(To be filled by bank) Customer ID No. (To be filled in separately by every individual) TICK THE APPROPRIATE BOXES, WHEREVER REQUIRE Applicant Personal Details: 1 YOUR TITLE :* * INDICATES MANDATORY FIELD Mr Mrs Ashi Aum Dr Lyopop Lieutenant Captain Major Brigadier Others 2 CUSTOMER TYPE *(Please tick the appropriate box): Individual Individual(Minor) Business Corporate Govt Autonomous PVI Companies Student Business Corporate Govt Autonomous PVI ORPLIL NAME:* Butanese 4 GENDER:* Male Female Date Of Birth:* J YOUR FULL NAME:* Business License No.: Expiry Date: CID No.: Expiry Date: Passport No: Expiry Date: Passport No: Expiry Date: Passport No: Expiry Date: Passport No:	Customer ID No. (To be filled in separately by every individual) TICK THE APPROPRIATE BOXES, WHEREVER REQUIRE Applicant Personal Details: 1 YOUR TITLE :* * INDICATES MANDATORY FIELD Mr Mrs Ashi Aum Dr Lyonpo Lieutenant Captain Mass M/S Mass Massociation Main Dr Lyonpo Lieutenant Caption Main Mr Mrs Ashi Aum Dr Lyonpo Lieutenant Captain Massociation & Clubs Main Business Corporate Govt Autonomous Put Companies St Religious Org. Partnership Co. Politician Association & Clubs NRB Non-resident Bhutanese A GENDER:* Male Female Date Of Birth:* Station NoLINAME:* Expiry Date: Expiry Date: Expiry Date: Work Permit: Expiry Date: Expiry Date:	AM Others NGO's Student
(To be filled in separately by every individual) TICK THE APPROPRIATE BOXES, WHEREVER REQUIRE Applicant Personal Details: 1 YOUR TITLE :* * INDICATES MANDATORY FIELD Mr Mrs Ashi Aum Dr Lyonpo Lieutenant Captain Mr Mrs Mrs Miss Mr Dr Lyonpo Lieutenant Captain Major Business Corporate Govt. Autonomous Pvt Companies Student Religious Org. Pathership Co. Politician Association & Clubs NRB Non-resident Bhutanese Arm Force 3 YOUR FULL NAME:* 4 GENDER:* Bhutanese SNATIONALITY:* Bhutanese Non-Bhutanese Expiry Date: OLD No.: Expiry Date: Passport No: Expiry Date: Passport No: Expiry Date: Passport No: Expiry Date: Passport No: Expiry Date:	(To be filled in separately by every individual) TICK THE APPROPRIATE BOXES, WHEREVER REQUIRE Applicant Personal Details: * INDICATES MANDATORY FIELD Mr Mrs Miss M/S Master Ashi Aum Dr Lyonpo Lieutenant Captain Major Brigadier Oth 2 CUSTOMER TYPE *(Please tick the appropriate box): Individual Individual(Minor) Staff Sole Proprietorship Civil Society Org. NK Business Corporate Govt. Autonomous Pvt Companies St Religious Org. Partnership Co. Politician Association & Clubs NRB Non-resident Bhutanese Ar 3 YOUR FULL NAME:* Bhutanese Non-Bhutanese IDENTIFICATION DOCUMENT TYPE*: (Please tick the appropriate box) CID No.: CID No.: Expiry Date: Expiry Date: IDENTIFICATION NO: Expiry Date: IDENTIFICATION NO: Passport No: Expiry Date: Expiry Date: IDENTIFICATION NO: Expiry Date: IDENTIFICATION NO: 7 EDUCATION QUALIFICATION*: (Please tick the appropriate box) Expiry Date: IDENTIFICATION POCUMENT': IDENTIF	AM Others NGO's Student
TICK THE APPROPRIATE BOXES, WHEREVER REQUIRE Applicant Personal Details: 1 YOUR TITLE :* * INDICATES MANDATORY FIELD Mr Mrs Miss M/S Dasho HM HRH HE LAM Ashi Aum Dr Lyonpo Lieutenant Captain Major Brigadier Others 2 CUSTOMER TYPE *(Please tick the appropriate box):	TICK THE APPROPRIATE BOXES, WHEREVER REQUIRE Applicant Personal Details: 1 YOUR TITLE :* * INDICATES MANDATORY FIELD Mr Mrs Miss M/S Master Dasho HM HRH HE LAM Ashi Aum Dr Lyonpo Lieutenant Captain Major Brigadier Oth 2 CUSTOMER TYPE *(Please tick the appropriate box): Individual(Minor) Staff Socie Proprietorship Civil Society Org. NR Business Corporate Gott Autonomous Pvt Companies St Religious Org. Partnership Co. Politician Association & Clubs NRB Non-resident Bhutanese Ar 3 YOUR FULL NAME:*	AM Others NGO's Student
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Mr Mrs Mrs Miss M/S Master Dasho HM HRH HE LAM Ashi Aum Dr Lyonpo Lieutenant Captain Major Brigadier Others 2 CUSTOMER TYPE *(Please tick the appropriate box): Individual Individual(Minor) Staff Sole Proprietorship Civil Society Org. NGO's Business Corporate Govt. Autonomous Pvt Companies Student Religious Org. Partnership Co. Politician Association & Clubs NRB Non-resident Bhutanese Arm Force 3 YOUR FULL NAME:* 4 GENDER:* Male Female Date Of Birth:*	Mr Mrs Miss M/S Master Dasho HM HRH HE LAM Ashi Aum Dr Lyonpo Lieutenant Captain Major Brigadier Oth 2 CUSTOMER TYPE *(Please tick the appropriate box): Individual Individual(Minor) Staff Sole Proprietorship Civil Society Org. NK Business Corporate Govt. Autonomous Pvt Companies Staff Religious Org. Partnership Co. Politician Association & Clubs NRB Non-resident Bhutanese And 3 YOUR FULL NAME:* Male Female Date Of Birth:* Image: State	AM Others NGO's Student
Ashi Aum Dr Lyonpo Lieutenant Captain Major Brigadier Others 2 CUSTOMER TYPE *(Please tick the appropriate box): Individual (Minor) Staff Sole Proprietorship Civil Society Org. NGO's Business Corporate Govt. Autonomous Pvt Companies Student Religious Org. Partnership Co. Politician Association & Clubs NRB Non-resident Bhutanese Arm Force 3 YOUR FULL NAME:* Bhutanese Non-Bhutanese Date Of Birth:*	Ashi Aum Dr Lyonpo Lieutenant Captain Major Brigadier Oth CUSTOMER TYPE *(Please tick the appropriate box): Dindividual (Minor) Staff Sole Proprietorship Civil Society Org. NK Business Corporate Govt. Autonomous Pvt Companies Staff Religious Org. Partnership Co. Politician Association & Clubs NRB Non-resident Bhutanese Ar YOUR FULL NAME:*	Others
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3 YOUR FULL NAME:* 4 GENDER:* Male Female Date Of Birth:* 5 NATIONALITY:* Bhutanese 6 IDENTIFICATION DOCUMENT TYPE*: (Please tick the appropriate box) CID No.: Work Permit: Passport No: Business License No.: Business License No.: Registration No.: EDUCATION QUALIFICATION*: (Please tick the appropriate box) Non-Graduate Graduate Post Graduate Others # # Specify any Other	3 YOUR FULL NAME:* 4 GENDER:* Male 5 NATIONALITY:* Bhutanese 6 IDENTIFICATION DOCUMENT TYPE*: (Please tick the appropriate box) CID No.: Expiry Date: Work Permit: Expiry Date: Passport No: Expiry Date: Business License No.: Expiry Date: Registration No.: Expiry Date: Non-Graduate Graduate Post Graduate Others # # Specify any Other Married 9 MARITAL STATUS: Married Unmarried , If Married Name Of Spouse: CID No.: Address: Contact No.: Contact No.: CID No.	Se Arm Force
4 GENDER:* Male Female Date Of Birth:*	4 GENDER:* Male Female Date Of Birth:*	
5 NATIONALITY:* Bhutanese 6 IDENTIFICATION DOCUMENT TYPE*: (Please tick the appropriate box)	5 NATIONALITY:* Bhutanese Non-Bhutanese 6 IDENTIFICATION DOCUMENT TYPE*: (Please tick the appropriate box) Expiry Date: Image: ClD No.: CID No.: Image: ClD No.: Image: ClD No.: Expiry Date: Image: ClD No.: Passport No: Image: ClD No.: Image: ClD No.: Expiry Date: Image: ClD No.: Passport No: Image: ClD No.: Image: ClD No.: Expiry Date: Image: ClD No.: Business License No.: Image: ClD No.: Image: ClD No.: Expiry Date: Image: ClD No.: Registration No.: Image: ClD No.: Image: ClD No.: Image: ClD No.: Image: ClD No.: 7 EDUCATION QUALIFICATION*: (Please tick the appropriate box) Image: ClD No.: Image: ClD No.: Image: ClD No.: 7 EDUCATION QUALIFICATION*: (Please tick the appropriate box) Image: ClD No.: Image: ClD No.: Image: ClD No.: 8 FATHER/MOTHER'S NAME:* Image: ClD No.: Image: ClD No.: Image: ClD No.: Image: ClD No.: 9 MARITAL STATUS: Image: Married Image: ClD No.: Image: ClD No.: <t< th=""><th></th></t<>	
CID No.: Expiry Date: Work Permit: Expiry Date: Passport No: Expiry Date: Business License No.: Expiry Date: Registration No.: Expiry Date:	CID No.: Expiry Date: Expiry Date: Work Permit: Expiry Date: Expiry Date: Passport No: Expiry Date: Expiry Date: Business License No.: Expiry Date: Expiry Date: Registration No.: Expiry Date: Expiry Date: Non-Graduate Graduate Post Graduate Others # # Specify any Other Expired Image: Specify any Other Image: Specify any Other 8 FATHER/MOTHER'S NAME:* Image: Specify any Other Image: Specify any Other 9 MARITAL STATUS: Married Unmarried , If Married Name Of Spouse: Contact No.: CID No. Others No.	
Work Permit: Expiry Date: Passport No: Expiry Date: Business License No.: Expiry Date: Registration No.: Expiry Date: 7 EDUCATION QUALIFICATION*: (Please tick the appropriate box) Non-Graduate Graduate Post Graduate Others # 8 FATHER/MOTHER'S NAME:* CID No./Others:	Work Permit: Expiry Date: Passport No: Expiry Date: Business License No.: Expiry Date: Registration No.: Expiry Date: Non-Graduate Graduate Post Graduate Others # # Specify any Other Married Unmarried , If Married Name Of Spouse: Address: Contact No.: Contact No.: CID No.	
Passport No: Passport No: Expiry Date: Business License No.: Expiry Date: Registration No.: Expiry Date: 7 EDUCATION QUALIFICATION*: (Please tick the appropriate box) Non-Graduate Graduate Post Graduate Others # 8 FATHER/MOTHER'S NAME:* CID No./Others: Image: Comparison of the state in the	Passport No: Expiry Date: Business License No.: Expiry Date: Registration No.: Expiry Date: 7 EDUCATION QUALIFICATION*: (Please tick the appropriate box) Non-Graduate Graduate Post Graduate Others # # Specify any Other CID No./Others: 9 MARITAL STATUS: Married Name Of Spouse: Married Address: Contact No.: Contact No.: CID No.	+ + + + +
Business License No.: Expiry Date: Registration No.: Expiry Date: 7 EDUCATION QUALIFICATION*: (Please tick the appropriate box) Non-Graduate Graduate Post Graduate Others # 8 FATHER/MOTHER'S NAME:* CID No./Others:	Business License No.: Expiry Date: Registration No.: Expiry Date: 7 EDUCATION QUALIFICATION*: (Please tick the appropriate box) Non-Graduate Graduate Post Graduate Others # # Specify any Other Graduate 8 FATHER/MOTHER'S NAME:* Image: ClD No./Others: 9 MARITAL STATUS: Married Name Of Spouse: Married Address: Contact No.: Contact No.: ClD No.	
Registration No.: FUUCATION QUALIFICATION*: (Please tick the appropriate box) Non-Graduate Graduate Post Graduate Others # 8 FATHER/MOTHER'S NAME:* CID No./Others:	Registration No.: 7 EDUCATION QUALIFICATION*: (Please tick the appropriate box) Non-Graduate Graduate Post Graduate Others # # Specify any Other 8 FATHER/MOTHER'S NAME:* CID No./Others: 9 MARITAL STATUS: Married Unmarried , If Married Name Of Spouse: Address: Contact No.: CID No. Others No. Others No.	
Non-Graduate Graduate # Specify any Other 8 FATHER/MOTHER'S NAME:* CID No./Others:	Non-Graduate Graduate Post Graduate Others # 8 FATHER/MOTHER'S NAME:* CID No./Others: 9 MARITAL STATUS: Married Married Unmarried, If Married Name Of Spouse: Address: Contact No.: CID No. CID No. Others No.	
CID No./Others:	CID No./Others:	
	9 MARITAL STATUS: Married Marr	•••••
9 MARITAL STATUS: Married / Unmarried , If Married	Name Of Spouse: Address: Contact No.:Others No	
	Address:Others NoOthers No	
Name Of Spouse:	Contact No.:Others NoOthers No	
Address:		
Contact No.:Others NoOthers No	40 OCCUPATIONS: (Places tick the expression here)	
10 OCCUPATION*: (Please tick the appropriate box)		
Parliamentarian Civil Servant Monk/Nun Corp. Employee		
		. Employee
		. Employee Employee
Public Servant Local Govt Employee Pensioner Pvt Employee Self Employed Student Farmer Arm Force Home Maker Business Diplomats International		. Employee Employee Force

If Employed,

	Organization Name in full:								
	Address :								
	urrent Designation Office Tel.No. :								
11	GROSS ANNUAL INCOME:* Nu								
	NU.0-NU.50,000 NU 50,001-NU.100,000 NU.100,001-NU.300,000								
	NU.300,001-NU.500,000NU.500,001-NU.1,000,000NU.1,000,001-NU.1,500,000								
	NU.1,500,001-NU.2,000,000	└──┘ ┌──┐ NU.2,000,001 &ABOVE							
12	SOURCE(S) OF INCOME/FUND:*	(Please tick the appropriate box)							
	Cash Crops Inheritance Parents Others:								
13	MOBILE NO:*								
14	EMAIL ID:								
15	PERMANENT ADDRESS (Address								
12	House No:		Village:						
	Gewog:		Dzongkhag						
16	WHERE DO YOU LIVE AT PRESEN								
	Building No: Flat No.: Street/Road Name: City (///lange) City (///lange) Description								
	City/Village: Gewog/Thromde: Dzongkhag:								
17	MINOR Account: Yes								
	a. Relationship with minor	father Mother	Guardian						
	 b. Name of Guardian: Mr/Ms .: c. Address of guardian :								
	vide court order dated		enclosed, I shall represent the said						
			account until the said minor attains						
	majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transaction made by me in his / her account.								

DATE	

PLACE_____

SIGNATURE OR THUMB IMPRESSION OF GUARDIAN

18	Whether a bank staff member Yes	No if y	yes, Employe	e ID No				
19	Annual turn over (For CA/CS)							
	Nature of Business (Commodity type) :							
	If Yes, type of proof; Income Statement PIT/BIT/CIT Others (Specify)							
20	Is Applicant Income Tax Assessed?	Ye	s	No				
		e			n			
21	Proof of Identity : (Submit a copy of one of		y proof docu		-			
	CID No.: Passport No.: Others :							
22	Whether dealing with any other any bank, if yes, please give details below							
	NAME OF THE BANK & BRANCH		Facilities	/ Services bei	ing availed			
ſ			SF	СА	OD	TL	ОТН	
23	INTRODUCTION							
	I know Mr. /Ms	for th	ne past	Years as a			e.g.)	
	Friend, relative, neighbour etc.							
	A. Introducer's Name	b.	. Introducer's	Address				
	Phone No. :		Signature of the Introducer:					
-	Introducer's Customer Id No.	ntroducer's A	Account No.					
ل مر	I have read (a) the account Rules and hereby agree to be bound by the terms and conditions outlined in these					d in these		
	rules which govern the account (s) which I a	, .						
	to the rules made from time to time and the	ose relating t	o various ser	vices availed by	y me. I unde	rstand tha	at the bank	
	rules which govern the account (s) which I a	am opening/ ose relating t	will open wit	h Druk PNB Ba vices availed by	ank Ltd, an y me. I unde	d (b) am rstand th	าe าอ	

may at its absolute discretion discontinue any of the services completely or partially without any notice to me. I have also been made aware of the charges application on various services provided by the Bank. I authorise the bank to debit my account for recovery of service charges/incidental charges as applicable from time to time. I hereby declare that the information furnished above is true and correct to the best of my knowledge.

Date			
-			
Place			

•		

Documents to be attached:

SIGNATURE OF THUMB IMPRESSION OF CUSTOMER

- Copy of CID/Passport/Work Permit or any other Proof Document
- Two recent Passport size Photographs
- Copy of Trade License (for CD a/c)
- Copy of Health Card (for Minor a/c)