



CUSTOMER INFORMATION FILE (CIF) UPDATE FORM

1. Customer Details

| | | | | |
|--|-------------------------|---|--------------------------------------|--|
| CIF ID □□□□□□□□□□□□□□ | | Name of Account Holder □□□□□□□□□□□□□□□□ | | |
| CID No. □□□□□□□□□□□□□□ | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced |
| Date of Birth (DDMMYYYY) □□□□□□□□□□ | | Contact Number □□□□□□□□□□ | Email Address □□□□□□□□□□□□□□□□ | |
| Occupation □□□□□□□□□□□□□□□□ | | Annual Income Nu. □□□□□□□□□□ | Source of Income □□□□□□□□□□□□□□□□ | |
| Father's/Mother's Name □□□□□□□□□□□□□□□□ | | Present Address □□□□□□□□□□□□□□□□ | | |
| Permanent Address | | | | |
| House No. □□□□□□□□□□ | Thram No. □□□□□□□□□□ | Village □□□□□□□□□□□□□□□□ | Gewog □□□□□□□□□□ | Dzongkhag □□□□□□□□□□ |

2. Spouse Details (If married)

| | | | | |
|-----------------------------------|-------------------------|-------------------------------------|---------------------|------------------------------|
| Full Name □□□□□□□□□□□□□□□□ | | CID No. □□□□□□□□□□□□□□ | | Contact Number □□□□□□□□□□ |
| Email Address □□□□□□□□□□□□□□□□ | | Present Address □□□□□□□□□□□□□□□□ | | |
| Permanent Address | | | | |
| House No. □□□□□□□□□□ | Thram No. □□□□□□□□□□ | Village □□□□□□□□□□□□□□□□ | Gewog □□□□□□□□□□ | Dzongkhag □□□□□□□□□□ |

3. Customer Consent and Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge at this time and shall be fully liable if proven otherwise. If any of the details change, I undertake to inform the Bank promptly.
I also hereby agree to be bound by the rules and regulations governing the maintenance of accounts with the Bhutan Care Credit Ltd in force and as amended by the Bank and / or Royal Monetary Authority and laws of the Kingdom.

Date (DDMMYYYY)
□□□□□□□□□□

Place
□□□□□□□□□□□□□□□□

Affix
Legal
Stamp

Name & Signature of Customer

FOR BHUTAN CARE CREDIT OFFICIAL USE

| | | | |
|--------------|--|--------------|--|
| Prepared by | | Verified by | |
| Name: | | Name: | |
| Designation: | | Designation: | |