MEMBER DATA UPDATION FORM



Date:/	Share CIF No. Finacle CIF No.		
rom:			
Member Name: Mr/Ms/Mrs	Date of Bi	Date of Birth :/	
Joint Applicant Name: Mr/Ms/Mrs	Date of Bi	rth :/	
To, The Manager, Share Department, Bharat Co-operative Bank (Mumbai) Limited, Marutagiri Building, Sonawala Road, Goregaon (East), Mumbai - 400 063.	Photograph of the MEMBER Please affix latest photo and sign	Photograph of the JOINT APPLICANT Please affix latest photo and sign	
Dear Sir/Ma'am,	across the photo	across the photo	
Subject: Updation of Member/s details.			
I/We refer to my/our Membership Number	_,Please update/register my	details as submitted below	
1) Email ID			
2) Mobile No.:			
3) Update my/our following address w.e.f. the date of receipt of	this form. I/We am/are attachi	ng the following address prod	
(Select any one) Aadhaar Card Voter ID Driving L	icense Others (specify)	:	
New Address:			
State	: Pin C	ode:	
4) Instructions for sending Annual Report:			
☐ Send Annual Report to my email id stated above.			
\square Annual Report is not required, as already receiving it for Meml	pership No		
\square Annual Report is available on Bank's website is sufficient and l	nence do not send physical co	ру.	
\square Send Physical Annual Report to my/our residential Address.			
5) Details of Bank Account for crediting Dividend:			
Name of the Bank	Branch		
Account Number	_ IFSC Code	IFSC Code	
necount number	_ (Please attach cancelled che	(Please attach cancelled cheque/or	
MICR Code	•	or hank dotaile)	
MICR Code	Xerox copy of cheque for oth	er bank details)	
	•	er bank details)	
MICR Code	•	er bank details)	

Note: Please submit this form at your nearest branch of Bharat Co-operative Bank (Mumbai) Ltd.



