



**राजस्थान मरुधरा ग्रामीण बैंक**  
**RAJASTHAN MARUDHARA GRAMIN BANK**  
 (भारत सरकार, राजस्थान सरकार एवं भारतीय स्टेट बैंक का संयुक्त उपक्रम)  
 (Joint Venture of Govt. of India, Govt. of Rajasthan and State Bank of India)

..... Branch

**ACCOUNT OPENING FORM FOR INDIVIDUALS**

(FOR ADDITIONAL OR SUBSEQUENT ACCOUNT ONLY)

A/c No.

NAME OF CUSTOMER .....

CIF NUMBER/PRIMARY ACCOUNT NUMBER .....

01. I am already an account holder of your Bank as per my CIF/Primary account mentioned above. My address as mentioned in the CIF details remains the same.

02. My New address is as under for which I am enclosing .....  
 (name of documents) as proof. (For home branch only.)

NEW ADDRESS .....

03. Please open an account as per details below :

TYPE OF ACCOUNT	<input type="checkbox"/>	MINIMUM BALANCE/DEPOSIT AMOUNT/TENURE
Savings Bank (with Cheque Book)	<input type="checkbox"/>	Rural - 500/- Non-Rural - 1,000/-
Savings Bank (without Cheque Book)	<input type="checkbox"/>	Rural - 250/- Non-Rural - 500/-
Flexi Deposit	<input type="checkbox"/>	Rs. 10,000/-
Current Account	<input type="checkbox"/>	Rural - 2,500/- Non-Rural - 2,500/-
Current (OD) Account	<input type="checkbox"/>	
Recurring Deposit/Money Box	<input type="checkbox"/>	Interest Rate .....
Term deposit	<input type="checkbox"/>	Period ..... Months .....
Special Term Deposit	<input type="checkbox"/>	Maturity Date .....
Tax Saver	<input type="checkbox"/>	Maturity Amount .....
Whether SO required in RD/MBX account	<input type="checkbox"/>	
Debit A/c No. in case SO option is Y	<input type="checkbox"/>	
A/c No. to which interest to be transferred	<input type="checkbox"/>	
Others	<input type="checkbox"/>	

**Additional Details:**

Pension Account	<input type="checkbox"/>	Senior Citizen	<input type="checkbox"/>
Staff Account	<input type="checkbox"/>	Others	<input type="checkbox"/>
Joint Account	<input type="checkbox"/>		<input type="checkbox"/>

**Details of Joint Account Holders:**

1. Name ..... CIF No. ....

2. Name ..... CIF No. ....

**Mode of Operation (in case of joint Account) :** (Tick (✓) whichever applicable)

1. Either or Survivor                      2. Former or Survivor                      3. Later or Survivor
4. Joint Operation (Please Specify) .....

**Nomination Facility :**

1. Same as in above CIF Number/Primary Account Number : .....
2. I/We want to avail fresh nomination facility for this account-Nomination Detail as under:-

Name of Nominee	Relationship	Age	Date of Birth	Person authorized to receive the amount in case of A/c holder's death when the nominee is minor.

Witness

Place \_\_\_\_\_  
Date \_\_\_\_\_

**Signature/R/LThumb Impression of Applicant/Customer**

Nomination No.

**Signature with seal of Attesting Officer**

3. I/We do not wish to avail nomination facility for this account. (Tick (✓) whichever applicable)

All other informations/particulars/undertaking given by me/us while opening the above CIF Number/Primary Account number, still hold good and the same have not been changed/amended so far.

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

Date:

**OFFICE USE :**

1. Applicant interviewed and purpose ascertained by .....
2. CIF detail verified from records and KYC compliance ascertained by .....
3. ATM/Internet Banking application obtained.
4. Signatures of the customer verified from the record.

the account [opened] Account Number .....

Reject (Give reasons) [ ]

**Operator**

**Officer**

**Branch Manager/Authorized Officer**