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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

KNOW YOUR CUSTOMER FORM: CORPORATE CLIENT

*(All fields marked as * are mandatory)*

DETAILS OF THE COMPANY/ BUSINESS

Name*:	
Type of Company/Business	<input type="checkbox"/> Private <input type="checkbox"/> Partnership <input type="checkbox"/> FDI <input type="checkbox"/> Public <input type="checkbox"/> Sole-proprietorship <input type="checkbox"/> FI(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Government <input type="checkbox"/> Other entities
Activity*:	
Sector:	
Size of the business:	
Date of Incorporation*:	
Registration No*:	
Address*:	
Mobile Number*:	
License No. *:	
Validity* (DD/MM/YYYY) *:	
BIT/CIT No. (TPN)*:	
Email ID*:	

DETAILS OF FOREIGN DIRECT INVESTMENT (FDI)

Company's Name*:	
Country of Origin*:	
% of Investment*:	
Investment Period*:	

POWER OF ATTORNEY

Name*:	
CID No.*:	Designation*:
Contact No*:	

Permanent Address*	Residential/ Current Address*
House No:	Building No/Flat No:



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Thram No:	Street Name:
Village:	Gewog/Thromde:
Gewog:	Dzongkhag:
Dzongkhag:	

BANK DETAIL (s)*

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

SHAREHOLDER/PARTNERS/OWNER DETAIL (s)*

Name of partners /Shareholders/Partners/Owners	Nationality	CID No.	Contact no.	Shareholding %

BOARD OF DIRECTOR (s) DETAIL (s)*

Board of Directors	Nationality	CID No.	Contact no.	Address



Anticipated 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)

****DECLARATION OF BENEFICIAL OWNER DETAIL** (required as per RMA AML/CFT Regulations):

Name	CID Number	Date of Birth	Contact No.	Current Address	** (PEP) / Linked to PEP
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

***AML/CFT Act 2018 and “Beneficial Ownership Guideline for Reporting Entities 2024,” defines a beneficial owner as:*

a. A natural person who ultimately owns or controls the rights to or benefits from property, including the person on whose behalf a transaction is conducted; or

b. A person who exercises ultimate effective control over a legal person or a legal arrangement.

As per AML/CFT Act 2018, a natural person is deemed to ultimately own or control rights to or benefit from property within the meaning of the above definition when that person:

a. Owns or controls, directly or indirectly, whether through trusts or bearer’s shareholdings for any legal entity 25% or more of the shares or voting rights of the entity; or

b. Otherwise exercise control over the management of an entity.

Who are a politically Exposed Persons?

In accordance with “AML and CFT Rules and Regulations 2025,”

Politically Exposed Persons (PEP): 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.



Documents to be submitted:

- Copy of Business License
- Certificate of Incorporation
- Article of Incorporation endorsed by MoICE
- Recent Passport size photo and Proof of Identity/CID copy of all the
shareholders/authorised signatories

Declaration and Consent:

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

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.

Further, I/we shall 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 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.

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.
- ✓ I/we shall not allow third parties to share/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 Regulations/Law.

Name: _____

Designation: _____ Signature_____

Date:_____ Place: _____



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Office Use Only:

Application received and verified by:

Name:

EID:

Signature:

Date: