

**CORPORATE ACCOUNT
DATA UPDATION FORM**



Bharat Bank

The Bharat Co-operative Bank (Mumbai) Ltd
Multi-State Scheduled Bank

Please fill all details in **CAPITAL LETTERS** only

Date: _____ Customer No. _____ AC. No. _____

NAME of the / Proprietor / FIRM / COMPANY

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DATE OF ESTABLISHMENT / INCORPORATION	MAILING ADDRESS	ANY OTHER ADDRESS
	CITY Pin	CITY Pin
	STATE	STATE

LANDLINE Nos
FAX Nos
EMAIL ID

NATURE OF BUSINESS



PAN



Registration / Licence No. _____ Valid upto _____
(copy of document enclosed herewith.)

DETAILS OF PROPRIETOR / PARTNERS / DIRECTORS / POWER OF ATTORNEY HOLDERS

Latest Photograph	Name and Address												
↓	↓												
<p>Prop./Partner/Director POA Holder No. 1</p> <p>Please sign across the photograph</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">EMAIL ID</td> </tr> </table>						EMAIL ID	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">M.No.</td></tr> <tr><td style="height: 20px;">PAN</td></tr> <tr><td style="height: 20px;">Date of Birth</td></tr> <tr> <td>Gender M <input type="checkbox"/> F <input type="checkbox"/> Sr. Citizen Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> <tr><td style="height: 20px;">Third Gender</td></tr> </table>	M.No.	PAN	Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/> Sr. Citizen Y <input type="checkbox"/> N <input type="checkbox"/>	Third Gender
													
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Gender M <input type="checkbox"/> F <input type="checkbox"/> Sr. Citizen Y <input type="checkbox"/> N <input type="checkbox"/>													
Third Gender													

<p>Partner/Director POA Holder No. 2</p> <p>Please sign across the photograph</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">EMAIL ID</td> </tr> </table>						EMAIL ID	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">M.No.</td></tr> <tr><td style="height: 20px;">PAN</td></tr> <tr><td style="height: 20px;">Date of Birth</td></tr> <tr> <td>Gender M <input type="checkbox"/> F <input type="checkbox"/> Sr. Citizen Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> <tr><td style="height: 20px;">Third Gender</td></tr> </table>	M.No.	PAN	Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/> Sr. Citizen Y <input type="checkbox"/> N <input type="checkbox"/>	Third Gender
													
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M.No.													
PAN													
Date of Birth													
Gender M <input type="checkbox"/> F <input type="checkbox"/> Sr. Citizen Y <input type="checkbox"/> N <input type="checkbox"/>													
Third Gender													

Partner/Director POA Holder No. 3 Please sign across the photograph		M.No.
		PAN
		Date of Birth
	 	Gender M <input type="checkbox"/> F <input type="checkbox"/> Sr. Citizen Y <input type="checkbox"/> N <input type="checkbox"/> Third Gender
	EMAIL ID	

Partner/Director POA Holder No. 4 Please sign across the photograph		M.No.
		PAN
		Date of Birth
	 	Gender M <input type="checkbox"/> F <input type="checkbox"/> Sr. Citizen Y <input type="checkbox"/> N <input type="checkbox"/> Third Gender
	EMAIL ID	

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

Self
 Anyone
 Jointly by all holders
 Others _____
(Please specify) (Please mention NAME of person(s) or authorised signatory(ies))

(We have following accounts with Bharat Bank (SB/FD/RD/Loans))

Sr. No.	Account No.	Customer No.	Branch

SIGNATURE(S) OF PROPRIETOR / PARTNERS / DIRECTORS / POWER OF ATTORNEY HOLDERS

I/We confirm that the information provided in this Data Updation Form are latest and correct. I/We authorise the Bank to verify the details mentioned herein through any means/person(s), as may be perceived necessary by the bank.

[Sign in **Black Ink** pen & affix **Rubber Stamp** of the Concern/Firm/Company]

NAME OF PROPRIETOR / PARTNERS / DIRECTORS / POWER OF ATTORNEY HOLDERS

1.	
2.	
3.	
4.	

*Specimen Signatures in **BLACK** Ball Pen only*

For Office Use

Data Updation Form received on _____

Employee No.	Signature of Maker	Employee No.	Signature of Checker
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