



KYC UPDATE FORM: CORPORATE (For Existing Clients Only)

(For existing clients to update information as required by RMA and CIB)

DETAILS OF THE COMPANY

Name of the company:

License No..... Date of incorporation.....

UPDATED INFORMATION *(Only fill in the fields you wish to update)*

| | |
|---|--|
| Type of Company <i>(Tick if changed)</i> | <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"/> Government <input type="checkbox"/> Association <input type="checkbox"/> Other entities If other entities please specify..... |
|---|--|

Nature of Business *(If changed)*

Address *(If changed)*

License Validity
 (DD/MM/YYYY) *if changed*

BIT/CIT No. (TPN) *if changed*

CONTACT INFORMATION *(if changed):*

Mobile No.

Email ID.

Fax No.

UPDATED BANK DETAIL (s)- *(Only provide new or changed account information)*

| Bank's name | New/ Updated Account Number |
|---------------------------|-----------------------------|
| Bhutan National Bank | |
| Bank of Bhutan | |
| Bhutan Development Bank | |
| T-Bank | |
| Druk Punjab National Bank | |



| | |
|-----------------------------|--|
| Other (Please specify.....) | |
|-----------------------------|--|

SHAREHOLDER UPDATE - Only for addition, removal, or correction of shareholder details)

| Name of partners /Shareholders | Nationality | CID No. | Contact no. | Shareholding % |
|--------------------------------|-------------|---------|-------------|----------------|
| | | | | |
| | | | | |
| | | | | |
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DECLARATION & CONSENT

I/We hereby declare that the updated information provided is true, correct, and complete to the best of my/our knowledge and belief. I/We authorize the Royal Insurance Corporation of Bhutan Limited (RICBL) to verify, disclose, or share any part of this information with the Royal Monetary Authority (RMA), Credit Information Bureau (CIB), or any other relevant authority as per applicable laws and regulations.

I/We further undertake to:

- ✓ Promptly notify RICBL of any future changes.
- ✓ Not allow any third party to use my/our account.
- ✓ Acknowledge that false or misleading information may result in service restriction or legal consequences.



Signature

Date:.....



(if applicable)



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.



Office Use Only:

Application received and verified by:

EID:

Date:

Signature: