Life Insurance Division

Customer Information Update Form

(Must be completed in CAPITAL LETTERS and all the fields **marked* are mandatory)**

1. Personal Details			
Policyholder's Name*:		Date of Birth*:	DD/MM/YYYY
Nationality*:		Gender*: M/F	
ID Type*: CID/Passport/Green Card/MoHCA Letter/Other (Specify):			
ID Number*:		Mobile Number*:	
Email ID:		TPN Number:	

2. Address Details					
Present Address*		Permanent Address*			
Address1:		House No.		Thram No.	
Address 2:		Village:			
Gewog/Throm:		Gewog:			
Dzongkhag:		Dzongkhag:			

3. Provide policy numbers*	
1.	3.
2.	4.

4. Bank Account Details	
Name of Account Holder*:	Bank A/c No.*:
Bank Name*:	Bank Branch:

Declaration: I hereby confirm that the information provided is true and accurate to the best of my knowledge and shall be fully liable if proven otherwise. In case of any changes in the information provided, I undertake to inform the corporation promptly. I understand that the corporation cannot be held liable, once the payment is made/delivered to the above account as per the information details provided/declared above.

Customer Privacy Consent

I/We consent to RICBL collecting, using, storing, verifying, updating, and sharing my/our personal data and KYC details for services, due diligence, compliance, audit, and lawful business purposes.
I/We understand that RICBL will protect my/our data, share it only where required or permitted, retain it as needed, and allow access, correction, update, or withdrawal of consent, where applicable. Withdrawal will not affect legal, regulatory, contractual, claims, audit, or legitimate business processing.
Furthermore, I/We hereby give my full consent to the Company for sharing my personal information including the policy details with Royal Monetary Authority for Credit Information Bureau or any statutory authorities established by the laws of the Kingdom or required by the laws of the Kingdom.

Place:

Date: DD/MM/YYY **(Signature of the Policyholder)**

FOR OFFICIAL USE BY RICB					
RICB Branch Name		Date of submission	DD/MM/YYYY	KYC completed	Yes ☐ No ☐
Verified by (EID No. & Signature):					

Note: Kindly submit the KYC documents if it has not been submitted earlier.