



THE MANIPUR STATE CO-OPERATIVE BANK LTD.

ACCOUNT OPENING FORM

Please open Account as per
Detail below. Tick (✓) type
of account required

Date

D	D
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M	M
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Y	Y	Y	Y
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1. Savings Bank Account : Without cheque book With cheque book
2. Current Account :
3. Recurring Deposit Account : Period

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 months Monthly instalment Rs.

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4. Term/Special Term Deposit : Amount Rs.

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 Period

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 Months
- Customer Type (For Individual) : Public Staff Senior Citizen : Minor :
- Customer Type (For Non-Individual) : Sole Proprietorship Partnership Private Limited Company Public Limited Company Society Club/Organisation/Association Govt. Dept. Others

		Date of Birth / Date of Incorporation																																																																			
Full Name (in capital letters)	A	<table border="1" style="display: inline-table; width: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																			
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Name of Father/Guardian
(for minor only)

Permanent Address

A															
B															
C															

Correspondence Address
(Current Residential/Office)

A															
B															
C															

Same as Permanent Address :

Nationality (other than Indian)
(For Individuals only)

A															
B															
C															

PAN No.

A		or Form No.60		Aadhaar No. ^							
B		or Form No.60		Aadhaar No. ^							
C		or Form No.60		Aadhaar No. ^							

Telephone / Mobile No.

A		e-mail				
B		e-mail				
C		e-mail				

Aadhaar No. / UID of Father/Mother (in case applicant is a minor) :

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* For Individuals only
^ For Individuals only

Mode of Operation (For Individuals)

Self Only Either or Survivor Former or Survivor Any One or Survivor Any Two Others

Mode of Operation (For Non-Individuals)

Singly Jointly Severally As Per Board/Management Committee Resolution Others (Please Specify) _____

Name and Designation of authorised person(s) (For Non-Individuals)

Name : Designation :	Name : Designation :
Name : Designation :	Name : Designation :

AFFIX PHOTOGRAPHS

AFFIX PHOTOGRAPHS

AFFIX PHOTOGRAPHS

Account No.									

CIF No.									

Specimen Signature

A	C
B	<i>Signature and name of the Verifying Officer</i>

I/We agree to abide by the Bank's rules relating to the conduct of the above account. I/We authorise the Bank/their representatives to verify the details given herein. Unless you receive a demand for payment or instructions to the contrary on or before the date of maturity, please renew/continue to renew the deposit for similar period (s) at the applicable rate of interest from time to time (In case of Term Deposits)

Yours Faithfully (Sign)

A	B	C
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FOR OFFICE USE

1. Particulars of identification _____ (Xerox copy of the documents obtained)
 2. Whether Self - Certification & documents submitted by the customers have been verified and found correct and reliable : Yes No
(Care : Branche to proceed with opening of account only when this certification is "Yes")
Documents Received : Self Certified True Copies Notary
 3. In person verification carried out and signature of the applicant verified out by : Identity Verification : Done
 4. Details of one or two identification marks, if any, such as a mole or scar (mandatory for illiterate applicant) _____
 5. Certified that the implications and conditions for the operation of the account have been explained to the depositor
(Only in case of illiterate applicant)
- OPEN THE ACCOUNT REJECT (GIVE REASONS) ACCOUNT NO.

Senior Account Assistant	Accountant	Manager/Authorized Officer
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4. Account Opened on (date) _____
5. Account opened by ledger keeper/teller (name) _____
6. Letter of thanks to customer on _____
7. Acknowledgement received from customer on _____
8. Nomination form entered in Register & its serial No. _____
9. TDR/STDR No. _____ dt. _____
10. Threshold Limits Rs. _____
11. Purpose of opening the account # : _____
12. Classification of the Account as : Low Risk / Medium Risk / High Risk.
13. Observation of the official opening the account : _____

- To be obtained through discussion.

High Risk - Customer transactions crossing threshold limit :

Low Risk - Salaried Employees Account, Pensioner's Account, Priority Sector/ Micro credit account, Accounts opened for disbursing funds under Government Sponsored Schemes.

Account transferred to _____ Branch on _____	Manager/Authorised Officer
Account closed on _____	Signature of Officer

THE MANIPUR STATE CO-OPERATIVE BANK LTD.

Nomination under section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits (For Individuals and Sole Proprietorship only).

I/We (Names and address of the account holder (s) _____

hereby nominate the following person to whom, in the event of my/our/ minor's death, the amount of the deposit, particulars whereof are given below, may be returned by _____.

(Name and address of the branch/ office in which the deposit is held.)

Nature of deposit	Distinguishing A/C NO.	Additional details, if any.

NAME OF NOMINEE(S)

Name	Address	Relationship with the depositor(s), if any	Age	If nominee is a minor, his/her date of birth

As the nominee is a minor on this date, I/We hereby 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 (Strike out if nominee is not a minor).

Place _____ A _____

Date _____ B _____

NAME OF WITNESS : (1) C _____

ADDRESS :

NAME OF WITNESS : (2)

ADDRESS :

SIGNATURE(S) THUMB IMPRESSION(S) OF DEPOSITOR(S)

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

THE MANIPUR STATE CO-OPERATIVE BANK LTD.

Branch

CONFIDENTIAL

BUSINESS PROFILE

Only for business related activities

- 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 Credit Facilities, if any : _____

Signature of the customer

Signature of the bank official

THE MANIPUR STATE CO-OPERATIVE BANK LTD.

BRANCH _____

Information sheet (Annexure of account opening form to be obtained for each applicant separately.) (Please tick the appropriate box.)

Account No.

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FULL NAME _____

FATHER'S/HUSBAND'S NAME _____

ADDRESS _____

P.O. _____ BPO _____ DISTRICT _____

PIN NO. _____ POLICE STATION _____

A. OCCUPATION

1. Occupation (i) Salaried (ii) Self Employed/Professioned (iii) Business * (iv) Student
 (v) Retiree (vi) Agriculturist (vii) Others (Specify.....)
2. If self employed (i) Doctor (ii) Lawyer (iii) Engineer (iv) Business
 (v) Charter Accountant (vi) Other (Specify
3. Source of funds _____
4. a) Monthly Income (i) Up to Rs. 20,000/- (ii) Up to Rs. 20,001/- to Rs. 50,000/-
 (iii) Up to Rs. 50,001/- to 1 Lakh (iv) Up to Rs. 1,00,001/- to Rs. 10,00,000/-
- b) Annual turn over _____

(In case the occupation of the A/C holder(s) is business)

B. PERSONAL

Religion : Hindu Muslim Christian Meitei Meitei Others _____

Category : General OBC SC ST

Marital status : Married Unmarried Divorcee

Edn. Qualification : Upto HSLC, Upto HSSLC, Graduate, Post Graduate

Edn. Qualification(spouse) : Upto HSLC, Upto HSSLC, Graduate, Post Graduate

Family member's age;	Upto 10 years,	11 to 20 years,	21 to 45 years,	46 to 60 years,	above 61 years,	Total
Male :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have Debit/

Credit Cards : Yes No.

If yes, which Bank(s) _____

(C) **Dealing with other Banks** Yes No.

Name of the Bank branch _____

Type of account/ Facilities _____

(D) Existing credit facilities, if any

Car Loan : Yes No. MB Loan : Yes No.
 Housing Loan : Yes No. Against security : Yes No.
 CD Loan : Yes No. Others : Yes No.

(E) Assets

; Total Rs. _____ (approx.)

Vehicle : Car , Two Wheeler , Others , None

House : Ancestral , Owned , Rented , Employers

LIC Policy : Upto Rs. 1 lakh , Upto Rs. 2 lakh , Upto Rs. 5 lakh , Above Rs. 5 lakh

Other investments : Upto Rs. 1 lakh , Upto Rs. 2 lakh , Upto Rs. 5 lakh , Above Rs. 5 lakh

Any other assets : Upto Rs. 1 lakh , Upto Rs. 2 lakh , Upto Rs. 5 lakh , Above Rs. 5 lakh

Place : _____

Date : _____

*occupation of the A/C holder (s) is business, a separate business profile should be enclosed.

(Signature of the Customer)

ACKNOWLEDGEMENT

I/We acknowledge herewith the receipt of your letter dated _____ regarding the Account opening with your Bank on _____

Signature _____



THE MANIPUR STATE CO-OPERATIVE BANK LTD.
_____ BRANCH

Date _____

Shri/Smt/Kum. _____

of _____

We are very thankful to you for opening of account with our branch .

Account No _____

SB

CA

TDR

STDR

Yours faithfully

Manager



(Cut here)

THE MANIPUR STATE CO-OPERATIVE BANK LTD.

_____ BRANCH

Date _____

Shri/Smt/Km. _____

We acknowledge receipt of nomination made by you in favour of Shri/Smt/Kum. _____

aged _____ years in respect of your

Account number _____

SB

CA

TDR

STDR

Yours faithfully

Manager