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**DRUK PNB BANK LIMITED**

... Your Partner in growth!

Branch Office .....

**CUSTOMERS INFORMATION UPDATE FORM**

Please complete in **CAPITAL LETTERS** and  the appropriate boxes. All the fields marked \* are mandatory

\* Your Account No.: \_\_\_\_\_

\* CIF No.(To be filled by Bank): \_\_\_\_\_

\* MINOR ACCOUNT: YES  NO  IF YES, Fill the Details of Guardian.

Relationship with minor  Father  Mother  Guardian

DOB of Minor: DD/MM/YYYY

**IF HE/SHE ATTAINS THE AGE OF 18, KINDLY UPDATE THE APPLICANT DETAILS.**

**TICK THE APPROPRIATE BOXES, WHEREVER REQUIRED**

**Applicant Personal Details:**

**1 YOUR TITLE :\***

Mr.  Mrs.  Miss  DASHO  HM  HRH  LAM  Ashi  
 Dr.  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: \*** DD/MM/YYYY

**5 NATIONALITY: \***  Bhutanese  Non - Bhutanese

**6 MARITAL STATUS: \***  Yes  No **If married, Spouse Name:**.....**Contact No:** .....

**7 IDENTIFICATION DOCUMENT TYPE\*: (Please tick the appropriate box)**

<input type="checkbox"/> CID No.:	_____	Issue Date:	_____	Expiry Date:	_____
<input type="checkbox"/> Work Permit:	_____	Issue Date:	_____	Expiry Date:	_____
<input type="checkbox"/> Business license No.:	_____	Issue Date:	_____	Expiry Date:	_____
<input type="checkbox"/> Registration No.:	_____	Issue Date:	_____	Expiry Date:	_____

**8 EDUCATION QUALIFICATION \*: (Please tick the appropriate box)**

Non-Graduate  Graduate  Post Graduate  Others

# Specify any Other .....

**9 OCCUPATION \*: (Please tick the appropriate box)**

Parliamentarian  Civil Servant  Monk/Nun  Pvt Employee  
 Self Employed  Student  Pensioner  Arm Force  
 Home Maker/House Wife  Business  Farmer  
 Layman  Diplomats

**10 If Employed,**

Organization Name in full: .....

Address : .....

Current Designation : .....TPN No.:  Office Tel No.: **11 GROSS ANNUAL INCOME:\* Nu. \_\_\_\_\_ (Please tick the appropriate box)**

- |  |  |  |
|--|--|--|
| <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:\* (Please tick the appropriate box)**

- |                                     |                                      |                                  |   |
|-------------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Salary     | <input type="checkbox"/> Business    | <input type="checkbox"/> Rental  | <input type="checkbox"/> Dividend/Commission        |
| <input type="checkbox"/> Cash Crops | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Parents | <input type="checkbox"/> Others:(Be Specific) _____ |

**13 MOBILE NO:\*** .....**14 EMAIL ID:** .....**15 PERMANENT ADDRESS (Address of Census Registration):\***

House No:	Thram No:	Village:
_____	_____	_____
Gewog:	Dungkhag:	Dzongkhag
_____	_____	_____

**16 PRESENT ADDRESS(Residential ADDRESS.)\***

Building No:	Flat No.:	Street/Road Name:
_____	_____	_____
City/Village:	Gewog/Thromde:	Dzongkhag
_____	_____	_____

**I/WE hereby confirm that the information provided is true and accurate to the best of my/our knowledge at this time and shall be fully liable if proven otherwise. In case of any changes in the information provided, I/WE under take to inform the Bank promptly.**

*We require a copy of your CID/Work Permit if it expired and is renewed. Kindly provide a photocopy of it along with this form.*

DATE \_\_\_\_\_

PLACE \_\_\_\_\_

**SIGNATURE OR THUMB IMPRESSION OF THE APPLICANT  
AS PER YOUR EXISTING ACCOUNT WITH THE BANK**

**FOR BANK USE ONLY**

Processed By (User ID): .....

Verified By (User ID): .....

Information Updated in the system on: .....

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Thank you for keeping us updated. We value your business with us!