



**APPLICATION FORM FOR INDIVIDUALS
LONG TERM (SUBORDINATED) DEPOSIT (LTDs) - SERIES - V**

Please fill all details in CAPITAL LETTERS only

(Issue of LTDs Series-V with minimum deposit of ₹20,000/- thereafter in the multiples of ₹10,000/- amounting to ₹80 Crore, for a period of 126 months with rate of interest@7.10% p.a payable quarterly)

To,
Managing Director & CEO
Bharat Co-operative Bank (Mumbai) Limited,
Central Office

Date_____

Through _____ Branch

CIF ID _____

AC.No. _____

(For Banks use only)

(For Banks use only)

I/We wish to apply for allotment of Long Term (Subordinated) Deposits (LTD) Series - V amounting to ₹ _____

(Rupees _____ only)

NAME of the FIRST/SOLE Applicant [First - Middle - Last Name]

Section 1: Individual Identification

Latest Photograph of the Applicant
(3 x 3 c.m.)

Please Sign ACROSS the Photo

Residential Address of Account Holder

House/Flat No. _____ Premises/Bldg Name _____

Street _____ Locality/Area _____

City/Town _____ State/Province _____

Pin Code _____ Country _____

EMAIL ID _____ PAN _____ Date of Birth _____

Place of Birth _____ Country of Birth _____ Nationality _____

Aadhar No. _____ Gender M F Third Gender Minor Sr. Citizen Y N

Office Place Address

Occupation / Professional _____ Nature of Business _____

Office Name _____ Premises/Bldg Name _____

Street _____ Locality/Area _____

City/Town _____ State _____ Pin Code _____

Mobile No. _____ Residence Tel. No. _____ Office Tel. No. _____

Mailing Address (if different from above)

House/Flat No. _____ Premises/Bldg. Name _____ Street _____ Locality/Area _____

City/Town _____ State _____ Pin Code _____ Country _____

Section 2 : Declaration of Tax Residency / Citizenship

For the purposes of taxation, I/We am/are resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/countries of tax residency	Tax reference number type	Tax reference number

(kindly provide the documentary evidence of residence and TIN)

Joint Applicant 1 / Guardian

CIF ID :

NAME of the JOINT Applicant 1 [First - Middle - Last Name]



Section 1: Individual Identification

Residential Address of Joint Account Holder-1

House/Flat No. _____ Premises/Bldg Name _____
 Street _____ Locality/ Area _____
 City/Town _____ State/Province _____
 Pin Code _____ Country _____

EMAIL ID _____ PAN _____ Date of Birth _____
 Place of Birth _____ Country of Birth _____ Nationality _____
 Aadhar No. _____ Gender M F Third Gender St. Citizen Y N

Office Place Address

Occupation / Professional _____ Nature of Business _____
 Office Name _____ Premises/Bldg Name _____
 Street _____ Locality/Area _____
 City/Town _____ State _____ Pin Code _____
Mobile No. _____ Residence Tel. No. _____ Office Tel. No. _____

Mailing Address (if different from above)

House/Flat No. _____ Premises/Bldg. Name _____ Street _____ Locality/Area _____
 City/Town _____ State _____ Pin Code _____ Country _____

Section 2 : Declaration of Tax Residency / Citizenship

For the purposes of taxation, I/We am/are resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/countries of tax residency

Tax reference number type

Tax reference number

(kindly provide the documentary evidence of residence and TIN)

Joint Applicant 2

CIF ID :

NAME of the JOINT Applicant 2 [First - Middle - Last Name]



Section 1: Individual Identification

Residential Address of Joint Account Holder-2

House/Flat No. _____ Premises/Bldg Name _____
 Street _____ Locality/Area _____
 City/Town _____ State/Province _____
 Pin Code _____ Country _____

EMAIL ID _____ PAN _____ Date of Birth _____
 Place of Birth _____ Country of Birth _____ Nationality _____
 Aadhar No. _____ Gender M F Third Gender St. Citizen Y N

Office Place Address

Occupation / Professional _____ Nature of Business _____
 Office Name _____ Premises / Bldg Name _____
 Street _____ Locality/Area _____
 City/Town _____ State _____ Pin Code _____
Mobile No. _____ Residence Tel. No. _____ Office Tel. No. _____

Mailing Address (if different from above)

House/Flat No. _____ Premises/Bldg. Name _____ Street _____ Locality/Area _____
 City/Town _____ State _____ Pin Code _____ Country _____

Section 2 : Declaration of Tax Residency / Citizenship

For the purposes of taxation, I/We am/are resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/countries of tax residency	Tax reference number type	Tax reference number
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(kindly provide the documentary evidence of residence and TIN)

MODE OF OPERATION (Please tick any ONE of the boxes)

- Self Either or Survivor Former or Survivor Anyone or Survivor Jointly by all holders
 Father Mother Others _____ (Please specify)

MINOR DECLARATION SLIP

Type of Guardian Father Mother Court Appointed Others

Name of Guardian _____

Address of Guardian _____
if different from that of _____
the minor _____

I hereby declare that the date of birth of the minor as stated in the form is correct & I am his/her lawful guardian. I shall represent the said minor in all future transactions of any description in the above account until the said minor attains the age of majority. I indemnify the Bank against the claim of the above minor and/or his legal heirs for any withdrawal made by me in his/her account.

Signature of Guardian

Interest on Deposits and maturity proceeds to be credited to

Account No : _____ Branch: _____

Bank Name _____

Account Type _____ IFSC No. _____ Micr Code _____

About TDS Deduct Tax 15G 15H (Enclosed cancelled cheque / or front page pass book photo copy)

- **No advance / overdrafts will be granted against the security of Long Term (Subordinated) Deposits (LTD) issued by our Bank or any other Bank.**
- **Facility of premature withdrawal / closure for these LTD is not available.**
- **The Bank will not recognise any lien, Charge or other encumbrance on the LTD.**
- **Deposit placed under LTD will not be eligible for insurance cover from the Deposit Insurance & Credit Guarantee Corporation (DICGC).**
- **The option of "Cumulative" interest on deposit is not available under LTD.**
- **LTD Issue Series-V shall not have a "Put Option" or a "Step up Option", however the "Bank" shall have a "Call Option" after 10 years, which may be exercised with prior permission of the Reserve Bank of India.**

DECLARATION

By making this application, I/We acknowledge that I/We have read and understood the terms and conditions of the issue of Long Term (Subordinated) Deposits, Series-V of Bharat Co-operative Bank (Mumbai) Limited, as disclosed in the prospectus & offer document received by me/us.

Signature of 1st/Sole Applicant

Signature of Jt. Applicant 1

Signature of Jt. Applicant 2

NOMINATION FORM

I/We, the applicant(s) for this account, nominate the following person to whom, in the event of my/our death/minor, the amount of LTD alongwith unpaid interest may be paid by Bharat Co-operative Bank (Mumbai) Ltd.

EXISTING CIF OF THE NOMINEE:

Name of the Nominee

Relationship

Address of the Nominee

Date of Birth of the Nominee

DD / MM / YYYY

PHOTOGRAPH of the nominee (Preferred)

IF THE NOMINEE IS A MINOR, THE DETAILS OF THE APPOINTEE

Print Nominee Name on Receipt?

YES NO

As the nominee is a minor on this date, I/We appoint _____ related to the minor as _____ and residing at _____ 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.

If the Accountholder is illiterate, thumb impression shall be attested by two witnesses.

NAME & ADDRESS OF THE WITNESS-1

NAME & ADDRESS OF THE WITNESS-2

Signature of Witness-1:

Signature of Witness-2:

Signature of 1st/Sole Applicant

Signature of Jt. Applicant 1

Signature of Jt. Applicant 2

Notes

1. Nomination can be done in favour of one person only and only in favour of individuals.
2. Thumb-impression(s) shall be attested by two witnesses. The signatures of the account holders need not be attested by witnesses.
3. Nomination form should be signed by all the joint account holders.
4. Nomination is available for accounts opened in individual capacity (i.e. single / joint accounts).
5. In the case of a joint deposit account, the nominee's right arises only after the death of all the depositors.
6. Nomination can be made in favour of a Minor also. During the period the Minor does not attain Majority the guardian will receive the amount on the Minor's behalf.
7. LTD is not a deposit and hence, nomination facility under section 45ZA of the Banking Regulation Act, 1949 (AACs) is not available. However, nomination facility available under the respective co-operative societies act for capital instruments will be applicable.

FATCA & CRS Related Declaration Cum undertaking

- a) The information provided in the Account opening Form is in accordance with section 258BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the income Tax Rules, 1962.
- b) The information provided by me/us in the Form, its supporting annexures as well as the documentary evidence provided by me/us are, to the best of knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c) I/We permit/authorize Bharat Co-operative Bank (Mumbai) Ltd (herein after referred to as Bank), to collect, store, communicate and process information relating to the Account and all transactions therein by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- e) I/We also agree that our failure to disclose any material fact known to us, now or in future may invalidate our application and the Bank would be within its right to put restrictions on the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India/RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by us within the stipulated period.

- f) I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Bank.
- g) It shall be my/our responsibility to educate myself/ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- j) I/We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the RBI in the matter, depending upon the residential status and / or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and or any other similar arrangements.
- k) I/we have read the terms & conditions of the account and accept the same.

Date: _____

Place: _____

_____ Signature of 1st/Sole Applicant	_____ Signature of Jt. Applicant 1	_____ Signature of Jt. Applicant 2
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FOR THE USE OF BRANCH OFFICIALS

KYC, account details, signature(s) and photo of the applicant(s) verified and found correct by me/us. The applicant's name (s) was/were not found in Caution Lists published by various authorities. Due diligence was carried out while opening this account.

FATCA/CRS Documents Obtained?

Yes Not Applicable

Number of pages of KYC documents enclosed:

_____ Signature of Branch Official & Date	_____ Employee No.	_____ Signature of Branch Head & Date	_____ Employee No.
Name of the Official:		Name of the Branch Head:	

FOR THE USE OF CENTRAL PROCESSING DEPARTMENT

Updated the complete information in the System. Verified Customer information, Account information and FATCA/CRS details entered in the System.

FATCA/CRS Documents Confirmed?

Yes Not Applicable

Observations (if any)

_____ Signature of the Maker & Date	_____ Employee No.	_____ Signature of the Checker & Date	_____ Employee No.
Name of the Maker:		Name of the Checker:	

