



# MAHANAGAR BANK

MAHANAGAR NAGRIK SAHAKARI BANK MYDT.  
Swami Shanti Prakash Chouraha, Sant Hirdaram Nagar,  
Bhopal-462030 Ph. : 0755-4098000

## SAVING / FD / RD ACCOUNT OPENING FORM FOR INDIVIDUAL

(For Individual Account)

(For Office use only)

Sourcing Date	<input type="text"/>	Branch Receipt Date	<input type="text"/>
A/c opening Date	<input type="text"/>		
Branch	<input type="text"/>	Branch Code No.	<input type="text"/>
CRN	<input type="text"/>	Account No.	<input type="text"/>
Lead Generator Code	.....		Lead Converter Code : .....
			SBU Code : .....

### A. Customer Information

Please fill up the form in BLOCK LETTERS ONLY. Use for Black Pen

1. Name of the Individual :	<input type="text"/>
Father's/Husband Name	<input type="text"/>
2. If, the individual/firm has an existing account with Mahanagar Nagrik Sahakari Bank Maryadit, Please quote the CRN	<input type="text"/>
3. ADHAR No.	<input type="text"/>
4. PAN No. (if not available, attach form 60)	<input type="text"/>
5. Form 60 attached	<input type="checkbox"/> Y <input type="checkbox"/> N

### B. Contact Details

1. Address for Correspondence	<input type="text"/>
City/Town	<input type="text"/>
District/State	<input type="text"/>
Pin Code	<input type="text"/>
Country	<input type="text"/>
Telephone No.	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email ID	<input type="text"/>

(The above Email Id would be used in case opted for email statements)

2. Registered Office Address	<input type="checkbox"/>	(Please tick in case registered address is the same as mailing address)
City/Town	<input type="text"/>	
District/State	<input type="text"/>	
Pin Code	<input type="text"/>	
Country	<input type="text"/>	
Telephone No.	<input type="text"/>	
Mobile	<input type="text"/>	
Fax	<input type="text"/>	
Email ID	<input type="text"/>	
CIN No.	<input type="text"/>	

3. Email Statement Required :	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, E-mail Id :	<input type="text"/>
4. Please register for SMS Alert	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, Mobile No.	<input type="text"/>
5. Cheque Book Required	<input type="checkbox"/> Y <input type="checkbox"/> N		
6. Debit Card Required	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, Personalised Card Required	<input type="checkbox"/> Y <input type="checkbox"/> N
Name as desired on the Debit Card	<input type="text"/>		
7. TDS Applicable	<input type="checkbox"/> Y <input type="checkbox"/> N		
If No. attach the following documents	<input type="checkbox"/> Form 15G/15H		
	<input type="checkbox"/> Income Tax Exemption certificate/Letter from IT Department for financial year		





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### C. Product Details

1. Please open my/our Account as per details below

☐ Bulk FD Cumulative

☐ Premium Business Account

☐ Savings Account

☐ Bulk FD Non - Cumulative

☐ Regular FD Cumulative

☐ Business Account

☐ Regular Business Account

☐ Regular FD Non - Cumulative

☐ Other Specify .....

2. In case of Fixed Deposit

☐ FD Plus

a) Period  Year  Month  Days

b) Interest Payable ☐ Monthly ☐ Quarterly ☐ Cumulative

c) Credit Interest to A/c No.  with Mahanagar Bank

IF/Other Bank ..... Branch ..... IFSC .....

d) On Maturity

I. Auto Renewal\* ☒ Y ☒ N ☐ Renew Principal Only ☐ Renew Principal with Interest

\*In case of no payout/renewal instruction, term deposits will be renewed with original tenor.

II. Credit the proceeds to A/c No.  with Mahanagar Bank

IF/Other Bank ..... Branch ..... IFSC .....

e) Enable additional facilities : ☐ Sweep out

Sweep out Account No.

3. In case of Recurring Deposit #

a) Monthly Installment Rs. ....

b) Period  Years  Months

c) Standing instruction for Monthly Installment, if any : Debit A/c No.

d) Date of Execution of Standing Instruction

e) On Maturity Credit proceeds to A/c No.  with Mahanagar Bank

IF/Other Bank ..... Branch ..... IFSC .....

#Wherever customers hold standalone Term Deposits (Fixed Deposits & Recurring Deposits) and do not have Saving / Current Account with Mahanagar Bank in respect of Term Deposits maturing on a clearing holiday (when NEFT/RTGS are not available), the close proceeds will be credited to the designated bank account on the next available clearing day as per set maturity instruction. In such cases the bank will pay interest at the original intervening days.

4. Mode of Operation

☐ Self

☐ Any One

☐ Any Two Jointly

☐ Jointly By All

☐ Either or Survivor

☐ Other Specify .....





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## D. Nomination Form DA(I) Applicable only for individuals

☐ Yes, I wish to nominate (as per details below)

☐ No, I declare that I do not wish to make nomination in my account

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

I/We

Name/s	Address/es

Relationship with depositor (if any) .....

Age:  Years Date of birth:

\*As the nominee is a minor on this date I/we appoint

Name

Address

State :  Pin Code

Relationship with minor # : Father/Mother/Court Appointed Guardian, aged  years, 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.

Witness (only in case of thumb impression)

(Signature(s) / Thumb impression(s) of depositor (s))

1. Signature

Name :

Address :

Place :

Date :

1. Signature

Name :

Address :

Place :

Date :

\*Strike out if nominee is a not a minor. # In case of a court appointed guardian, please furnish a copy of the court order.



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## E. KYC Document Detail of the Individual

Particulars	Document Name	Document No.	Issuing Authority	Expiry Date
ID Proof				
Address Proof				
Legal Existence Proof				

## F. Initial Funding Details

- a) Amount : Rs. .... Mode of Payment ☐ Cash ☐ Cheque
- b) Cheque No. .... Branch .....
- c) If Direct Debit, Debit Account No. .... Debit Account Name .....
- d) If NEFT/RTGS
- Payment Bank ..... Branch .....
- Debit Account No 

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 Debit Account Name .....
- UTR No. .... Transaction Date .....

## For Branch Use Only

### Certification by Sourcing Staff

- a) Is the source of the funds of the customer identifiable ? ☐ Y ☐ N
- b) Background of the customer ☐ Satisfactory ☐ Unsatisfactory
- c) Is the customer a Politically Exposed Person? ☐ Y ☐ N if yes, brief details .....
- d) Is the account opened face to face ? ☐ Y ☐ N
- e) Nomination from enclosed ☐ Y ☐ N
- f) Customer address visited and verified on 

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- g) I confirm that the customer had signed in my presence.

Name of the employees	Employee No./Code	Signature	Date

### Certification by Branch Operations Manager/ Branch Manager

I/we certify that the account opening form is complete in all respects and relevant document have been obtained and verified.

Date : \_\_\_\_\_ Authorised Signatory \_\_\_\_\_ Authorised Signatory \_\_\_\_\_

Date : \_\_\_\_\_ Employee Code \_\_\_\_\_ Employee Code \_\_\_\_\_





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### G. Declaration (Applicable to all customer)

(Please read carefully and sign at the end of this section after you have filled in all the detail in the form)

1. I/We have read and understood the terms and conditions and Schedule of Charges governing the opening of the account with Mahanagar Bank and those relating to various services including, but not limited to ATMs / Debit card / Net banking / Phone banking mentioned here under and more in detail mentioned at [www.mnsbankbhopal.com](http://www.mnsbankbhopal.com) and agreed to abide by the same.
  2. I/We agree to be bound by all terms and conditions including limiting / excluding Bank's liability, and the changes thereto in Terms and Conditions from time to time relating to my/our account as communicated and made available on the Bank's website.
  3. I/We hereby give my/our express consent Mahanagar Bank to share my/ our personal / KYC or any other detail with Central KYC Registry Credit Bureaus / any agencies as required by law, and receive information from these agencies. Any agencies so authorised may furnish for consideration, the processed information and data or products thereof prepared by them, to banks/ financial institutions and other credit grantors cv registered users, as may be specified by the regulators in this behalf.
  4. In the event of death of any one of the depositors, premature encashment of term deposits would be allowed to the surviving account holders at their joint request Payment to survivors gives valid discharge to the bank. The survivor would be receiving the payment from the Bank as trustee of the legal heirs of the deceased depositor i.e. such payment to survivors shall not affect the right or claim which any person may have against the survivorist to whom the payment is made. Such premature withdrawal shall not attract any penal charges as on date.
  5. It is stated that any and all claims, matters and disputes are subject to the laws as prevalent in India and jurisdiction of the competent courts in Bhopal District only.
  6. I/We hereby declare that the information furnished above is true or correct to the best of my/our Knowledge,
  7. I/We agree that the Bank may send communications Letters etc to me / us. through courier/messenger/mail or through any other mode at its discretion and the Bank shall not be liable for any delay arising there from,
  8. FCRA declaration: Incase of the Entity accepting / receiving any Foreign Contributions, customer's need to comply to foreign Exchange Management Act of 1999 (FEMA) and Foreign Exchange Contribution (Regulation) Act of 1976 (FCRA)
  9. Charges/fees may be waived off/ discounted/ negotiated at the discretion of the manager in charge in cases where such charges/tees are charged in excess of the requirement or for any other reasons as may be appropriate.
  10. In case of premature withdrawal of the deposit, the Interest rate applicable for premature closure will be lower of the tale for the original /competed tenure for which the deposit has been booked OR the rate as prevailing on the date of deposit for the tenure for which the of deposit Has been in force with the Bank, minus premature withdrawal penal fate as follows. (Time to Time directed by the Bank.)
  11. I/We hereby declare that, I/We have fully understood the 'No Premature Withdrawal Deposit" product and its features. I/We understand that if Auto Renewal facility is not available for this product and (2) Pre-mature withdrawal of the deposit <s not allowed before the expiry of the term except in case of death of the account holder on order from statutory and/or regulatory authority.
  12. Partial withdrawal of Term Deposit is not allowed.
  13. For delayed and/or missed monthly payment of recurring deposit; (1) Penalty of Rs. 2 per Rs. 100 on the installment amount will be levied This penalty will be levied on actual basis i.e. on the number of days of delay (3) Grace period of 5 days will be provided to the customer to make the instalment payment to avoid the penal charges.
  14. Bank reserves the right to close the recurring deposit in case the customer misses 5 consecutive recurring deposit instalments.
  15. TDS will be applicable as per under Sec 194 N.
  16. I hereby agree to Mahanagar Bank / Subsidiaries /Affiliates/Agents / Third Parties contacting me for various other product/offering updates, marketing promotions, special offers or any such information from time to time.
- I do hereby give my consent to receive such information through Phone Calls ☐ Y ☐ N SMS ☐ Y ☐ N Email ☐ Y ☐ N

Signature

Authorised Signatory (Name & Desig.)

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### Signatory 1

Name

Existing Customer Mahanagar Nag.Sah.Bank Mydt. ☐ Yes ☐ No

CRN No. (If yes)

Gender ☐ M ☐ F ☐ T

DOB

Nationality

Profession ☐ Student ☐ Govt. Employee ☐ Businessman  
☐ Doctor ☐ Automobiles ☐ Transport  
☐ Education ☐ Agriculture ☐ Electronics  
☐ Hotel ☐ CA/CS/Lawyer ☐ Construction / Real Estate

Other Specify .....

PAN  Form 60 ☐ Y ☐ N

Annual Income ☐ ₹ 1 Lakh ☐ ₹ 1-2 Lakhs ☐ ₹ 2-5 Lakhs  
☐ ₹ 5-10 Lakhs ☐ ₹ 10 Lakh & above

Risk ☐ Low ☐ Medium ☐ High

Aadhaar No.

DIN

Mother's Maiden Name :

Mobile No.

Address

Pin Code

Email

Particulars	Address Proof	ID Proof
Document Name		
Document No.		
Date of Expiry		

Customer  
Signature  
On  
Photo

Signature

### Signatory 2

Name

Existing Customer Mahanagar Nag.Sah.Bank Mydt. ☐ Yes ☐ No

CRN No. (If yes)

Gender ☐ M ☐ F ☐ T

DOB

Nationality

Profession ☐ Student ☐ Govt. Employee ☐ Businessman  
☐ Doctor ☐ Automobiles ☐ Transport  
☐ Education ☐ Agriculture ☐ Electronics  
☐ Hotel ☐ CA/CS/Lawyer ☐ Construction / Real Estate

Other Specify .....

PAN  Form 60 ☐ Y ☐ N

Annual Income ☐ ₹ 1 Lakh ☐ ₹ 1-2 Lakhs ☐ ₹ 2-5 Lakhs  
☐ ₹ 5-10 Lakhs ☐ ₹ 10 Lakh & above

Risk ☐ Low ☐ Medium ☐ High

Aadhaar No.

DIN

Mother's Maiden Name :

Mobile No.

Address

Pin Code

Email

Particulars	Address Proof	ID Proof
Document Name		
Document No.		
Date of Expiry		

Customer  
Signature  
On  
Photo

Signature