

DRUK PNB BANK LTD ACCOUNT OPENING FORM (Sole Proprietorship Firm)

The Vice President,

BO.....

(For Office Use Only)													
Customer ID No. (Sole /							Account No						
First a/c holder							(12 digits)						

PLEAS FILL IN BLOCK LETTERS

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

 \Box

		(Tic	⊧k the	e re	elevant box	on righ	t si	de)				
(A) Saving Fund		lent Sweep S			(C) Curre	ent Accou	nt \$	6	(D)Smart Roamer			
Account		reep in and ou ired for							Current Account \$			
(E) Overdraft / Cash Credit \$		ctrum Fixed [Mont	urring Dep hly Install d Rate	me	nt	(H) Others (Specify)			
# Amount Nu% per annum												
Interest Payment Frequency (Please tick in the	On maturity	Annually	Half Yearly		Quarterly	Monthly		Credit interest No	to SF/CA/CC/OD Account			
appropriate box)									y proceeds to SF/ CA/ CC/ lo			
Instruction for Auto on maturity of depos	Renew for Principal & Interest			Renew for Principal only			Period for which Auto Renewal required No. of times					

I have read the terms and conditions governing the deposit schemes.

2. Name of the Firm (Please submit copy of Trade License)

\$ I am not availing any credit with any other bank (s) / branch (s) of your bank and I undertake to inform you, in writing, as soon as any credit facility is availed by me from any bank/Branch of your Bank. OR I am availing credit facilities with other Bank(s) / branches(s) of your bank, as per details given in the enclosed sheet.

3. Name of the Proprietor (Please submit copy of ID Card)

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4. Present Business Address:

	Telephone NoPO Box No				
5.	Permanent Address:				
	YueDungk	hag	Dzongkl	1ag	
6.	Mode of Operation (Tick whichever is applicable) If jointly, furnish names of the authorized signatories Authorized signatory1: Authorized signatory2:				
	(Please submit series of ID	a and a fitter	-!		

(Please submit copies of ID card of the signatories)

7.	Request i) Please issue Pass Book	OR Statement of Account	
	Date:		Applicant's Signature

Cheque Book issued bearing number from:______ to______to_____

SIGNATURE OF AUTHORISED OFFICIAL

Branch Office_____

Customer Id						
Account No.						

SPECIMEN SIGNATURE

	Photogr	raph		
Phone Number:				

FOR BRANCH USE ONLY

Name of the Account holder (s) (in block letters)

Мо	de of	opera	ation				Sig	Inatu	ire (s	s) ve	rifiec	1				

By.....(EID No.& date).....

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