

TERM DEPOSIT ACCOUNT OPENING FORM

(For HUF/Society/Trust/Association/Club/Business Entity/Firm/Company etc.)

(For Non-Individuals)

		A 107 - 107	* *	10/45 25455					FC	л Баі	ik's use only
Date of Opening	DD / N	MM / YYYY	Account Number								
Branch Name			Scheme Name								
A/c Type	□ Norma	al Source of Funds					CIF of the Entity				
Deposit Amount	₹		☐ FIXED DEPOSIT (Reinvestment)				☐ UNFIXED DEPOSIT				
Period		Years	☐ FIXED DEPOSIT (Quarterly Interest)				☐ RECURRING DEPOSIT				
Rate of Interest			☐ FIXED DEPOSIT (Monthly Interest)			□ OTHERS(specify)					
							-1 A.				
NAME OF THE ACCOUNT: The NAME must match with the name as in PAN											
DETAILS OF T	HE ACCC	DUNT			(Fields	marke	d with "*"	are mar	ndatory)	(P	lease select ☑)
Date of Establishment*	D D	_ M M _ Y	y y Reg	istration No.							
PAN of the Entity*									Certificate o		□Yes □No
GST Number							GSTN Stat	te			
Office Address*											
(Address Proof Required)							City/Town	/Village*			
	District*		State*		Co	untry*			Pincode*	,	
Office Email ID											
Tel No.(Office)	STD code			Tel No.	(Office)	ST					
Documents Submitted*			rust Deed Bye-laws	s 🗆 Certified o	copy of Res	olution	□ Power of	Attorney	☐ HUF Dec	laratio	າ & Mandate
		eclaration	(specify)	Menti	on CIF Nu	mber (Cı	ustomer Nu	ımber) i	f you are a	n exis	ting customer.
ACCOUNT H	IOLDEK(() () () () () ()		II be enter	ed by th	e Bank for				
			(s) of the Applic	• • •			Des	ignatio	n	(CIF No.
Applicant-1	PREFIX	FIRST N		LE NAME	LAST						
Applicant-2	PREFIX	FIRST N		LE NAME	LAST						
Applicant-3	PREFIX	FIRST N		LE NAME		NAME					
Applicant-4	PREFIX	FIRST N		LE NAME	LAST						
ACCOUNT D	PETAILS 8	& INSTRUCTION	ONS			# MICR	is mandat	ory for re	eceiving pa	ymen	t through ECS.
CONSTITUTION	N	☐ HUF ☐Society	/ □ Trust □ Associat	ion □Club □	Proprieto	rship 🗆	Firm 🗆 Cor	npany 🗆	ISHG □Oth	ners(s	pecify)
MODE OF OPERATION Karta Chairman with Treasurer Secretary with Treasurer Self Proprietor Authorised Signatory Any One Partner Any One Trustee Any Two Any Three All Jointly Others (specify)											
S.I. FOR RD (From BCB A/c)											
TDS INSTRUCT	ΓΙΟΝ	□ 15H □ 1	□ 15H □ 15G □ Deduct TDS □ Others								
INTEREST PAYOUT		□ Pay on Maturity □ Pay Monthly □ Pay Quarterly MODE OF PAYMENT □ Cash □ Transfer □ NEFT (Max. amount of ₹ 20,000 can be paid in cash)									
BANK DETAILS for maturity / interest payment		A/c No. Ba				Bank	k MICR [#]				
MATURITY INSTRUCTION	Auto renewal with Interest Auto renewal without Interest NEFT/TRF to above A/C										

DECLARATION & UNDERTAKING

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

- 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
- 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.
- 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.
- 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.
- 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 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.
- 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.
- 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/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
- 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/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.
- I/We agree that the Bank reserves the right to close or freeze the Account for non-compliance of KYC requirements, fraudulent activity in/though 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
- 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 1 st Applicant	Signature/Thumb Impression of 2 nd Applicant	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
Name:	Name:	will not be responsible for any transaction happening in the account through Mobile
Designation:	Designation:	Banking/NetBanking (and other channels)
		if no request/communication is received from the organization regarding change in management/office-bearers / authorized signatories. o) I/We agree that payment of maturity amount and/or interest is subject to TDS.
Signature/Thumb Impression of 3 rd Applicant	Signature/Thumb Impression of 4 th Applicant	
Name:	Name:	Date:
	Designation:	Place:

(For Branch use only)

FOR THE USE OF THE BRANCH

KYC, account details, signature(s) and photo of the applicant(s) verified and found correct.

le applicant's name(s) was/were not round in caution Lists published by various authorities					
	Emp. No.:				
Signature of Branch Official	Date :				
Name of the Branch Official:					
	Emp. No.:				
Signature of Branch Head with round stamp	Date :				
Name of the Branch Head:					

FOR THE USE OF CENTRALISED PROCESSING DEPT.

Verified KYC and account information. Verified Risk Category and found correct.

Jpdated the complete information including FATCA/CRS details in the System.				
	Emp. No.:			
Signature of CPD Official	Date :			
Signature of GPD Official				
Name of the CPD Official:				
	Emp. No.:			
	Date :			
Signature of CPD Head				
Name of the CPD Head:				