



Customer Information Form and Account Opening (Individual).

Branch: _____ CIF No. _____ Deposit Account No. _____

Customer's Personal Information					
Full Name: Mr./Mrs./Ms.:				Gender	Male/Female/Others
Date of Birth:	DD	MM	YYYY	CID No.	
Nationality				Issue Date:	
				Expiry Date:	
House No.			Thram No.	Village:	
Gewog:			Dungkhag:	Dzongkhag:	
Mobile No:			Present Address:		
ID Type:	CID/GreenCard/MC/Others(specify).				
Spouse Details:					
Name:				CID No:	
Mobile No.			Occupation:		

Deposit Account Opening

I _____ would like to open and maintain following account(s) with Microfinance Bhutan Pvt. Ltd.	
1. Saving Account <input type="checkbox"/> 2. Recurring Account <input type="checkbox"/> 3. Fixed Deposit Account <input type="checkbox"/> 4. Current Account <input type="checkbox"/>	
Mode of Operation: Single Account <input type="checkbox"/> Joint Account <input type="checkbox"/> Either or Survivor <input type="checkbox"/>	
Customer Instructions:	Term/Period
Fixed Deposit: Deposit Amount: Nu.	_____ Years
Int. Redemption: Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Yearly <input type="checkbox"/> Maturity <input type="checkbox"/>	
Recurring Deposit: Installment Amount: Nu.	_____ Years
Fixed/Recurring Account: Value Date: _____	Maturity Date: _____
For Joint Account & Either-or Survivor:	
Joint Account Holders Name: _____	CIF No. _____
Joint Account Holders Name: _____	CIF No. _____
Joint Account Holders Name: _____	CIF No. _____



Legal Claim Nomination

I, the undersigned have Savings/Current/Recurring/Fixed deposit account maintained with Microfinance Bhutan Pvt. Ltd. I hereby nominate the following person(s) for claiming the balance in my account in the event of my demise. I declare and undertake: that MBPL, is authorized to make adjustment against my outstanding dues, if any, before making payment to my nominee(s). that MBPL shall not be held liable, whatsoever once the payments to the nominee(s) have been made.

Sl No.	Name	Relationship	CID No.	%Share

Consent & Declaration

I/We hereby confirm that the information provided is true and accurate to the best of my/our knowledge and shall be fully liable if proven otherwise.

I/We, undersigned, hereby agrees that by signing this form I/we consent to Microfinance Bhutan Private Limited to use my personal information/data submitted herein this document and provide the same to Credit Information Bureau (CIB) to fulfil the intended purposes within and between the jurisdictions. In maintaining an accurate and complete information and credit data in accordance to section 12(iii) and section 6 of the CIB rules and regulations 2017. This consent clause constitutes waiver of my right to make any objection for using my personal information hereafter by MBPL and CIB until I/we withdraw the same in writing.

Name of customer:

Date :

Signatures:

Individual 1

Individual 1

Joint Account Individual 2

Joint Account Individual 2

Date:

Documents Received and Processed by:

Verified By: