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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.



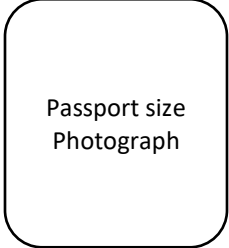
KNOW YOUR CUSTOMER FORM: INDIVIDUAL

*(All fields marked as * are mandatory)*

PERSONAL DETAIL (s) to be filled by the applicant

Salutation:

- Mr Mrs. Ms Lyonpo
 Dr. Dasho



Name*			
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
CID No.*		CID validity date:	
Date of Birth*			
Nationality*			
Tax ID no.*			
Email ID*:			
Mobile No.			
Passport No. (Foreigners only):		Work Permit No.:	

Permanent Address*	Residential/ Current Address*
House No:	Building No/Flat No:
Thram No:	Street Name:
Village:	Gewog/Thromde:
Gewog:	Dzongkhag:
Dzongkhag:	



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Occupation:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Civil servant | <input type="checkbox"/> Corporate Employee | <input type="checkbox"/> Parliamentarian | <input type="checkbox"/> Judiciary |
| <input type="checkbox"/> Private Employee | <input type="checkbox"/> Monk/Laymen/Nun | <input type="checkbox"/> Student | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> Business | <input type="checkbox"/> Farmer | <input type="checkbox"/> NGOs | <input type="checkbox"/> Diplomats |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Consultant | <input type="checkbox"/> Pensioner | <input type="checkbox"/> Auditors |
| <input type="checkbox"/> CSO | <input type="checkbox"/> Tourist Guides | <input type="checkbox"/> Academician | <input type="checkbox"/> Freelancer |
| <input type="checkbox"/> Sales Executives | <input type="checkbox"/> Contract Employee | <input type="checkbox"/> International Agency | <input type="checkbox"/> Autonomy Agency |
| <input type="checkbox"/> Local Government Employee | <input type="checkbox"/> Others, Please specify _____ | | |

Designation

Employee ID

Nature of Service*	Regular	If Contract	Appointment date:
			Contract end date:

**Politically Exposed Person (PEP)/Linked to PEP (required as per RMA AML/CFT Regulations):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*** Politically Exposed Persons (PEP): In accordance with "AML and CFT Rules and Regulations 2025," PEPs are individuals who have been entrusted with prominent public functions. For example head of state, government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political officials.*

Gross Annual Income in (Nu.)

Below 100,000	
100,001 - 500,000	
500,001- 1,000,000	
1,000,001- 1,500,000	
1,500,001-2,000,000	
Above 2,000,0001	

(please tick the slab)



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BANK DETAIL (s)*

Bank's name	Account Number
Bhutan National Bank Limited	
Bank of Bhutan Limited	
Bhutan Development Bank Limited	
T-Bank	
Druk Punjab National Bank	
Others (Please Specify.....)	

DETAIL OF FAMILY MEMBER(s)*

Name	Relationship	Nationality	CID No.	Contact No.

* List at least three family members

Documents to be submitted:

- Two recent Passport size photo
- Proof of Identity/CID copy

Declaration and Consent:

I/we hereby declare that the information provided above is true, correct and complete to the best of my/our knowledge.

I/we give my/our consent to RICBL to disclose and share all or any information provided above to the Royal Monetary Authority, Credit Information Bureau and/or any other lawful authorities as may be required by the laws of the Kingdom of Bhutan.

Furthermore, I/we agree to the following terms and conditions:

I. Timely KYC updates and accurate information maintenance:

- ✓ Shall update any change in my information promptly. Failure to update KYC details as required may lead to the restriction of services by RICB. I/We would like to acknowledge that we are liable for any untrue, misleading or misrepresented information that is provided and shared.



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II. Prohibition of Third-Party Account Usage (applicable to credit services):

- ✓ I/we shall use the account(s) strictly for its intended and lawful purpose only.
- ✓ I/we shall not allow third parties to use my/our account for any reason.
- ✓ I/we shall accept full liability for any unlawful use of my/our account.
- ✓ I/we acknowledge that permitting third parties to use my account for any reasons may result in an immediate account freeze or may be restricted from facilitating credit services in the future.
- ✓ I/We hereby clearly understand that breaching of any above terms and conditions may result in criminal prosecution or civil penalties as prescribed by applicable regulations and laws.

Name: _____

Identification No.: _____

Contact No.: _____

Designation: _____ Signature _____