



**The Mansa Nagarik
Sahakari Bank Ltd.**

**HEAD OFFICE : Market Yard, MANSA(N.Guj.)
Ta. Mansa, Dist. Gandhinagar Pin-382845**

**Phone : (02763) 270304 / 270736 / 274358 Fax No. : (02763) 270403
Email : info@mnsbl.com Website : www.mnsbl.com**

ACCOUNT OPENING FORM - INDIVIDUAL

D D M M Y Y Y Y

Branch

Date :

Customer ID

Account No.

I/We request you to open my/our account with your Branch / Bank (Tick (✓) relevant Type Account

Type of Account : **Savings** **Term Deposit** **Recurring**

PERSONAL INFORMATION

DATE OF BIRTH

M/F

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"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

(For 1st A/c. holder)

Individual Minor Sr. Citizen Super Sr. Citizen Other Staff Emp. No. Ex-Staff Emp. No.

PROOF OF IDENTITY [POI] OF RELATED PERSON* (Please see Instruction (C) at the end)

A - Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
B - Voter ID Card <input type="text"/>	
C - PAN Card <input type="text"/>	
D - Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
E - UID (Aadhaar) <input type="text"/>	
F - NREGA Job Card <input type="text"/>	
Z - Other (any document notified by the Central Government) <input type="text"/>	Identification Number <input type="text"/>

Account Type Tick (✓) relevant Type Account

<input type="checkbox"/> SAVINGS BANK	<input type="checkbox"/> TERM DEPOSIT	<input type="checkbox"/> RECURRING DEPOSIT
<input type="checkbox"/> Without Cheque Book <input type="checkbox"/> With Cheque Book Initial Amount Rs. _____ Words : _____ Scheme : Basic Savings Bank Deposit Others.....(Specify)	<input type="checkbox"/> Fixed Deposit Scheme Monthly/Quarterly/Yearly Credit Int. in _____ A/c. <input type="checkbox"/> Cumulative Plan Others.....(Specify) Amount Rs. _____ Int. Rate _____ % Period : Year..... Months..... Days	Period _____ Months Int. Rate _____ % Monthly Installment Rs. _____ Debit to My / Our A/c. No. _____

1. Permanent Address / કાયમી સરનામું

Pphone No. / ફોન નંબર

(R)
(O)
(M)

E-mail :

1. Permanent Address / પત્ર વ્યવહારનું સરનામું

Pphone No. / ફોન નંબર

(R)
(O)
(M)

Service Required :

A) ATM - CUM - DEBIT CARD :

1st Holder 2nd Holder 3rd Holder 4th Holder

B) INTERNET BANKING : Viewing Rights Transaction Rights (Please fill up form separately)

C) MOBILE BANKING : Mobile Banking service to be enabled on this No. (Please fill up form separately)

D) SMS ALERTS : SMS Alert on Mobile Required - Mobile No. Not required

E) CHEQUE BOOK : Yes No

F) STATEMENT : e-statement to be sent to e-mail ID Required - Email ID Not Required

All the details mentioned in this form are true & correct Information

Signature X

Photo Signature

For Office use only Account No.

Name of Account :

MODE OF OPERATION

Self Former or Survivor Any one of Survivor/s Either or Survivor Jointly / Guardian Other (Pl. Specify)

1st Holder	2nd Holder	3rd Holder	4th Holder
Please Affix Your Latest Passport Size Photograph	Please Affix Your Latest Passport Size Photograph	Please Affix Your Latest Passport Size Photograph	Please Affix Your Latest Passport Size Photograph
Signature-1	Signature-2	Signature-3	Signature-4
CIF Id1	CIF Id2	CIF Id3	CIF Id4

PERSONAL INFORMATION

Education Undergraduate Graduate Post Graduate / Professional
 If Salaried, employed with Public Ltd. Co. Pvt. Ltd. Co. Govt. Sector Multinational Other
 Company - Grade Clerk Officer Junior Mgmt. Middle Mgmt. Senior Mgmt.
 If Self-Employed / Professional CA Engg. Doctor Proprietorship Partnership
 Monthly Income (Rs.) Up to 5,000 5,000-20,000 20,001-50,000 50,001-1,00,000 >1,00,000

Politically Exposed Person (PEP) Related to PEP : Yes No Physically Challenged Yes No

Cast : Hindu Jain Muslim Parsi Christian Sikh Buddhist Bahai Zorostrian Other

Minor Declaration Guardian CIF No. :

KYC No.

Type of Guardian : Father Mother Court Appointed(Enclose copy of court order)

Full Name of Guardian Mr. Mrs./Ms.

I hereby declare that the date of birth of the minor, who is my _____ is ___/___/___ and I am his / her natural and lawful guardian / guardian appointed by court order, dated ___/___/___ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account. Untill said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his/her account.

Date :

(Signature of Guardian)

FORM DA-1 NOMINATION FORM

Nomination under section 45ZA of the Banking Regulation Act, 1949 and 2(i) of the Banking Companies (Nomination Rules 1985 in respect of Bank Deposits)

I/We

Address

Nominated the following person to whom in the event of my/our/minor's death the amount of the deposit may be returned by the The Mansa Nagrik Sahakari Bank Ltd.

Nominee				
Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, her/his Date of Birth

As the Nominee is minor on this date, I/We appoint

Shri/Smt./Kum.

Address

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 :

Signature :

Date :

Signature :

Witness 1 :

Witness 2 :

Address :

Address :

Address :

Address :

Sign.

Sign.

TO be obtained if Applicable FORM NO. 60	TO be obtained if Applicable FORM NO. 61
<p>(See third proviso to rule 114B) Form of declaration to be filled in by a person who does not have a Permanent Account Number and who enters into any transaction specified in rule 114B</p> <ol style="list-style-type: none"> Full name and address of the declarant Particulars of transaction Amount of transaction Are you assessed to tax ? Yes / No If Yes, <ol style="list-style-type: none"> Details of ward / Circle / Range where the last return of income was filed ? Reasons for not having Permanent Account Number / General Index Register Number? 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..... <p>Date : Place : Signature of the declarant</p>	<p>[See third proviso to clause (a) of rule 114C(1)] Form of declaration to be filled in by a person who has agricultural Income and is not in respect of any other Income chargeable to Income Tax in respect of transactions specified on sub-clauses (a) to (h) of rule 114B</p> <ol style="list-style-type: none"> Full name and address of the declarant Particulars of transaction Details of the document being produced in support of address in column (1)* Yes / No I hereby declare that my source of Income is from agriculture and I am not required to pay Income Tax on any other Income, if any. <p>Date : Place : Signature of the declarant</p> <p>*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.....</p> <p>Date : Place : Signature of the declarant</p>

CENTRAL KYC REGISTRY / Instruction / Check list / Guidelines for filling Individual KYC Application Form

General Instructions :

- 1 Fields marker with '**' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 please fill the form in **English** and in **BLOCK** Letters.
- 5 Please fill all dates in **DD-MM-YYYY** format.
- 6 wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle Act, 1988 and ISO 3166 country code respectively, details of which are available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, Please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of **'Small Account Type'** only personal details in section 1 and 2, photograph, signature and self-certification of documents is required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name** : Please state the name with Prefix (Mr./Mrs./Ms./Dr./ etc.). The name should match the name mentioned in the proof of identity submitted failing which the application is liable to be rejected.
- 2 Either **Father's name** or **Spouse's** name is to be mandatorily furnished. In case **PAN** is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Jurisdiction(s) of Residence** : Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
- 2 **Tax identification Number (TIN)** : TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [POI]' section

- 1 If driving licence number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z-Others (any document notified by the Central Government)' is ticked.

D Clarification / Guidelines on filling 'Proof of Address [POA] - Current / Permanent / Overseas Address details' section

- 1 POA to be submitted only if the submitted POI does not have an address or address as per POI is invalid or not in force.
- 2 State / U. T. Code and Pin / Post Code will not mandatory for overseas addresses.

E Clarification / Guidelines on filling 'Proof of Address [POA] -Correspondence / Local Address details' section

- 1 To be filled only in case the POA is not the local address or address where the customer is currently residing. No separate POA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, please fill '**Annexure A1**'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention +91-9999999999).
- 2 Do not add '0' (zero) in the beginning of mobile number.

G Clarification / Guidelines on filling 'Details of Related Person' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling ' Related Person details - Proof of Identity [POI] of Related Person' section.

- 1 In case of nominees, proof of identity is not required.
- 2 Mention identification / reference number if 'Z - Others (any document notified by the Central Government)' is ticked.

List of two - digit State / U. T. Codes as per Indian Motor Vehicle Act, 1988

State / U. T.	Code
Gujarat	GA

List of ISO 3166 two - -digit Country Code

Country	Country Code
India	IN