

PARTICULARS OF THE BRANCH SHIFTED

(Micro Finance Bank / Institution)

1. Name of the Microfinance Bank / Institution:_____
2. Name of the Branch shifted:_____
3. Licence No._____ Dated:_____
4. Premises from which shifted:_____
5. Exact location of the premises to which shifted:_____

- _____
6. Date of shifting:_____
7. Reasons necessitating the shifting (In detail)_____
- _____
- _____

8. Distance (in meters/kilo meters) of the old premises with nearest branches of other Microfinance Banks / Institutions.

	NAME OF MICROFINANCE BANK / INSTITUTION	NAME OF BRANCH	DISTANCE
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			

9. Distance (in meters/kilo meters) of the new premises from the nearest branches of other Microfinance Banks / Institutions.

	NAME OF MICROFINANCE BANK/ INSTITUTION	NAME OF BRANCH	DISTANCE
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			

10. Certified that location of new premises does not violate the Town Planning Regulations of the concerned authority.

(Counter Signature of an Officer not below the rank of Sr. Vice President of the Head Office or equivalent with date).

Signature of Officer
In charge of the
Branch with date).