



**APPLICATION FORM FOR NON-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** Date \_\_\_\_\_  
Bharat Co-operative Bank (Mumbai) Limited,

Central Office  
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)

<b>NAME of the ENTITY</b>		
<b>ENTITY CONSTITUTION TYPE</b>		
A) Partnership Firm	B) HUF	C) Private Limited Company
D) Society	E) Trust	F) Others
<b>DATE OF ESTABLISHMENT/ INCORPORATION</b>	<b>MAILING ADDRESS</b>	<b>PERMANENT / OTHER / RESIDENTIAL ADDRESS</b>
<b>LANDLINE Nos</b>		
<b>FAX Nos</b>		
<b>MOBILE Nos</b>		
<b>EMAIL Ids</b>		
<b>NATURE OF BUSINESS</b>		<b>PAN</b>
<b>SOURCE OF FUNDS</b>		
<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance <input type="checkbox"/> Other (Please specify) _____		
<b>DETAILS OF PERSON (S) OPERATING THE ACCOUNT</b>		
<b>Photograph</b>	<b>Name, Address &amp; Telephone No, Email Id</b>	<b>Pan &amp; Sign</b>
<b>Operator 1</b>  Please sign across the pasted photograph		CIF ID
		PAN
	Aadhar No.	D.O.B
	Tel Nos. <span style="color: red;">Mob.</span>	Sign
	EMAIL ID <span style="margin-left: 100px;">Gender M <input type="checkbox"/> F <input type="checkbox"/></span> <span style="margin-left: 100px;">Third Gender <input type="checkbox"/></span>	
<b>Operator 2</b>  Please sign across the pasted photograph		CIF ID
		PAN
	Aadhar No.	D.O.B
	Tel Nos. <span style="color: red;">Mob.</span>	Sign
	EMAIL ID <span style="margin-left: 100px;">Gender M <input type="checkbox"/> F <input type="checkbox"/></span> <span style="margin-left: 100px;">Third Gender <input type="checkbox"/></span>	



### SIGNATURE(S) OF ACCOUNT HOLDER(S)

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/scheme etc. I/we hereby declare that, I am/we are not involved in Money Laundering activities/unlawful or anti social activities and/or financing of terrorist activities directly or indirectly. I/we hereby authorise the bank to furnish details of the accounts to statutory authorities such as Income Tax, Sales Tax, Judicial, RBI, Police or such other authorities on their demand. I/We agree to abide by the Bank's rules & regulations relating to the conduct & operations of LTD Series-V, which are in existence. I/We authorise the Bank to verify the details given herein through any means/person(s), as may be perceived necessary by the bank. Kindly open an account in my/our name(s). (Please Sign In Black Ink pen)

Operator 1

Operator 2

Operator 3

Operator 4

### 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:

### FOR USE OF SCANNING DEPARTMENT

Digitally scanned the complete set of this Account opening form, KYC documents and other documents. Quality check passed.

Number of pages scanned:

Signature of the Maker & Date

Employee No.

Signature of the Checker & Date

Employee No.

Name of the Maker:

Name of the Checker:

### FOR USE OF CENTRAL OFFICE FINANCE DEPARTMENT

Signature of the Maker & Date

Employee No.

Name of the Checker:

Signature of the Checker & Date

Employee No.

Name of the Maker:

Name of the Checker:

## CUSTOMER GUIDE FOR SUBMITTING DOCUMENTS FOR OPENING AN LTD SERIES - V ACCOUNT

*Please submit signed photocopies of the under mentioned documents - as guided by our customer service personnel*

Documents of  
A/C OPERATORS  
1 2 3 4

	Please Tick			
<b>PROOF OF ADDRESS</b> <i>(Address should match with the address in the account opening form)</i>	<b>Please Tick</b>			
Aadhar Card				
Driving License / Passport <i>(to include page containing date of expiry)</i>				
Telephone/Electricity Bill/ Society Maintenance Receipt <i>(Latest copy - not more than 2 months old)</i>				
Registered Leave -N -License / Purchase Agreement				
Letter issued by National Population Register, Job Card issued by NREGA				
<b>PROOF OF IDENTITY</b> <i>(photocopy of any one of the following)</i>	<b>Please Tick</b>			
Passport / Driving License <i>(to include page containing date of expiry)</i>				
Aadhar Card / PAN Card				
Identity Card / Photo identity <i>issued by Central/ State Government/ PSUs/ Scheduled Banks/ Professional bodies (such as ICWAI, ICAI, Bar councils etc) to their members/employees</i>				
<b>HINDU UNDIVIDED FAMILY (HUF)</b> <i>(additional requirements)</i>	<b>Please Tick</b>			
HUF declaration signed by all HUF Members <i>(form available with Bank)</i>				
<b>PROPRIETORSHIP ACCOUNT</b> <i>(additional requirements)</i>	<b>Please Tick</b>			
License issued under Bombay Shop & Establishment Act &/or any other relevant proof of business				
<b>PARTNERSHIP ACCOUNT</b> <i>(additional requirements)</i>	<b>Please Tick</b>			
Partnership Deed				
Partnership Registration Certificate.				
PAN of Partnership Firm				
Power of Attorney given to partner of employee of the firm to operate account on behalf of partners.				
Telephone / Electricity Bill in the name of the firm - latest copy				
Beneficial Ownership Declaration				
<b>COMPANY ACCOUNT</b> <i>(In addition to the requirements as stated in point no. I &amp; II for all director/s, or officials authorized to operate the account)</i>	<b>Please Tick</b>			
Certificate of Incorporation / Commencement Certificate				
Memorandum and Articles of Association				
Certificate of Commencement of Business <i>(in case of Public Limited Company.)</i>				
Resolution from Board of Directors to open the account <i>(format available with the bank)</i>				
Power of Attorney, <i>(if any, granted to any official to operate the account on their behalf.)</i>				
Telephone / Electricity Bill <i>(in the name of the Company latest copy)</i>				
PAN No.				
Beneficial Ownership Declaration				
<b>TRUST ACCOUNT</b> <i>(In addition to the requirements as stated in point no. I &amp; II for Trustees/any other person/s authorised to operate the account)</i>	<b>Please Tick</b>			
Copy of Registration Certificate & Trust Deed.				
Resolution from Trustee's <i>(to open account, signed by the authorized trustees.)</i>				
Power of Attorney, <i>(if any, granted to Officials to operate the account)</i>				
PAN / Form 60 of the Trust				
Beneficial Ownership Declaration				
<b>SOCIETY'S ACCOUNT</b> <i>{In addition to the requirements as stated in point No I &amp; II for all authorised operators}</i>	<b>Please Tick</b>			
Resolution from Managing Committee to open the account on society letter head.				
Society Registration Certificate				
PAN / Form 60 of the Society				
Beneficial Ownership Declaration				