

EMPLOYMENT PROFESSION BUSINESS DETAILS OF THE APPLICANT (Please select one of the options)

Office/Business Name				Nature of Business of the Employer	
Office/Business Address					
	City/Town/Village		District*		State*
Tel No.(Office)	ISD STD code code		Country		Pincode*
Nature of Self-Profession*	<input type="checkbox"/> Doctor <input type="checkbox"/> Architect <input type="checkbox"/> CA/CS <input type="checkbox"/> Consultant <input type="checkbox"/> Engineer <input type="checkbox"/> Lawyer <input type="checkbox"/> Others (Pl. specify):				
Nature of Self-Business*	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Retailing <input type="checkbox"/> Service Provider <input type="checkbox"/> Agriculture <input type="checkbox"/> Gold & Diamonds <input type="checkbox"/> Real Estate <input type="checkbox"/> Antique <input type="checkbox"/> Stock Broker <input type="checkbox"/> Others				Specify the name of the product/service*:
Designation held in the Office/Profession/Business	<input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed <input type="checkbox"/> Professional <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Others (Please specify):				

CUSTOMER PROFILE (Please select one of the options. All fields are mandatory)

Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Professional <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Others
Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Buddhist <input type="checkbox"/> Others
Category	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> Scheduled Caste <input type="checkbox"/> Scheduled Tribe
Education	<input type="checkbox"/> Illiterate <input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others (Specify)
Gross Annual Income (₹)	<input type="checkbox"/> Nil <input type="checkbox"/> <2 Lac <input type="checkbox"/> ≥2<5 Lacs <input type="checkbox"/> ≥5 <10 Lacs <input type="checkbox"/> ≥10<25 Lacs <input type="checkbox"/> ≥25 Lacs
Source of Funds	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment Income <input type="checkbox"/> Others(specify):

DECLARATION ABOUT ACCOUNTS IN OTHER BANKS

I do not have any account with other Banks.
 I have the following Account(s) with other Bank(s)
 Current OD CC Loan LC Others

Current Account No. _____

OD/CC/Loan/LC A/c No. _____


Bank Name _____ Branch _____

Are you a Politically Exposed Person (PEP)? No PEP-Domestic PEP-Foreign

DECLARATION & UNDERTAKING

- I the undersigned have read the Terms & Conditions of Savings Bank Account on Bharat Co-operative Bank (Mumbai) Ltd.'s website and hereby certify/agree that:
- 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 responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act.
 - I permit/authorize the Bank to collect, store, communicate and process information relating to the Account and all transactions therein including sharing, transfer and disclosure to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
 - I agree that the Bank reserves the right to close or freeze the Account for non-compliance of KYC requirements, fraudulent transactions in/through the Account, unsatisfactory/improper conduct of the Account.
 - I 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 to the Bank.
 - I 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.
 - I hereby declare that the details furnished above are true and correct and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
 - I shall indemnify the Bank for any loss that may arise to the Bank on account of me providing incorrect or incomplete information to the Bank.
 - I 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.

Please do not staple



Affix latest coloured Passport size Photograph & sign across

(Please Sign in Black ink only)

Signature/Thumb Impression of the Applicant

- In case the OVD furnished by me does not have updated address, I promise to submit the OVD with my current updated address within 3 months, failing which Bank shall have the right to freeze operations in my account(s).
- I 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 agree to receive communication in the form of SMS/Call/Email regarding transaction alerts, products & services of the Bank & Central KYC Registry, intimations regarding change of rules/schemes etc. I have read the terms & conditions of the account and accept the same
- I voluntarily submit my Aadhaar No./Photocopy of Aadhaar Card to the Bank.
- I give my consent to the Bank for verification of my Aadhaar as permitted by UIDAI or under relevant Act/Law.

Date: _____

Place: _____

FOR BANK USE ONLY
Risk Category of the Applicant: Low Medium High

Reason for assigning the Risk Category: _____

FOR BRANCH USE

FOR USE AT CENTRAL PROCESSING DEPT.

KYC documents, signature and photo of the applicant verified and found correct. The applicant's name was not found in Caution Lists published by various authorities.

Emp. No.	_____
Signature of Branch Official	_____
Date:	_____
NAME :	DESIGNATION :

Emp. No.	_____
Signature of Branch Head	_____
Date:	_____
NAME :	DESIGNATION :

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. Updated the complete information including FATCA/CRS details in the system.

Emp. No.	_____
Signature of the Official verifying the documents	_____
Date:	_____
NAME :	DESIGNATION :