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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:* (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 _____

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**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:

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