

MANIPUR RURAL BANK

Head Office: Keisampat, Imphal

Account Opening Form for Suraksha Deposit and Jeevan Suraksha Deposit

1	Branch				1	Ţ	I						Ι.,				
2	Date (DD/MM/YYYY)			Ţ													
3	Beneficiary's SB A/C No ('Auto	Debit' mand	ated)			T	1					L	T.				
4	Name of the Beneficiary/ Insured	i		T			Т	T	1		T					Ţ	I
5	Whether Senior Citizen (Applicable for Suraksha Deposit scheme)								_		,	Yes		L	N	o	
6	Details of Fixed Deposit to be made [Please tick (\(\)) the box of the appropriate scheme]																
-	Scheme	Principal an	i (Y	(Years) Rate of Interest (%						%)							
i.	Suraksha Deposit Scheme (FDSDS)	17													Required/ Not Required		
ii.	Jeevan Suraksha Deposit Scheme (FDJSD)	17/-												Required/ Not Required			
iii.	Terms & Conditions:					_							1	0. 10	quii	-	
	 a. Maintenance of desired insurance scheme's premium will be the responsibility of the account holder b. Interest rate once fixed at the time of opening of this Term Deposit account shall not be changed during the term of this account even if the insurance premium changes c. Extant guidelines related to deduction of Tax at source shall apply d. The individual has to apply separately for the insurance product (if not already subscribed). Opening of the TD account does not automatically ensure enrolment to the policy 																
7	Mode of deposit into Savings Bar (Tick whichever is applicable)	Cash	Cash Cheque			Gift Cheque			Bankers' Cheque				ie	Pay Order			
0	Authority																
8 i.	Authority: Yearly interest of the Fixed Depo	sit to be credi	ted to my	, afor	ra mant	one	icp	000	0110								
ii.	The state of the s																
9	Nomination Details: Nomination made under section 45ZA of the Banking Regulation Act, 1949and Rule 2 (1) of the Banking Companies(Nomination) Rules, 1985 in respect of bank deposits, I nominate the following person to whom in the event of my death, the amount of deposit under the above-mentioned scheme may be paid by the Bank																
i.	Name of the Nominee	The state of the s		T	T	SCII	·	lilay	T	T	Uy ti	T Ba	T	T-	Т		
ii.	Age of the Nominee															_	
iii. iv.	Relationship with the Nominee Address of the Nominee		1 - 1	_						_	-						
	Tradiess of the Hommee		++	+	_		-		+	+	+	-	-				\vdash
									+	+	+	+	_	_			\vdash
v.	As the nominee is a minor on this																
	Ageyears, Address	If of the nomi	naa in th							••••				•••••	to	rec	eive
vi.	Signature of TWO witnesses in ca	y de	death during the minority of the nominee. Signature of the Insured/Applicant														
		moured			+	Signature of the insured/Applicant											
	Signature Name:	Signature				Signature											
	Date:		Date:														
For	Office Use:																
	tomer ID:	FD Accoun	t NO.:						S	Sign	atur	e of	the l	Bran	ch O	ffic	ial
	VYYY					\neg	_		1 ~	0	-						