



KYC UPDATE FORM- INDIVIDUAL (For Existing Clients Only)

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

PERSONAL DETAIL (s)

Borrower's name: CID No: Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Passport size Photo
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EMPLOYMENT, CONTACT& ADDRESS INFORMATION *(Fill only if changes have occurred)*

Name of Employing Organization			
Occupation			
Designation/Grade			
Level of Education			
Department/Division			
Employment Status	Regular <input type="checkbox"/>	Appointment Date:	
	Contract <input type="checkbox"/>	Appointment Date:	
		Contract end Date:	
Nationality			
TPN No.			
Email Address			
Mobile No.			
Passport No. (Foreigners only)		Work Permit No.	
Permanent Address		Residential Address/ Current Address	
House No: Thram No: Village: Gewog: Dzongkhag:		Building No/Flat No.: Street Name: Gewog/Thromde: Dzongkhag:	



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.



Politically Exposed Person (PEP)/Linked to PEP (required as per RMA AML/CFT Regulations):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*** Politically Exposed Persons (PEP): In accordance with “AML and CFT Rules and Regulations 2025,” PEPs 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.*

BANK DETAIL (s) (If changed)		
Bank's name	Saving A/c no.	Current A/c no.
Bhutan National Bank Limited		
Bank of Bhutan Limited		
Bhutan Development Bank Limited		
T-Bank Limited		
Druk Punjab National Bank Limited		
Other (Please specify.....)		

DETAILS OF FAMILY MEMBER (Add/Update/Delete)

Name	Relationship	Nationality	CID No.	Contact No.

No. of Dependents (Financial dependents):

Marital Status: ☐ Yes ☐ No

If married, spouse name :..... Contact no.....



DECLARATION & CONSENT

I/We hereby declare that the updated information provided above is true, complete, and accurate. I/We authorize RICBL to verify and share the information with RMA, CIB, and relevant agencies in accordance with the law.

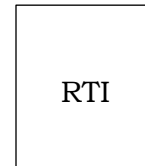
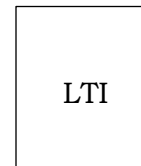
I/We further undertake to:

- ✓ 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:



Thumb impression

Office Use Only:

Application received and verified by:

EID:

Date:

Signature: