

Know Your Customer (KYC) Form

All mandatory fields are marked with an asterisk (*) and must be completed accurately.

Section 1: Customer Information

a. For Individual Clients:

Unique customer ID *: _____

*Salutation: Mr. Mrs. Others (specify) _____

First Name *: _____ Middle Name: _____

Last Name: _____ Gender: Male Female

Nationality *: _____

Date of Birth (DD/MM/YYYY) *: _____

Contact Number *: _____

Email ID: _____

Identifier Type (CID/Passport/Work Permit/Others) *:

Identifier Number *: _____ Validity: ____/____/____

Current Address (Village/Gewog/Dzongkhag/Thromde) *:

Permanent Address (Village/Gewog/Dzongkhag/Thromde) *:

Politically Exposed Persons Status:

Yes, I am a PEP. No, I am not a PEP.

Acting on behalf of another person

Yes No

Name of Actual Owner: _____

Relationship to Client: _____

Identification Details of Actual Owner: _____

b. For Legal Entities

Unique customer ID *: _____

Name of Entity *: _____

Type of Entity (✓ whichever is applicable):

Private Company Public Company Partnership/Sole Proprietorship Associations Trust

Others: _____

Registration Number *: _____

Date of Incorporation *: ___ / ___ / ___ Country of Incorporation: _____

Registered Address *: _____

Nature of Business *: _____

Contact No*: _____ Email ID: _____

Tax Payer Number (TPN): _____

Client's Representative (Acting on Behalf of Company):

Name: _____

Position/Designation: _____

Identification Details: _____

Complete the beneficial ownership form attached below:

Note

A *beneficial owner* is a natural person(s) who:

- Owns or controls 25% or more of the shares or voting rights of the entity; or
- Otherwise exercises effective control over its management or decisions; or
- Is the natural person(s) on whose behalf a transaction is conducted.

If no individual meets these criteria, please indicate the details of the senior managing official.

Beneficial Ownership information form

Complete the following information for all beneficial owners that own or control 25% or more of the customer's interest (shares or voting rights), beneficial owners on whose behalf the account is being operated, and at least one person who exercises effective control of the legal entity.

Sl.No	Full Name	Nationality	CID/Passport No	Date of Birth	Current Address	Source of Beneficial Ownership Select (A, B or C or any combination of the three)	PEP Status (Tick if applicable)

A = Equity (indicate %)
transaction is conducted

B = Effective Control (management or decision-making power)

C = Person on whose behalf the

I/We hereby declare that the information provided above represents the complete and accurate details of the ultimate beneficial owner(s) of the entity. I/We confirm that no other individual(s) directly or indirectly own or control the entity. I/We undertake to immediately notify the real estate agent in writing of any changes in the beneficial ownership information.

Authorized Representative's Name: _____

Signature: _____ Date: _____

Company Seal (if applicable): _____

Section 2: Property Details

Property ID (Thram no/Plot no/Building No/Flat No) *: _____

Types of Ownership (Single/Joint) *: _____

Property Type (tick ✓ whichever is applicable):

Land Residential Commercial Industrial Others* _____

Total Consideration Value*: _____

Source of Funds (tick ✓ whichever is applicable):

Loan Self-financed Inheritance Transfer Others* _____

Mode of Payment (tick ✓ whichever is applicable):

Bank Transfer Cash Cheque

Financing Institution (if any): _____

Property Address *: _____

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that the information is collected and maintained in accordance with the Anti-Money Laundering and Countering the Financing of Terrorism (AML/CFT) Act of Bhutan 2018, its related regulations, and supervisory requirements. I understand that any false or misleading information may lead to termination of the transaction or legal action under applicable AML/CFT laws. All information collected through this form shall be used strictly for AML/CFT compliance purposes and handled in accordance with applicable data protection and confidentiality standards.

Customer Name: _____

Signature: _____ Date: ____/____/____

Verified by (Agent/Agency): _____

Name & Designation: _____

Signature: _____ Date: ____/____/____

The following documents should be provided for verification:

Checklist for documents to be submitted for

1. Individual Client

- Identification document of the individual client (actual owner), e.g., certified copy of CID
- Identification document of the individual client authorized to act on behalf of the actual owner

2. Companies

- Certificate of Incorporation
- Articles of Incorporation
- Consent to Act as Director/CEO.
- Identification document(s) of the client representative(s) authorized to act on behalf of the company, e.g., certified copy of CID
- Citizenship ID/passport copies of the Directors.
- Beneficial Ownership details

3. Sole Proprietorships/Partnerships

- Partnership agreement
- Registration Certificate
- Identification document(s) of the sole proprietor/partners
- Identification document(s) of the client representative(s) authorized to act on behalf of the partnership/Sole Proprietorships

4. Associations such as Civil Society Organizations/Religious Organizations

- Registration certificate if it is CSO/CRO registered and if not registered, minutes of meeting
- Identification document(s) of the client representative(s) authorized to act on behalf of the association, e.g., certified copy of CID
- Citizenship ID/passport copies of the Directors.