

If employed,

Organization Name in full:

Address:

Current DesignationTPN No.: Office Tel.No.:

11 GROSS ANNUAL INCOME: * Nu.

- | | | |
|--|--|--|
| <input type="checkbox"/> NU.0-NU.50,000 | <input type="checkbox"/> NU 50,001-NU.100,000 | <input type="checkbox"/> NU.100,001-NU.300,000 |
| <input type="checkbox"/> NU.300,001-NU.500,000 | <input type="checkbox"/> NU.500,001-NU.1,000,000 | <input type="checkbox"/> NU.1,000,001-NU.1,500,000 |
| <input type="checkbox"/> NU.1,500,001-NU.2,000,000 | <input type="checkbox"/> NU.2,000,001 & ABOVE | |

12 SOURCE(S) OF INCOME/FUND: *

13 Mobile No * Post Box No

14 Email ID:

15 PERMANENT ADDRESS

House No	Thram No	Village
Gewog	Dungkhag	Dzongkhag

16 WHERE DO YOU LIVE AT PRESENT* {Business Address if any}

Building No	Flat No	Location
City/Village	Gewog/Throm	Dzongkhag

17 MINOR Account: ☐ Yes ☐ No if yes, furnish details of guardian in table below

a. Relationship with minor <input type="checkbox"/> father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
b. Name of Guardian: Mr/Ms:
c. Address of guardian:

I hereby declare that the date of birth of the minor is/...../..... who is my (relationship) and I am his/her natural guardian/lawful guardian appointed vide court order dated(copy enclosed, I shall represent the said minor in all future transactions of any description in the above 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 yes, Employee ID No. _____

19 Annual turnover (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? ☐ Yes ☐ No

21 Tax Payer No:

22 Proof of Identity: (Submit a copy of one of the identity proof documents provided)

CID No.:

Passport No.:

Others:

23 Whether dealing with any other any bank, if yes, please give details below

NAME OF THE BANK & BRANCH

Facilities / Services being availed

	SF	CA	OD	TL	OTH

24 INTRODUCTION

I know Mr. /Ms. _____ for the past _____ Years as a _____ (e.g.)
Friend, relative, neighbor etc.

A. Introducer's Name

b. Introducer's Address

Phone No.:

Signature of the Introducer:

Introducer's Customer Id No.

Introducer's Account No.

25 I have read (a) the account Rules and hereby agree to be bound by the terms and conditions outlined in these rules which govern the account (s) which I am opening/will open with Druk PNB Bank Ltd, and (b) amendments to the rules made from time to time and those relating to various services availed by me. I understand that the bank 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 _____



SIGNATURE OF THUMB IMPRESSION OF CUSTOMER

Documents to be attached:

☐ 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)