



TERM DEPOSIT 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 Name																		
A/c Type	<input type="checkbox"/> Normal	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															
Deposit Amount	₹			<input type="checkbox"/> FIXED DEPOSIT (Reinvestment)				<input type="checkbox"/> UNFIXED DEPOSIT												
Period	_____ Years _____ Months			<input type="checkbox"/> FIXED DEPOSIT (Quarterly Interest)				<input type="checkbox"/> RECURRING DEPOSIT												
Rate of Interest			<input type="checkbox"/> FIXED DEPOSIT (Monthly Interest)				<input type="checkbox"/> OTHERS.....													
Source of Funds	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment Income		<input type="checkbox"/> BHARAT TAX DEPOSIT																	
	<input type="checkbox"/> Others(specify): _____																			

ACCOUNT HOLDER(S)

Mention CIF Number (Customer Number) if you are an existing customer. CIF will be entered by the Bank for new customers.

	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	

ACCOUNT DETAILS & INSTRUCTIONS

MICR is mandatory for receiving payment through ECS.

CONSTITUTION	<input type="checkbox"/> General <input type="checkbox"/> Minor <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Staff <input type="checkbox"/> Retired Staff				
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 holders <input type="checkbox"/> Operated by Guardian (Relationship: _____) <input type="checkbox"/> Others (Please specify) _____				
S.I. FOR RD (From BCB A/c)	Please debit ₹ _____ per month from my/our Account No. _____ (For SI transfer from other Banks please submit ECS Mandate form - available on Bank's website/at Branch)				
TDS INSTRUCTION	<input type="checkbox"/> 15H <input type="checkbox"/> 15G <input type="checkbox"/> Deduct TDS <input type="checkbox"/> Others _____				
INTEREST PAYOUT	<input type="checkbox"/> Pay on Maturity <input type="checkbox"/> Pay Monthly <input type="checkbox"/> Pay Quarterly	MODE OF PAYMENT	<input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> NEFT (Max. amount of ₹ 20,000 can be paid in cash)		
BANK DETAILS for maturity / interest payment	A/c No. _____		Bank _____		
	Branch _____		IFSC _____		MICR# _____
MATURITY INSTRUCTION	<input type="checkbox"/> Auto renewal with Interest <input type="checkbox"/> Auto renewal without Interest <input type="checkbox"/> NEFT/TRF to above A/c			SEND MATURITY INTIMATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Please renew FD for _____ days _____ months _____ years. <input type="checkbox"/> Auto-close on maturity				

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 NOMINEE IS A MINOR, THE DETAILS OF THE APPOINTEE			Print Nominee Name on Receipt?	<input type="checkbox"/> YES <input type="checkbox"/> 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.

Signature of Applicant-1		Signature of Applicant-2		Signature of Applicant-3/Witness-1
				Signature of Applicant-4/Witness-2

DECLARATION & UNDERTAKING

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

- 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 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.
- 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) We understand that in the event of death of any one or all joint-holders before the due- date of this term deposit, the surviving depositor(s) or the nominee/claimant shall be permitted premature withdrawal if he/she so desires, without any penal charges, and interest at the applicable rate will be paid on the deposit.
- h) 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 Income Tax Act read with the Rules thereunder.
- i) 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.
- j) 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.
- k) I/We agree that the Bank will also have the right to set-off for any amount due to the Bank by debiting the Account, without requirement of providing further notice or seeking additional consent / authorisation.
- l) 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. 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. 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.
- m) 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.

Signature/Thumb Impression of 1st Applicant
Name: _____

Signature/Thumb Impression of 2nd Applicant
Name: _____

Signature/Thumb Impression of 3rd Applicant
Name: _____

Signature/Thumb Impression of 4th Applicant
Name: _____

- n) I/We shall take due care to safeguard the secrecy of Mobile Banking/ Netbanking login credentials.
- o) I/We agree that payment of maturity amount and/or interest is subject to TDS.

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 : _____