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		Date: / /	
Customer Information Form (Individual)			
Member Reg. No			
To be Filled by Customers:			
Salutation			
First Name	Middle Name	Last Name	
Gender:	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Others
DOB:			
Guardian's Name: (Minor)			
Father's Name:			
Mother's Name:			
Contact/Communication Addresses:			
Present Address/Office Address:		Permanent Address:	
Dratshang/Organization Name:			Village:
Mobile Number:			Gewog:
Gewog:			Dzongkhag
Dzongkhag:			House No.
Email Address:			Thram No.
Country of Birth:			CID No.
General Information of the Customers:			
Marital Status:	<input type="radio"/> Single	<input type="radio"/> Married	
Annual Gross Income (Nu.)	<input type="radio"/> 0 to 50,000	<input type="radio"/> 50,001 to 100,000	<input type="radio"/> 100,001 to 150,000
	<input type="radio"/> 150,001 to 200,000	<input type="radio"/> 200,001 to 300,000	<input type="radio"/> 300,001 and above

Occupation:	<input type="radio"/> Monk <input type="radio"/> NGO <input type="radio"/> Consultant <input type="radio"/> Autonomous Agency <input type="radio"/> International Agency <input type="radio"/> Any Other, Specify.....
Identification Document Type	<input type="radio"/> Citizenship ID Card <input type="radio"/> Birth Certificate <input type="radio"/> Special Resident Permit
Consent and Declaration	
<p>I/We confirm that the information provided above are all true, accurate and complete to the best of my knowledge. Further, I/We would acknowledge to update any changes that required for my KYC details. Failure to comply to this term may lead to imposing restrictions on operation of the account as per the internal policy of the MFI.</p> <p>I/We understand and acknowledge that I/We will be fully liable for any information proven to be untrue or false.</p>	
Customer - Signature/Thumb Impression	
Documents Check List:	<input type="radio"/> Photocopy of Identification Proof/ Document <input type="radio"/> Two Recent Passport Size Photograph
For MFI Use Only.	
Created by: (Signature) Employee Name: Date:	
Authorized by: (Signature) Employee Name: Date:	