eTeeru Balance Claim Request form

Customer Details:

Full Name: ……………………………………………………………………………………

CID number: …………………………………………………………………………..

Present Address: ……………………………………………………………………..

Permanent Address:

Village: …………………………………… Gewog: …………………………………………

Dzongkhag: ………………………………………………………………………………

eTeeru Account Details:

eTeeru USER ID: …………………………………………………………………………

eTeeru Registered Number: ………………………………………………………………

Entity Type: …………………………………………………………………………….

Transaction ID…………………………………………………………………………….

Date of De-activation (DD/MM/YYYY) …………………………………………………..

Claimed Amount (Nu.) ………………………………………………………………………...

Bank Details of Customer:

Bank Account Holder Name…………………………………………………………………

Balance claimant:

Account holder	Parent	Sibling	Spouse

Undertaking (If claimant is account holder)

I, …………………………………………………………………………. hereby confirm that the information provided above is true to the best of my knowledge. I have the e-Money Nu……... (in words……………………………) in eTeeru with the registered eTeeru account number +97577…………… I understood that my eTeeru account got de-registered due to financial inactivity for two years and I have claimed balance in full amount on date (dd/mm/yyyy) ………………. I undertake the full responsibility of the claim I have made above and also, I undertake to abide by the Abandoned Property Rules and Regulations 2018 of the Royal Monetary Authority of Bhutan.

Undertaking (If claimant is other than account holder)

I, ………………………………………………………………………. hereby confirm that the information provided above is true to the best of my knowledge. I am claiming balance on behalf of Mr./Mrs. …………………………………………………. with the registered eTeeru account number +975………………………. which has been de-registered due to financial inactivity for two years and I have claimed balance in full amount on date (dd/mm/yyyy) ……………………… I undertake the full responsibility of the claim I have made above and also,I undertake to abide by the Abandoned Property Rules and Regulations 2018 of Royal Monetary Authority of Bhutan.

Important Note to Customer:
1. 2% Fee is applicable on the total amount claimed.
2. The claim process shall be completed in 30 working days.
3. Provide correct bank account holder name for the issuance of refund cheque.

Name:

                                                 Signature on legal stamp

Contact number

Document checklist
➢ CID Copy if claimant is account holder
➢ CID copy and Family tree If claimant is a parent/sibling
➢ CID copy and Marriage certificate If claimant is a spouse

Signature:

Name of CCE:
Date: DD/MM/YYYY

Verified By:

Regional Manager:
Region:
Date: DD/MM/YYYY