branch: thimphu@tbank.bt
2. Phuentsholing Branch: phuentsholing@tbank.bt
3. Samtse Branch: samtse@tbank.bt
4. Gelephu Branch: gelephu@tbank.bt
5. Paro Branch: paro@tbank.bt
6. Mongar Branch: mongar@tbank.bt
7. Trashigang Branch: trashigang@tbank.bt
8. Wangdue Branch: wangdue@tbank.bt
9. Trongsa Branch: trongsa@tbank.bt
10. Samdrup Jongkhar Branch: samdrupjongkhar@tbank.bt

Note: For change in primary information like the mobile number, email ID, addresses, signature, etc. please fill the customer information change request form available on the T Bank's website or at the nearest branch office.

FOR BANK USE ONLY

Customer Information Form (CIF) Number:

Dealing Official's Signature

Employee ID:

Date:

Manager's Seal & 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.: