



PIGGY BANK SAVINGS ACCOUNT OPENING FORM

Please fill in CAPITAL LETTERS & tick the appropriate boxes

| To be completed by the Bank | | | |
|-----------------------------|--|------------------|--|
| Branch Code | | Date(DD/MM/YYYY) | |
| Base No | | Account No. | |

| BASIC DETAILS | | | |
|--|---|---|---|
| Salutation: | <input type="checkbox"/> Mr <input type="checkbox"/> Miss | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Name(First,Middle & Last): | | | |
| Date of Birth (DD/MM/YYYY): | | Nationality: <input type="checkbox"/> Bhutanese <input type="checkbox"/> Others than Bhutanese: | |
| Mobile No if any:975 | Fixed Line No: | Email ID if any: | |
| New ID No if any: | ID Issue Date: | ID Expiry date: | |
| School of the Student at the time of opening the account | Name of the School: | | |
| | Class: | Section: | |
| | Dzongkhag : | | |

| CONTACT DETAILS OF THE GUARDIAN | | | |
|---|----------------|-----------------------------------|--|
| Relation of Guardian : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunty <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Others | | | |
| Name of the Guardian: | | | |
| Address: | | | |
| Mobile No: | Fixed Line no: | Email ID: | |
| Tax Payer Number(TPN No) of Guardian : | | Annual Income(in Nu) of Guardian: | |

| PERMANENT AND PRESENT ADDRESS | | | |
|---|-----------|----------------|----------|
| Permanent Address | House No: | Tharm No: | Village: |
| Gewog: | Dungkhag: | Dzongkhag: | |
| Present/Domicile Address (Place where you reside at present) | | Building Name: | |
| Building Number: | | Street Name: | |
| City/Village: | Gewog: | Dzongkhag: | |

| INTRODUCTION | |
|---|-------|
| Name of Introducer | |
| BNB Acc No of Introducer | |
| Contact No: | 9 7 5 |
| <div style="display: flex; justify-content: space-around; margin-top: 20px;"><div style="border: 1px solid black; width: 250px; height: 60px; text-align: center; color: gray;">SIGNATURE 1 OF INTRODUCER</div><div style="border: 1px solid black; width: 250px; height: 60px; text-align: center; color: gray;">SIGNATURE 2 OF INTRODUCER</div></div> | |

| NOMINATION /BENEFICIARY DETAILS(Optional) | | | | |
|---|----------|-------------|------------|------------|
| Name | Relation | ID No/Minor | Contact No | % of Share |
| 1. | | | | |
| 2. | | | | |

SIGNATORY DETAILS

For the payment, withdrawal and any other transactions, BNBL shall recognize the signatures of the below specimen signatures as noted (Please sign within the box)

Any Two

Joint

All

Specimen Signature of Piggy Bank Account Holder

SIGNATURE 1

SIGNATURE 2

Affix
1 Passport
Photo

Specimen Signature of Guardian 1

Name:

Date of Birth(DD/MM/YYYY)

Resident Status:

Resident

Non-Resident

CID No:

Contact No:

Email ID:

Permanent Address

House No:

Tharm No:

Village :

Gewog:

Dzongkhag:

SIGNATURE 1

SIGNATURE 2

Affix
1 Passport
Photo

OR Specimen Signature of Guardian 2

Name:

Date of Birth(DD/MM/YYYY)

Resident Status:

Resident

Non-Resident

CID No:

Contact No:

Email ID:

Permanent Address

House No:

Village :

Gewog:

Dzongkhag:

SIGNATURE 1

SIGNATURE 2

Affix
1 Passport
Photo

DOCUMENTS CHECKLIST (All original documents to be submitted for verification)

1. Two recent colored passport size photograph of applicant

2. Two recent colored passport size photograph of Guardian

3. Certified photocopies of ID/Passport/Work Permit for each individual

4. Duly signed account opening form

CONSENT AND DECLARATION

I/We have signed the application form and confirm that all the information provided above are true and correct. And I/We authorize the bank to verify any information from whatever source it may consider appropriate. The Bank can share/discard my account information to the bank's other branches, Credit Information Bureau, RMA and such other person as BNB may deem necessary.

I/We accept and agree to be bound by the said terms and conditions for the account and the facilities I have availed and any changes applicable if any or made to if from time to time. I understand that the Bank may discontinue the said facilities and services completely or partially without any notice to me.

Signature

Date

Signature

Date

FOR BANK USE ONLY

| <i>Particulars</i> | <i>Name of the staff</i> | <i>Date/Month/Year</i> | <i>Signature</i> |
|--------------------------------------|---------------------------------|-------------------------------|-------------------------|
| Documents completed and Submitted to | | | |
| Input done by | | | |
| Authorized by | | | |
| Verifier/approved by | | | |