



ལྷོ ། ། འབྲུག་ཉེན་བཅོལ་ཚད་འཛིན།  
**Bhutan Insurance Limited**  
*Providing Security, Building Confidence*

Your insurer of  
CHOICE

ISO/IEC 27001:2022 & ISO/IEC 27701:2019 Certified Company

**CUSTOMER ONBOARDING & KYC FORM: INDIVIDUAL**

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

Applicant Personal Detail(s)				
<b>Your Title *</b>				
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>		
Lyonpo <input type="checkbox"/>	Dasho <input type="checkbox"/>	Others (Specify):		

Passport size photograph

Name: *				
D.O.B: *	DD	MM	YYYY	Nationality: *
CID No: *			CID Validity Date: *	
TPN No: *			Gender (Male/ Female) *	
Mobile No: *			Email Address: *	

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



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<b>Occupation: *</b>			
Parliamentarian <input type="checkbox"/>	Civil Servant <input type="checkbox"/>	Corporate Employee <input type="checkbox"/>	Private Employee <input type="checkbox"/>
Judiciary <input type="checkbox"/>	Armed Forces <input type="checkbox"/>	Business <input type="checkbox"/>	Pensioner <input type="checkbox"/>
Farmer <input type="checkbox"/>	NGOs <input type="checkbox"/>	Monk/Nun <input type="checkbox"/>	Student <input type="checkbox"/>
Local Government Employee <input type="checkbox"/>	CSO <input type="checkbox"/>	Others (Specify): <input type="checkbox"/>	

<b>If Employed *</b>			
Organization Name:			
Designation:		Employee ID:	
Appointment Date:		Organization Location:	

Politically Exposed Person (PEP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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In accordance with "AML and CFT Rules & Regulations 2025," PEPs are individual who have been entrusted with prominent public functions. For example, head of state or government, senior politician, senior government, judiciary or military officials, senior executives of state-owned corporations, and important political party officials.

<b>Gross Annual Income in (Nu) *</b>		
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 <input type="checkbox"/>	



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

<b>Bank Account Detail(s) *</b>	
<b>Name of the Bank</b>	<b>Account No</b>
Bank of Bhutan	
Bhutan National Bank	
Bhutan Development Bank	
T- Bank	
Druk Punjab National Bank	

<b>Detail Of Family Member (s) *</b>			
<b>Name</b>	<b>CID No</b>	<b>Mobile No</b>	<b>Relationship</b>

<b>Introducer Detail (s) *</b>			
Introducer Name:		Introducer CID No:	
Introducer Mobile No:		Introducer Address:	
I have Known him/her for:	Years	Introducer Relationship:	
Introducer Signature:			



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## CUSTOMER ONBOARDING & KYC FORM: INDIVIDUAL

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

### Documents to be Submitted: \*

- Two Recent Passport size photo
- CID Copy

### Declaration and Consent: \*

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

I/we hereby give my/our consent to Bhutan Insurance Limited 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:

#### a. Timely KYC updates and Accurate Information Maintenance

- Shall promptly update any changes to my/our KYC details and hereby understand that failure to update my/our KYC details shall lead to the restrictions of services provided by Bhutan insurance limited.
- I/we acknowledge that we are liable for any untrue, misleading or misrepresented information that is provided and shared.



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

**b. Prohibition of Third- Party Account Usage**

- Shall use the accounts solely for intended and lawful purpose
- Shall not rent, share, or allow third parties to my/our account for any reason.
- Shall accept full liability for any unlawful use of my/our accounts, including but not limited to receiving, transferring, or holding illicit funds.
- I/we acknowledge that permitting third parties to use my/our bank accounts for any reason may result in immediate account freeze.
- I/we acknowledge that any such unlawful funds may be confiscated by authorities in accordance with applicable regulations/laws
- I/we understand that breaching these terms may result in criminal prosecution or civil penalties as prescribed by regulation/law.

Name:

Affix.  
Legal  
Stamp

Witness

Name:

Signature and Thumb Impression:

CID No:

Date:

Signature: