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[illegible]

TO BE FILLED IN BLOCK LETTERS

(Tick ☒ the relevant box on right side)

(A) Saving Fund Account		(B) Recurring Deposit Monthly Installment..... Period..... Interest Rate.....		(C) Current Account		Fixed Deposit #	
# Amount Nu.....Period years.....Months.....daysInterest Rate.....% per annum Please debit monthly Installment of Nu. /from my saving Ac No. every month							
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.....	

☐ Mr ☐ Mrs ☐ Miss ☐ M/S ☐ Master ☐ Dasho ☐ HM ☐ HRH ☐ HE ☐ LAM ☐ Ashi
☐ Aum ☐ Dr ☐ Lyonpo ☐ Lieutenant ☐ Captain ☐ Major ☐ Brigadier ☐ Others

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Self		Either or Survivor		Former or Survivor		Jointly		Any Other #	
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5. ATM / DEBIT CARD: I/We may please be issued ATM Card / ATM-cum-Debit Card as per following details.

[illegible]

5. i) Internet Banking ☐

ii) Mobile Banking ☐

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

a. _____

b. _____

6. Nomination Required: Yes: ☐

No: ☐

If Yes, complete the details below

I/We nominate the following person/s to whom in the event of my death, the amount of the deposit in the account, particulars whereof are given below, to be returned by DPNBL, BO

Name of Nominee/s	Citizenship ID No.	DOB	Relationship with Account holder	% To be paid

1. Upon making the claim(s), the nominee(s) above has the absolute right to close the account or claim for amount in the event of my death after the adjustment of any outstanding dues with this bank.

2. I have read and understood the procedures for legal claim from my Deposit accounts maintained with this Bank and the Bank shall not be liable, once the payment is made to the nominee(s) as per the nomination detail(s) provided/declared above.

Consent/declaration

I/We have read and understood the Terms & Conditions and also hereby agree to be bound by the rules and regulations governing the maintenance of accounts with the Druk PNB 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 of Bhutan.

Name & Signature (s):

Date: Place:

Signature over legal Stamp

Witness:

Signature :

Name:

CID No. :

Phone No. :

Branch Office_____

[illegible]

SPECIMEN SIGNATURE / THUMB IMPRESSION

	Photograph	

CID WP Passport No.: Mobile No. :

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

[illegible]

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