



SAVINGS BANK ACCOUNT OPENING FORM

(For HUF/Society/Trust/Association/Club)

(For Non-Individuals)

For Bank's use only

Date of Opening	DD / MM / YYYY	Account Number																			
Branch Name											Scheme Name										
A/c Type	<input checked="" type="checkbox"/> General										CIF of the Entity										

NAME OF THE ACCOUNT : _____ The NAME must match with the name as in PAN

DETAILS OF THE ACCOUNT (Fields marked with "*" are mandatory) (Please select)

Date of Establishment*	D	D	-	M	M	-	Y	Y	Y	Y	Registration No.		Membership No.		<input type="checkbox"/> Regular <input type="checkbox"/> Nominal
PAN of the Entity*											Nature of Business of the Entity				
GST Number											GSTN State				
Business Address*											City/Town/Village*				
(Address Proof Required)	District*				State*				Country*				Pincode*		
Business Email															
Tel No.(Office)	STD code				Tel No.(Office)	STD code									
Source of Funds*	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance <input type="checkbox"/> Others (specify) _____														

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

	Name				Designation	CIF No.
Signatory-1	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME		
Signatory-2	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME		
Signatory-3	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME		
Signatory-4	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME		
Entity Type	<input type="checkbox"/> HUF <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Club					
Mode of Operation	<input type="checkbox"/> Karta <input type="checkbox"/> Chairman with Treasurer <input type="checkbox"/> Secretary with Treasurer <input type="checkbox"/> Any Two <input type="checkbox"/> Any Three <input type="checkbox"/> All Jointly <input type="checkbox"/> Others (specify) _____					

SERVICES (Please select)

CHEQUE BOOK Yes No Issue cheque book(s) with 10 leaves 25 leaves 50 leaves ; No of Books :

MOBILE BANKING Yes No If yes, Name of Mobile Banking user: _____

Mobile Number of the Mobile Banking user: _____

Personal Email ID of Mobile Banking user: _____

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

(1) HUFs must submit separate HUF Declaration & Mandate in the prescribed format. (2) Please submit separate Customer Details form for each Applicant/Signatory. (3) If the entity is unregistered, notarized copies of the documents must be submitted. (4) Please submit separate application for Netbanking facility.

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 and inform the Bank about any change in Managing Committee and authorized signatories if any, and submit request for disabling the Mobile Banking / Netbanking user IDs of such ex-Office Bearers. I/We understand that Bank will not be responsible for any transaction happening in the account through Mobile Banking/NetBanking (and other channels) if no request/ communication is received from the organization regarding change in management / office-bearers / authorized signatories.

Signature of 1st Authorised Signatory
Name: _____
Designation: _____

Signature of 2nd Authorised Signatory
Name: _____
Designation: _____

Signature of 3rd Authorised Signatory
Name: _____
Designation: _____

Signature of 4th Authorised Signatory
Name: _____
Designation: _____

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.

<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> _____ Signature of Branch Official </div>	Emp. No.: _____
Name of the Branch Official :	Date : _____

<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> _____ Signature of Branch Head with round stamp </div>	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.

<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> _____ Signature of CPD Official </div>	Emp. No.: _____
Name of the CPD Official :	Date : _____

<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> _____ Signature of CPD Head </div>	Emp. No.: _____
Name of the CPD Head :	Date : _____