



འབྲུག་རྒྱལ་ཡོངས་དངུལ་ཁང་ཚད་འཛིན།
BHUTAN NATIONAL BANK LIMITED

Version No.: 1.1

Version Date: 24/01/2019

Revision Date: 31/12/2019

Saving Account Opening Form

Please complete in **CAPITAL LETTERS** and the appropriate boxes. All the fields **marked * are mandatory**

Branch _____

Date _____

Dear Sir/Madam,

I/we would like to open a savings account at your branch as per the details below:

Customer Detail	
Account Name:	
Customer ID (Base No):	
Main Details	
Account Type: <input type="checkbox"/> Pensioners Savings* <input type="checkbox"/> Normal Savings	
Currency: <input type="checkbox"/> Nu <input type="checkbox"/> USD <input type="checkbox"/> Euro <input type="checkbox"/> AUD <input type="checkbox"/> GBP <input type="checkbox"/> JPY <input type="checkbox"/> Others (Specify):	
Mode of Operation: <input type="checkbox"/> Single <input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> All	
Other than for "Single", please provide the Customer ID (Base Number) of all the other persons who will operate the account, either by themselves or jointly with you, below.	
Joint Holder 1:	Cust ID
Joint Holder 2:	Cust ID
Joint Holder 3:	Cust ID
Joint Holder 4:	Cust ID

***For Pensioners Savings Account, a letter from the Pension Board mentioning all the details of the account holder and his/her children (if the account is required for a minor) is mandatory; the account will also be additionally governed by the rules framed by the board.**

****The Joint Holder is required to complete a separate Customer Information Form (Retail) if he/she doesn't already have a Customer ID with this bank.**

Facilities Required (Please Tick as appropriate). To avail the services marked with *, separate forms have to be filled in.			
1. ATM/Debit Card Facility* : <input type="checkbox"/> YES <input type="checkbox"/> NO		2. B-Wallet*: <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Internet Banking*: <input type="checkbox"/> YES <input type="checkbox"/> NO		4. mPAY*: <input type="checkbox"/> YES <input type="checkbox"/> NO	5. Cheque Book: <input type="checkbox"/> YES <input type="checkbox"/> NO
6. SMS Alert: <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, Mobile No.:	00975
7. Safe Deposit Locker*: <input type="checkbox"/> YES <input type="checkbox"/> NO			



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Nominee Details

In the event of my death, I hereby declare the following nominees as the legal representatives for my Account no/s.....

Nominee	CID/Passport No	Contact No	Relation to Customer	DOB	% to be paid

The nominee/s above shall have the following rights:

- I. He/she has the absolute right to close any of the accounts or claim for contents in Safe Deposit Locker.
- II. He/she also has the right to withdraw the balances lying therein, after the adjustment of any outstanding/s with this bank & receive the contents in the Safe deposit Locker.

I have read and understood the procedures for legal claim from my Deposit accounts maintained with this Bank.

This Bank shall not be liable, once the payment/contents are made/delivered to the nominee as per the nomination details provided/declared above.

You can revise this list at any time during the currency of the account, by providing a written application to the bank.

Consent/declaration

I/We have read the and understood the Terms & Conditions and also hereby agree to be bound by the rules and regulations governing the maintenance of accounts with the Bhutan National Bank Ltd (the Bank) in force and as amended by the Bank and/or the Royal Monetary Authority of Bhutan from time to time. I/We also agree to the disclosure of my account information as required by the regulatory authority and laws of the Kingdom.

Name & Signature (s):

Date:

Signature over
Legal Stamp

FOR BANK USE ONLY

Particulars	Name of the staff	Date/Month/Year	Signature
Input done by			
Verifier/approved by			
Savings Account No:		Branch Code:	