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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

CUSTOMER INFORMATION UPDATE FORM (Form No.35)
(Please complete in CAPITAL LETTERS and all the fields **marked * are mandatory**)

Personal Details

Policyholder's Name*:	Date of Birth*: dd/mm/yyyy
Nationality*:	Gender*: Male/Female
ID Type*: CID/Passport/Green Card/MoHCA Letter/Other (Specify):	
ID Number*:	Mobile Number*:
Email ID:	TPN Number:

Address Details

<u>Present Address*</u>		<u>Permanent Address*</u>	
Address 1:	House No.	Thram No.	
Address 2:	Village:		
Gewog/Throm:	Gewog:		
Dzongkhag:	Dzongkhag:		

Provide policy numbers*

1.	3.
2.	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.

(Signature of the Policyholder)

Date: dd/mm/yyyy

Place:

(FOR OFFICIAL USE)

Verified by (Employee ID)	
Information updated in the system on	

Corporate Office, Thimphu, Post Box No 315 EPABX: +975 02 321161/323487

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