DRUK PNB BANK LTD
ACCOUNT OPENING FORM

The Vice President
……..

(For Bank Use only)

Customer ID No. (Sole / First a/c holder										Account No (12 digits)												

TO BE FILLED IN BLOCK LETTERS

1. **I/ We request you to open the following account. I / We agree to abide by the bank's rules in force from time to time.**

(Tick √ the relevant box on right side)

(A) Saving Fund Account		(B) Recurring Deposit Monthly Installment……. Period…… Interest Rate……		(C) Current Account		(D) Spectrum Fixed Deposit #	
# Amount Nu…….…….Period years…….Months……..days ……Interest Rate……..% per annum							

Interest Payment Frequency (Please tick in the appropriate box below)	On maturity	Annually	Half Yearly	Quarterly	Monthly	Credit interest to SF/CA/CC/OD Account No……..
						Credit maturity proceeds to SF/ CA/ CC/ OD Account No……...

Instruction for Auto Renewal on maturity of deposit (Please tick the relevant box on right side)	Renew for Principal & Interest		Renew for Principal only		Period for which Auto Renewal required …….. months/years No. of times……..

2. **Name of sole / first account holder (Mr./ Ms.)**

3. **Name(s) of the Joint Account Holders, if applicable (Mr./Ms)**

1.																																
2.																																
3.																																

4. **Mode of Operation (tick whichever is applicable)**

Self		Either or Survivor		Former or Survivor		Jointly		Any Other #	

Specify any other……

5. **ATM / DEBIT CARD: I/We may please be issued ATM Card / ATM-cum-Debit Card as per following details.**

Name of 1st Card Holder																									
Name of 2nd Card Holder																									
Name of 3rd Card Holder																									

6. **Account Numbers of the customer on which ATM-cum Debit card services are required (In case the customer has more than one account with bank)**

Main Account No.																									
2nd Account No.																									
3rd Account No.																									

7. **Internet banking: I / We may please be allowed internet banking as per the following details.**

i) Name of the account holder (s) authorized for using the Internet Banking Services:

a. _____

b. _____

Customer's Signature 1._____ 2._____ 3. _____

Date: …….

Place: …….

SIGNATURE OF AUTHORISED OFFICIAL

Branch Office_____

Customer Id									
Account No.												

SPECIMEN SIGNATURE / THUMB IMPRESSION

Photograph
Phone Numbers:

Name (s) of the Account holder (s) (Mr./Ms.)

1.																											
2.																											
3.																											

Mode of operation		Signature (s) verified By…….(EID No.& date)…….....

FOR BANK USE ONLY

	Signature	Employee ID No.	Date
1.Information entered in the system by			
2.Entered information verified by			

ATM cum Debit Card No.	Date of Issue	Issued by (Signature with Employee ID No)

Internet banking User Id	Date of Issue	Issued by (Signature with EID No.)