T BANK
Your Personal Bank

ཐི་བཀའ་ཁང་ཚད་ལྡན།
T BANK LIMITED
POST BOX: 631
HEAD OFFICE : TCC Complex Building, Samten Lam,
THIMPHU: BHUTAN

CUSTOMER INFORMATION FORM (Corporate)

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

Please Tick the appropriate Product

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

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.

Government Account

- ☐ i. CA. Government Corporation
- ☐ ii. CA. Government Bank Corporation
- ☐ iii. CA. Non-Financial Institution
- ☐ iv. CA. Commercial Bank

Current Account (Corporate)

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

Foreign Currency Account

i. FC II

Currency (please tick):

☐ USD ☐ AUD ☐ EUR ☐ GBP ☐ JPY ☐ INR

☐ Others ☐☐☐☐☐

**Account will be opened only in convertible currency*

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Fixed Deposit	
Fixed Amount	**Nu.**
Months/Years	
Interest Payment Frequency	☐ On Maturity ☐ Annually ☐ Half Yearly ☐ Monthly ☐ Credit amount to Account No. ☐☐☐☐☐☐☐☐☐☐
Instruction on Maturity of Deposit	☐ Close and credit amount to Account No. ☐ Renew Principal & Interest ☐ Renew Principal only

Mode of Operation

☐ Single ☐ Jointly ☐ Either-Or Survivor ☐ Anyone OR Survivor ☐ Power of Attorney

Name of Firm/Business Entity: For current Account Individual	

The Account will be operated by the following authorized persons:

1st Applicant Name: ..... CIF No: ☐☐☐☐☐☐

2nd Applicant Name: ..... CIF No: ☐☐☐☐☐☐

3rd Applicant Name: ..... CIF No: ☐☐☐☐☐☐

Value Added Services (VAS)

☐ Internet Banking

☐ International Visa Debit Card

☐ International Visa Credit Card

☐ International Visa Debit Card against FC accounts

*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 VAS 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

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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. 2. In the event of any erroneous credits to my/our account, I/We commit to returning the amount to the rightful owner 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.	
Seal & Signature/ Thumb Impression of Applicant	
ACCOUNT SIGNATORY 1	ACCOUNT SIGNATORY 2
ACCOUNT SIGNATORY 3	ACCOUNT SIGNATORY 4
For Official Use	
Created By: (Signature) Employee ID: ..... Date:	Authorized By: (Signature Employee ID: ..... Date: .....

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ACCOUNT OPENING FORM (Corporate)

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

Please Tick the appropriate Product

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

Customer Information Form (CIF) Number: ☐☐☐☐☐☐☐☐

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 ☐ Trust ☐ Associations & Clubs (Registered CSO/NGO)

☐ Private Company ☐ SOE ☐ Associations & Clubs (Registered Religious Org.)

☐ Partnership ☐ Sole Proprietorship ☐ Public Company

☐ Others

*Business/Agency Name:			
Establishment Date:		BIT/CIT/No:	
License No:		License Expiry Date:	
Proprietor's Details:			
Name of Proprietor:			
CID No:		Expiry Date:	
Permanent Address:			
Village:		Gewog:	
Dzongkhag:			
House No:		Thram No:	

Signature (All signatories)

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*Communication Details			
Residential/ Working Address		Company Name	
Village		Gewog	
Dungkhag		Dzongkhag	
Email ID		Phone Number	
Post Box No.		Office Tel. No	
Fax No.			

***Gross Annual Income (In Nu.)/ Turnover (in Nu.) for sole proprietorship/partnership**

☐ 0 to 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)

Signature (all signatories)

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CONSENT AND DECLARATION

1. I/We agree to comply with T Bank's rules and regulations as amended from time to time;
2. I/We agree to promptly update any changes in KYC details and other information provided during the account onboarding process and at periodical intervals as may be required by the Bank;
3. I/We provide consent for restrictions of account operations if I/We fail to update KYC details as and when required;
4. In the event of any erroneous credits to my/our account, I/We commit to returning the amount to the rightful owner or the Bank;
5. 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;
6. I/We understand that the account will be activated and operations shall be allowed only after completion of Customer Due Diligence related to KYC by the Bank;
7. I/We have been advised that if I/We do not provide my/our mobile number, I/We will not be eligible for any of Digital Banking facilities;
8. I/We agree that the transactions and requests executed in my/our account(s) through internet banking and mobile under my User ID and password/PIN/OTP will be legally binding on me & I/We am/are responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/detail/OTP/PIN, etc., in such matters;
9. I/We hereby agree to use my/our account solely for intended & lawful purpose and commit not to rent, share or allow third parties to use my/our account for whatsoever reasons;
10. I/We hereby accept full liability for any unlawful use of account including but not limited to receiving, transferring or holding illicit funds;
11. I/We acknowledge that permitting third parties to use account for any reason may result in immediate deactivation if detected by the Bank;
12. I/We acknowledge that any such unlawful funds may be confiscated by authorities in accordance with applicable Regulations/Laws; and
13. I/We understand that breaching these terms may result in criminal prosecution or civil penalties as prescribed by Regulations/Law.

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.

Photograph of Applicant

Name: .....

Date: : .....

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Signatory Details:		
Name	**Citizenship ID Number**	**Signature**

Eligibility	**Documents Required**
1. Firms-Sole Proprietorship	• Trade License photocopy • Tax payer certificate (BIT) of proprietor • Two Passport Size Photographs of the Proprietor • Citizenship ID Card/Passport photocopy • Rubber stamp of the firm • Letter of Authority and Photographs of the Persons operating the Account in case of authorization
2. Partnership	• Partnership Deed • Trade License photocopy • Citizenship ID Card/Passport photocopy of Partners • Rubber stamp of the firm • Two Passport Size Photo Photographs 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. Clubs, Societies, Associations;	• Application Letter • Article of Association • Certificate copies of bye-law/rules/constitution of the club • Board Resolution • Two photographs of each Office Holder • Citizenship ID photocopies of each Office Holder • Rubber Stamp • Copy of the latest financial return for the company or, if no return is available, an estimate of annual income • Account Operators: Minimum two signatories
4. Eligibility	• Memorandum & Article of Association • Copy of Board of Directors resolution Authority of the Company to open & operate the Account • Citizenship ID Card copies of the Directors and the Key Executive • Certificate of incorporation • Rubber Stamp of the Company • Letter of Authority (signature of the authorized person who deals with bank transaction) • The latest financial returns for the Company or, if no return is available, an estimate on the annual income • Accounts Operators: Minimum two signatories (unless if specified by the Board)

***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 AML/CFT Regulation**

Created By: (Signature)
Employee ID: .....
Date: .....

Authorized By: (Signature)
Employee ID: .....

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CLAIM NOMINATION FORM

Branch..... Date ...../...../.....

I undersigned, bearing Citizenship Card No. ..... (attached) from:

Village: ..... Gewog: .....

Dungkhag: ..... Dzongkhag: ..... having:

☐ Saving Deposit ☐ Recurring Deposit ☐ Current Deposit ☐ Fixed Deposit

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	CID Number	Relation	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: .....
Village: .....
Gewog: .....
Dzongkhag: .....

Affix legal Stamp
Signature of Declarer
Contact No: .....

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BENEFICIAL OWNERSHIP DECLARATION FORM

Company Name:	
Account Number:	
Registration Number:	
Current Address:	
Country of Incorporation:	

Complete the following information for all beneficial owners that own or control 25% or more of the customer's interest (shares or voting rights), beneficial owners on whose behalf the account is being operated, and at least one person who exercises effective control of the legal entity.

I/ We declare that the beneficial owner(s) of this account are as follows:

Name	Designation	Date of Birth	Current Address	Source of Beneficial Ownership Select (A, B and C or any combination of the three)	(Tick if PEP)

A-Equity (indicate %), B=Effective Control, C-Person on Whose Behalf Account is Operated

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.

(Shall be signed as per operating instructions of the account with legal stamp)

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Bank use Only:	
Name:	
Title:	
Date:	
Manger's Signature:	