



SAVINGS BANK ACCOUNT OPENING FORM

(For Resident Individuals & NRE/NRO Customers)

(For Individuals)

For Bank's use only

Date of Opening	DD / MM / YYYY	Account Number																							
Branch Name											Scheme Code										Name of the Scheme				
A/c Type	<input type="checkbox"/> Normal <input type="checkbox"/> Simplified <input type="checkbox"/> Small <input type="checkbox"/> OTP based E-KYC										Category	<input type="checkbox"/> Resident <input type="checkbox"/> NRE <input type="checkbox"/> NRO			Customer Type	<input type="checkbox"/> General <input type="checkbox"/> Minor <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Staff									

ACCOUNT DETAILS

	Name(s) of the Applicant(s)*				CIF No.
Applicant-1	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	
Applicant-2	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	
Applicant-3	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	
Applicant-4	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	
Mode of Operation	<input type="checkbox"/> Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Jointly by All <input type="checkbox"/> Operated by Guardian (Guardian related to Minor as: _____) <input type="checkbox"/> Others (specify): _____				

SERVICES

CHEQUE BOOK	<input type="checkbox"/> No <input type="checkbox"/> Yes Please issue cheque book(s) with <input type="checkbox"/> 10 leaves <input type="checkbox"/> 25 leaves <input type="checkbox"/> 50 leaves. Number of Books : <input type="text"/>									
MOBILE BANKING	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Mobile Banking user: _____									
Mobile Number of the user	Accounts of NRE, NRO, Minors & Premium Society will get view-only access.									
Personal Email ID of the Mobile Banking user:										
DEBIT CARD	<input type="checkbox"/> No <input type="checkbox"/> Yes Card Type <input type="checkbox"/> Domestic <input type="checkbox"/> International Facilities Required <input type="checkbox"/> ATM <input type="checkbox"/> POS <input type="checkbox"/> Internet									
Short Name to be printed on Debit Card	Please write Short Name in Max 19 CHARACTERS in CAPITAL letters.									
Link Existing Account to Card	15 Digit Account Number Preferred option for Collection of Card <input type="checkbox"/> At Branch <input type="checkbox"/> By Courier									
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			

NOMINATION FORM DA-1

Nomination u/s 45ZA of Banking Regulation Act (AACS), 1949 & Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985 in respect of Bank Deposits.

I/We, the applicant(s) for this account, nominate the following person to whom, in the event of my/our/minor's death, the credit balance in the account 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 Accountholder is illiterate, thumb impression shall be attested by two witnesses.
IF THE NOMINEE IS A MINOR, THE DETAILS OF THE APPOINTEE				
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.				
Signature of Applicant-1		Signature of Applicant-2		Signature of Applicant-3/Witness-1
Signature of Applicant-1		Signature of Applicant-2		Signature of Applicant-4/Witness-2

Please submit separate Minor Account Declaration in the accounts of the Minors. Please submit separate application for Netbanking facility.

* Please submit separate Customer Details form for each Applicant/Signatory.

DECLARATION & UNDERTAKING

I/We the undersigned have read the Terms & Conditions of Savings Bank Account 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, 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 rights 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 any change in law either in India or abroad in the subject matter herein.
- h) I/We shall indemnify the Bank 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, 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 the Bank reserves the right to close or freeze the Account for my/our indulging in activities detrimental to Bank's reputation and functioning.
- 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 documents required by the Bank within stipulated time, Bank may stop operation in the account.

- n) I/We shall take due care to safeguard the secrecy of Mobile Banking/ Netbanking login credentials.

Signature of 1st Applicant
Name: _____

Signature of 2nd Applicant
Name: _____

Signature of 3rd Applicant
Name: _____

Signature of 4th Applicant
Name: _____

Date : _____

Place : _____

Risk Category of the Account
(For Branch use only)

Low Medium High

Rationale for assigning the Risk Category

FOR THE USE OF THE BRANCH

KYC, account details, signature(s) and photo of the applicant(s) verified and found correct. The applicant's name(s) was/were not found in Caution Lists published by various authorities.

_____ Signature of Branch Official	Emp. No.:
Name of the Branch Official :	Date :

_____ Signature of Branch Head with round stamp	Emp. No.:
Name of the Branch Head :	Date :

FOR THE USE OF CENTRALISED PROCESSING DEPT.

Verified KYC and account information. Verified Risk Category and found correct. Updated the complete information including FATCA/CRS details in the System.

_____ Signature of CPD Official	Emp. No.:
Name of the CPD Official :	Date :

_____ Signature of CPD Head	Emp. No.:
Name of the CPD Head :	Date :