

Date

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Cust ID							
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Please tick () Type of Account (for Documents to be attached refer)

SAVINGS BANK ACCOUNT		CURRENT DEPOSIT ACCOUNT		RECURRING DEPOSIT ACCOUNT	
With Cheque Book	<input type="checkbox"/>	<input type="checkbox"/>	Monthly Installment Rs <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Without Cheque Book	<input type="checkbox"/>				
REINVESTMENT PLAN	<input type="checkbox"/>	OTHER TERM DEPOSIT (specify)	<input type="checkbox"/>	Amount of Deposit	Period of Deposit
				Rupees <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Days / Month / Year

NAME OF THE ACCOUNT IN BLOCK LETTERS:

[illegible][illegible]

60/61/PAN/GIR No. or FORM No. 60/61

[illegible][illegible]

Resident	Non-Resident

Complete address with telephone number, fax and email of all the depositors																												Residing at this address since (year)				
Office Address														Residential Address																		
1																																
	Email																															
	Mob. No.																															
	Pin																															
2																																
	Email																															
	Mob. No.																															
	Pin																															

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"/>		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 Savings Account And Bonanza Current Deposit		Minimum Balance to be maintaind in the Account Rs		
		Amount of per unit FD Rs. _____ Period of Term Deposit _____ Days		

Standing instruction: ☐ Please debit monthly installment of RD account from my Savings Bank Account No

☐ Please credit monthly/quarterly interest on fixed deposit to my Savings Bank Account No

I/We certify that I/We do not have any borrowal account with any other Bank/Branches.

I/We certify that I/We have borrowal account with (Name of the Bank).....(Branches).

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. The information furnished in this application is correct to the best of my/our knowledge. I/We authorized the bank to verify the details given herein through any third party as necessary.

Specimen Signature

1.

2.

3.

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
branch official

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photograph and
sign across it in
presence of the
branch official

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.

Signature _____

Name _____

Account No. _____

Address _____

How do the introducer knew the account holder?

☐ Relation ☐ Colleague ☐ Neighbour
☐ Employer ☐ Friend
☐ Others (Please Specify) _____

**If the account is to be open on self introduction, description of
the papers furnished.**

For Office Use:

Verified Introducer's signature. Official's Name: _____ **Official Signature** _____

Account opened on: DD/MM/YYYY

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Letter of thanks sent to customer on: DD/MM/YYYY

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Acknowledgement received from customer on: DD/MM/YYYY

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Letter of patronage sent to the introducer on: DD/MM/YYYY

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Reply received from the introducer on: DD/MM/YYYY

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Name of the Second Official _____ **Signature of the second Official** _____

DOCUMENTS ENCLOSED: (to be ticked)

1. For partnership firm :
 - (a) Letter of partners
 - (b) Partnership deed (if any)
2. For Limited Company :
 - (a) Certificate of incorporation (for inspection and return)
 - (b) Certified copy of Memorandum and Articles of association
 - (c) Certificate of register of Joint Stock Companies that the Company is entitled to commence business (for inspection and return) (not required for private limited company, company limited by guarantee and public limited company not operating for profit)
 - (d) Certified copy of a resolution of Board of Directors authorizing opening and operation of the account
 - (e) Specimens of the signatures of the authorized signatories
 - (f) A copy of the latest balance sheet of the company.
3. For trust Account:
 - (a) Certified copy of the trust deed
 - (b) Declaration as per specimen given in appendix via of Manual of instruction Part-2 (Deposit)
 - (c) A resolution of the board of trustee authorizing opening and operation of the account certified by the Chairman of the meeting in which the resolution was passed as per specimen given in Appendix-VI B of Manual of instruction Part-2 (Deposit)
4. For accounts of society / Association / Club / etc
 - (a) A certified copy of its bye laws or the articles & memorandum of association
 - (b) A copy of the registration Certificate where there is any
 - (c) A copy of resolution of Governing Body or Board of Directors authorizing opening and operation of the account duly certified by the chairman of the meeting in which the resolution was passed.
5. For accounts of Administration / Executor :
 - (a) A copy of the probate letter of administration
6. For co-operative societies :
 - (a) A copy of the certificate of registration
 - (b) A copy of the bye laws
 - (d) A certified copy of a resolution of Governing Body or Board of Directors or the Managing Committee authorizing opening and operation of the account certified by the chairman of the meeting in which the resolution was passed.
 - (e) A copy of the latest balance Sheet, if any

Nomination form

- ☐ Form No. DA-1 for nomination is executed below (Only for Proprietorship Firm) ☐ 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.

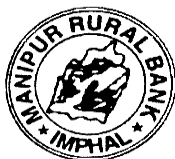
Place :

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

Names, Signature and address of witnesses
.....
.....
.....

Strike out if the nominee is not a minor@ Thumb impression shall be witnessed by two persons *signature is to be witness by one person

*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

CONFIDENTIAL

..... Branch

CUSTOMER PROFILE

Name

- 1)
2)
3)

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

@ 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.

BUSINESS PROFILE

(To be verified/filled in by the authorized officer and signed by the customer and officer)

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 :
Detail of Credit Facilities, if any, availed :
Details of foreign countries, if any, visited during last three years :

Signature of the customer

Signature of the Bank Official

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				