



**CURRENT ACCOUNT OPENING FORM**

For Bank's use only

Date of Opening	DD / MM / YYYY	Account Number																		
Branch Name											Scheme	<input type="checkbox"/> Normal	<input type="checkbox"/> Gold	<input type="checkbox"/> Silver	<input type="checkbox"/> Platinum					
KYC No of Entity		CIF No	CIF of the Entity										Membership No.						<input type="checkbox"/> Regular <input type="checkbox"/> Nominal	

To be filled in by the Applicant

NAME OF THE ACCOUNT : \_\_\_\_\_ The NAME must match with the name as in PAN & Licenses

**DETAILS OF THE ACCOUNT** (Fields marked with "\*" are mandatory) (Please select )

Date of Establishment*	D	D	-	M	M	-	Y	Y	Y	Y	Registration No.											
PAN of the Entity*											Nature of Business	Same as marked in the Customer Details Form -Legal Entity										
GST Number												GSTN State										
Business Address*											City/Town/Village											
(Address Proof Required)	District*			State*			Country*			Pincode*												
Source of Funds											Expected/Existing Turnover in the Account per annum	₹										

**DETAILS OF**  PROPRIETOR  PARTNERS  DIRECTORS  AUTHORISED PERSONS (Please select )

	Name	Designation	Signatory in Account?
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach Annexure-1 in case of more than four Partners/Directors/Authorized Signatories.

**MODE OF OPERATION**  Self  Proprietor  Authorised Signatory  Any One Partner  Any One Trustee  Any Two  Any Three  
 All Jointly  Karta  Others (specify) \_\_\_\_\_

**CHEQUE BOOK** Issue cheque book(s) with  10 leaves  25 leaves  50 leaves ; No of Books : \_\_\_\_\_ |  Not Required

**MOBILE BANKING**  Yes  No Name of Mobile Banking user: \_\_\_\_\_ (Please select )

Mobile Number of the user \_\_\_\_\_ Fund Transfer facility will be activated by default in Mobile Banking. Please submit separate request to disable fund transfer facility in Mobile Banking.

Personal Email ID of Mobile Banking user: \_\_\_\_\_

SMS/EMAIL ALERTS	Transaction Alerts	A/c Balance Alerts	Inward Clearing Alerts	E-Statement (select any one)
First Signatory	<input checked="" type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Second Signatory	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Third Signatory	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> SMS <input type="checkbox"/> Email	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

**OTHER BANK DETAILS (Mandatory)** (Please select )

I/We am/are not operating account with any other Bank

I/We am/are operating a Current A/c No. \_\_\_\_\_ with \_\_\_\_\_ Bank at \_\_\_\_\_ Branch but not enjoying any credit facility from them.

I/We am/are enjoying credit facility(ies) from \_\_\_\_\_ Bank at \_\_\_\_\_ Branch. Nature of Credit Facility: \_\_\_\_\_ A/c No: \_\_\_\_\_ Limit ₹ \_\_\_\_\_

- (1) HUFs must submit separate HUF Declaration & Mandate in the prescribed format.  
 (3) Proprietorship/Partnership declaration in the prescribed format must be submitted as the case may be.

- (2) Please submit separate Customer Details form for each Applicant/Signatory.  
 (4) Please submit "Customer Details Form – Legal Entity".

### DECLARATION & UNDERTAKING

I/We the undersigned have read the Terms & Conditions of Current Accounts on Bank's website and hereby certify/agree that:

- a) The information provided in the Account opening Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962. 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.
- b) The information provided by me/us in the Form, its supporting annexures as well as the documentary evidence provided by me/us are 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 to declare and disclose immediately but not later than 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. I/We agree that the Bank reserves the right to close or freeze the Account for non-compliance of KYC requirements, fraudulent activity in/through the Account, unsatisfactory/improper conduct of the Account.
- 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) I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of KYC requirement or of any change in law either in India or abroad in the subject matter herein. I/We agree that in case of my/failure to submit the documents within stipulated time, Bank may stop operation in the account.
- h) I/We shall indemnify the Bank and shall be responsible for any loss that may arise to the Bank on account of me/us providing incorrect or incomplete information to the Bank.
- i) I/We agree that charges in connection with the operation of the Account & Services would be levied at the rates as declared on Bank's Website from time to time, debited to the Account at such intervals as may be deemed fit by the Bank.
- j) I/We agree that the Bank will also have the right to set-off the service charges, dues owed by me/us to Bank, charges for non-maintenance of minimum balance or any wrong credit or late returns reported by the correspondent bank/counter party by debiting the Account, without requirement of providing further notice or seeking additional consent/authorisation.
- k) I/We agree that Bank reserves the right to close or freeze the Account for my/our indulging in anti-social activities and/or activities detrimental to Bank's reputation and functioning and / or on instructions from law enforcing authorities, courts and /or instructions by one or more of the Partners / Directors / Joint holder
- l) I/we agree to receive communication in the form of SMS/Call/Email regarding transaction alerts, products & services of the Bank, intimations regarding change of rules/schemes etc. I/we have read the terms & conditions of the account and accept the same.
- m) I/We agree that in case of my/our failure to submit Aadhaar number or PAN/Form60 within 6 months of opening the Bank account, Bank may stop operation in the account.
- n) I/We shall take due care to safeguard the secrecy of Mobile Banking/ Net-banking login credentials/ cheque books and inform the Bank about any change in Managing Committee and authorized signatories if any, and submit request for disabling the Mobile Banking / Netbanking user IDs of such ex-Office Bearers. I/We understand that Bank will not be responsible for any transaction happening in the account through Mobile banking/Netbanking (and other channels) if no request/communication is received from the organization regarding change in management / office-bearers / authorized signatories.
- o) I/We shall not hold Bank and its officials responsible for any fraudulent/unauthorised transaction done in my/our account due to my/our negligence.

<p align="center"><b>Signature of 1<sup>st</sup> Authorised Signatory</b></p> <p>Name: _____</p> <p>Designation: _____</p>	<p align="center"><b>Signature of 2<sup>nd</sup> Authorised Signatory</b></p> <p>Name: _____</p> <p>Designation: _____</p>	<p><b>Company Seal/Stamp &amp; Signature</b></p> <p style="font-size: 24px; margin-top: 20px;">_____</p> <p>Date: _____ Place: _____</p>
<p align="center"><b>Signature of 3<sup>rd</sup> Authorised Signatory</b></p> <p>Name: _____</p> <p>Designation: _____</p>	<p align="center"><b>Signature of 4<sup>th</sup> Authorised Signatory</b></p> <p>Name: _____</p> <p>Designation: _____</p>	

**FOR BANK USE ONLY**  
 Risk Category of the Entity:


- Low     Medium     High

Rationale for assigning the Risk Category :

#### FOR BRANCH USE

KYC documents, signature and photo of the applicant(s) verified and found correct. The applicant's name is not found in Caution Lists published by various authorities. A/c is KYC compliant.

_____	Emp. No. _____
<b>Signature of Dy. Branch Head/Officer</b>	Date: _____

NAME : _____	DESIGNATION: _____
 <p>_____</p> <p><b>Signature of Branch Head</b></p>	Emp. No. _____
Date: _____	
NAME : _____	DESIGNATION: _____

#### FOR USE AT CENTRAL PROCESSING DEPT.

**DOCUMENTS RECEIVED:** (Please select  applicable options below )

- |   |  |
|---|--|
| <input type="checkbox"/> Certified Copies               | <input type="checkbox"/> KYC data from UIDAI |
| <input type="checkbox"/> Data from offline verification | <input type="checkbox"/> Video Based KYC     |
| <input type="checkbox"/> Equivalent e-document          | <input type="checkbox"/> Digital KYC Process |

Verified KYC documents, risk category and found correct. A/c is KYC compliant. Updated the complete information including FATCA/CRS details in the system.

_____	Emp. No. _____
<b>Signature of the Official verifying the documents</b>	Date: _____
NAME : _____	DESIGNATION: _____