

Address of communication	<input type="checkbox"/>	first Depositor	<input type="checkbox"/>	Second Depositor	<input type="checkbox"/>	Third Depositor	<input type="checkbox"/>
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MODE OF OPERATION :

By me <input type="checkbox"/>	By either, any one of us <input type="checkbox"/>	By Former or survivor of us <input type="checkbox"/>
By Guardian on behalf of minor <input type="checkbox"/>	or survivor	Other (Specify) <input type="checkbox"/>

In respect of term deposit please:	Send the renewal notice <input type="checkbox"/>	Do not send the renewal notice <input type="checkbox"/>
In case of Bonanza	Minimum balance to be maintained in the SB Account: `	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saving Account:	Amount per unit of FD - `	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Period of Term Deposit -	days <input type="text"/> <input type="text"/> <input type="text"/>

Standing instruction:	<input type="checkbox"/> Please debit monthly installment of RD account from my Savings Bank Account No
	<input type="checkbox"/> Please credit monthly/quarterly interest on fixed deposit to my Savings Bank Account No

In case the operation is by Either / Any One or Survivor	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>The bank may, on receipt of a written application from either/any one or survivor of us, in its absolute discretion and subject to such term and conditions as the bank may stipulate, (a) grant loan/advance against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceeds of the term deposit or (c) close the account without reference to the other depositors. The bank will be fully discharged while closing the account in this manner.</p>	

In case the operation is by Former or Survivor	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>The bank may, on receipt of a written application from Former of us, in its absolute discretion and subject to such term and conditions as the bank may stipulate, (a) grant loan/advance against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceeds of the term deposit or (c) close the account without reference to the other depositors. The bank will be fully discharged while closing the account in this manner.</p>	

Date of birth (in case of minor)	Name of the guardian & relationship	Whether under Natural or Legal Guardian

Paste one
passport size
photograph and
sign across it in
presence of the
branch official

Paste one
passport size
photograph and
sign across it in
presence of the
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branch official

Signature

I/we agree to be bound by the Bank's rules and regulations governingaccount from time to time. I/we will maintain minimum balance in the account and on the event of fall in the minimum balance the bank may realize the service charge.

I certify that I have known _____ _____ for past _____ Months/years and confirm his/her/their occupation and address. I also confirm that I know all the depositors.	How do the depositors know the introducer? <input type="checkbox"/> Relation <input type="checkbox"/> Colleague <input type="checkbox"/> Neighbour <input type="checkbox"/> Employer <input type="checkbox"/> Friend <input type="checkbox"/> Others (Please Specify) _____
Signature _____ Name _____ Account No. _____ Address _____ _____ _____	If the account is to be open on self introduction, description of the papers furnished.

Additional Service Request:

I/we require the under mentioned services and agree to abide by the terms and conditions as governed by Manipur Rural Bank from time to time.
 (Please tick the services and options to view and / or transact)

Applicant	<input type="checkbox"/> ATM cum debit card (international)	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Telebanking	<input type="checkbox"/> SMS/Mobile Banking
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For Office Use:	
Verified Introducer's signature. Official's Name: _____	Official Signature
Account opened on: DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Letter of thanks sent to customer on: DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Acknowledgement received from customer on: DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Letter of patronage sent to the introducer on: DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Reply received from the introducer on: DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Additional Information:

Depositor	First	Second	Third
Annual Income			
Principal Economic Activity			
Residence			
Source of Wealth			
Educational Qualification			
Assets			
Do you have Credit Card? If so, which Card?			
How many times have you been abroad in last three years			
Dealing with other Bank, if yes, give particulars			
Signature			



MANIPUR RURAL BANK

CONFIDENTIAL

..... Branch

CUSTOMER PROFILE

Name	Name of
1)	# F/M/H
2)	# F/M/H
3)	# F/M/H
Address of communication	:
Telephone Number	: (R) (O) (Mob.)
Type of Account and Account Number	:
Date of Opening the Account	:
Residential Status	: Resident / Non Resident
Sex	: Male / Female
Age	: Years
Educational Qualification	: (a) School Final (b) Graduate (c) Post Graduate (d) Professional (e) Others
Principal Economic Activity	:
Annual Income	:
@Annual Turnover Expected	:
*Purpose of opening the account	:
Classification of the account as	: Low risk / High risk
Observation of the official opening the account (Briefly indicate reason for risk classification also)	
Date :	Signature of the Bank official

BUSINESS PROFILE

Geographical Location of the Business	:
Nature / Activity of Business / Occupation	:
Estimated Income from the business	:
Any other source of income	:
Total Annual Income	:
Approximate value of movable and immovable assets	:
Details of existing Bank Accounts	:
Details of foreign countries, if any, visited during last three years	:

Signature of the customer

Signature of the Bank Official

F-Father, M-mother, H-Husband

@ Should be based on Annual Income

*To be obtain through discussion

High Risk : Customer transactions crossing threshold limit

Low Risk : Pensioner's Account, Priority Sector/Micro Credit Account, Accounts opened for disbursing funds under Government Sponsored Schemes.

- ☐ Form No. DA-1 for nomination is executed below ☐ Do not require nomination
- ☐ Please do not indicate the nomination on the passbook/ deposit receipt

FORM – DA 1

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) Of the Banking (Nomination) Rules 1985 in respect of Bank Deposits.

I/we _____ nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account may be returned by Manipur Rural Bank.

_____ Branch (Name and Address of the Branch / Office in which deposit is held)

Particulars of Nominee

Name	Address	Relationship with Depositor, if any	Age	If nominee is minor, his/her date of birth

2 As the nominee is a minor on this date, I/we appoint Shri/Smt/Kum _____

_____ (Name, Address and Age) to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place :

Date : * Signature(s) / Thumb Impression(s)@ of the depositor(s)

Names, Signature and address of witnesses

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.....

.....

Strike out if the nominee is not a minor@ Thumb impression shall be witnessed by two witnesses

***Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.**



MANIPUR RURAL BANK

Form No. 60

(See third provision to rule 114B)

Form of declaration to be filled by a person who does not have either a permanent account number or General Index Register Number and who makes payment in cash in respect of transaction specified in causes (a) to (b) of rule 114B.

1. Full name and address of the declarant :
2. Particulars of the transaction :
3. Amount of transaction :
4. Are you assessed to tax (Yes/No) :
5. If yes,
 - i) Details of ward/ Circle / Range where the last return of income was filled?
 - ii) Reasons for not having permanent account number / General Index Register Number?
6. Details of the document being produced in support of address in column (1)

VERIFICATION

I, do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the Day of 20.....

Date

Place

.....
Signature of the declarant

<u>Proof of Identity</u>	<u>Proof of address</u>
A) Passport where the address differs B) Voter ID card C) PAN card D) Govt./ Defence ID card E) ID card of a reputed employer F) Driving license G) Photo ID card issued by Post Office H) Photo-ID card issued by universities/ Institute approved by UGC / AICTE I) Letter from a recognized public authority or public servant verifying the identity and residence of the customer. J) UID card	A) Credit card statement B) Salary slip with address C) Income tax/ wealth tax assessment order D) Electricity bill E) Telephone bill F) Bank account statement G) Letter from a reputed employer H) Letter from any recognized public authority I) Ration card J) Copies of Registered Leave & License Agreement/Sale Deed/ Lease Agreement K) Certificate issued by warden of hostel of University/Institute (approved by UGC/AICTE) where the student resides L) For students residing with relatives, address proof of relative along with their identity proof