

## MITHILANCHAL GRAMTEE NIDHI LIMITED

## ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUAL (Must accompanied with Terms and Conditions) CUSTOMER INFORMATION SHEET

Date In case of Accounts/Related Person/Guardian, Part -I (CIF Sheet) and Terms & Conditions to be taken for each customer) n case of current account, declaration cum undertaking, Annexure III to be obtained														D D M M Y Y Y																									
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3. Date of Birth*: D	) D	M	M	Υ	Υ	Υ	Υ	_	4.Ge	ende	r*	М	ale			Fema	ale	L		Γhird	Gend	der																	
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*11.Occupation Typ	pe Servi	ce		Sta	ate	Govt				Cer	ntral (	Govt.	[		Pu	blic S	Secti	or Ur	ndert	takin	3		Def	ense			F	vt. S	ector		mplo			200	: Parai	milit:	ary p	erson	راد
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12. Organization's Nan	me:					<u> </u>		_											_		D	esign	ation	n/Pro	ofessi	on:									<u></u>				
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13. Annual Income* Rs	s.	Щ				L													Ļ	14	.Net	Wort	h (ap	prox	value	) Rs.	Ļ	<u> </u>							L	L			
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16.Religion:			Hi	ndu	Ļ	_	Mus	slim			Chi	ristia	n	L	S	ikh			Oth	ers																			
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18. Person with disabili	•	Yes			No				ı		,	If ye	s,		j i.	. Visu	ally	impa ¬	ired			ii. Dit	ffere	ntly a	bled														
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Proof of Identity/Address (OGcially Valid Documents) [Please tick the appropriate Box (any one ID type) and give details]*
A-PASSPORT B-VOTER'S IDENTITY CARD C-DRIVING LICENCE D-Proof of possession of Aadhaar Number (Verification E-KYC Offiine
E-NREGA JOB CARD F-LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME & ADDRESS
Whether submitted document is equivalant e-document: Yes No.
Document No/Identification Number*
Issued By: Expiry Date:*
Small Accounts: Only Self Attested Photograph  Customer details Current Overseas
Address type* Residential/Business Residential Business Registered Office Unspecified
Address*
City/Village* District*:
State:* Country Name* Country Name*
Guardian details Correspondence Same as Current/Overseas Address
Address type* Residential/Business Residential Business Registered Office Unspecified
Address*
City/Village* District*:
State:* Country Name*
DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION
1. I have read the copy of Terms and Conditions of the Account Opening Form given to me. The Terms and Conditions have been explained to me/us and having understood, I accept the same.  2. I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002
3. I hereby consent that the Bank may verify the same with the UIDAl and authorise the UIDAl expressly to release the identity and address through biometric / OTP based authentication to the Bank.  YES  NO  (E-KYC authentication and Aadhaar seeding is mandatory for availing DBT benefit)
DUGTO:
PHOTO* Please Paste Signature/Thumb impression of the Applicant Please sign in black ink only
Recent passport Size (Do not Staple)
Place
FOR OFFICE USE Documents received Self-certified True Copies Notary Equivalant e-Documents
i. Self-certification & documents received as part of account opening process have been verified and found correct.
ii. Certified that Copy of Terms and Conditions signed by Customer obtained iii. Aadhar verification: ☐ e - KYC ☐ Offiine
iv. Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)
v. Threshold Limt vi. BIS Organistion Code vii. Customer Segment
Details of one or two identification marks, if any, such as a mole or scar (mandatory for illiterate applicant)  Risk Category:* High Medium Low  Permitted to open CIF
In person verification carried out and Signature/LTI of the applicant verified.
Official Name: PF No. Designation
Date D D M M Y Y Y Y SS No. Signature