



MANIPUR RURAL BANK

HEAD OFFICE: KEISAMPAT, IMPHAL-795 001 (MANIPUR)

Form – 1 (Common Account Opening Form)

(Compulsory for all new account)

| | | | |
|--------|----------------------|------|----------------------|
| Branch | <input type="text"/> | Date | <input type="text"/> |
|--------|----------------------|------|----------------------|

| | | | |
|-------------|----------------------|---------|----------------------|
| Account No. | <input type="text"/> | Cust ID | <input type="text"/> |
|-------------|----------------------|---------|----------------------|

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

| FULL NAME OF DEPOSITORS IN BLOCK LETTERS | DATE OF BIRTH |
|--|----------------------|
| 1. <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> |

| 60/61/PAN/GIR No. or FORM No. 60/61 | UID No. | NATIONALITY |
|-------------------------------------|----------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Only first applicant) ID CARD No. _____ MOTHER'S MAIDEN NAME*:

| Complete address with telephone number, fax and email of all the depositors | | Residing at this address since |
|---|-----------------------------|--------------------------------|
| Office Address | Residential Address | |
| 1 | <input type="text"/> | (Year) |
| | email <input type="text"/> | |
| | mobile <input type="text"/> | |
| 2 | <input type="text"/> | |
| | email <input type="text"/> | |
| | mobile <input type="text"/> | |
| 3 | <input type="text"/> | |
| | email <input type="text"/> | |
| | mobile <input type="text"/> | |

Permanent residential address of first applicant (in case differs from present residential address) :

| |
|--------------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| PIN <input type="text"/> |

| | | | | | | | |
|--------------------------|--------------------------|-----------------|--------------------------|------------------|--------------------------|-----------------|--------------------------|
| Address of communication | <input type="checkbox"/> | first Depositor | <input type="checkbox"/> | Second Depositor | <input type="checkbox"/> | Third Depositor | <input type="checkbox"/> |
|--------------------------|--------------------------|-----------------|--------------------------|------------------|--------------------------|-----------------|--------------------------|

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"/> <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"/> <input type="text"/> <input type="text"/> |
| | Period of Term Deposit - | days <input type="text"/> <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 branch official

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

| | |
|---|---|
| <p>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.</p> <p>Signature _____ Name _____ Account No. _____ Address _____ _____ _____</p> | <p>How do the depositors know the introducer?</p> <p><input type="checkbox"/> Relation <input type="checkbox"/> Colleague <input type="checkbox"/> Neighbour</p> <p><input type="checkbox"/> Employer <input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Others (Please Specify) _____</p> <hr/> <p>If the account is to be open on self introduction, description of the papers furnished.</p> |
|---|---|

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 |
|-----------|---|---|--------------------------------------|---|

| | |
|---|---|
| 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

.....

.....

.....

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.



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 | A) Credit card statement |
| B) Voter ID card | B) Salary slip with address |
| C) PAN card | C) Income tax/ wealth tax assessment order |
| D) Govt./ Defence ID card | D) Electricity bill |
| E) ID card of a reputed employer | E) Telephone bill |
| F) Driving license | F) Bank account statement |
| G) Photo ID card issued by Post Office | G) Letter from a reputed employer |
| H) Photo-ID card issued by universities/ Institute approved by UGC / AICTE | H) Letter from any recognized public authority |
| I) Letter from a recognized public authority or public servant verifying the identity and residence of the customer. | I) Ration card |
| J) UID 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 |



MANIPUR RURAL BANK ACCOUNT OPENING FORM (Non Individual)

Branch Date

Account No. Cust ID

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

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

NAME OF THE ACCOUNT IN BLOCK LETTERS:

1.

2.

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

1.

2.

| | |
|--------------------------|--------------------------|
| Resident | Non-Resident |
| <input type="checkbox"/> | <input type="checkbox"/> |

| Complete address with telephone number, fax and email of all the depositors | | Residing at this address since (year) |
|---|-------------------------------|---------------------------------------|
| Office Address | Residential Address | |
| 1 | <input type="text"/> | <input type="text"/> |
| | Email <input type="text"/> | |
| | Mob. No. <input type="text"/> | |
| | Pin <input type="text"/> | |
| 2 | <input type="text"/> | <input type="text"/> |
| | Email <input type="text"/> | |
| | Mob. No. <input type="text"/> | |
| | Pin <input type="text"/> | |

MODE OF OPERATION:

| | | |
|---|---|--|
| By me <input type="checkbox"/> | By either. any one of us or survivor <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 | Minimum Balance to be maintained in the Account Rs | |
| And Bonanza Current Deposit | 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

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

| | |
|---|---|
| <p>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.</p> <p>Signature _____</p> <p>Name _____</p> <p>Account No. _____</p> <p>Address _____ _____ _____</p> | <p>How do the introducer knew the account holder?</p> <p><input type="checkbox"/> Relation <input type="checkbox"/> Colleague <input type="checkbox"/> Neighbour</p> <p><input type="checkbox"/> Employer <input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Others (Please Specify) _____</p> <hr/> <p>If the account is to be open on self introduction, description of the papers furnished.</p> |
|---|---|

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"/> |
| 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 | | | |