



For Bank's use only

Date	DD / MM / YYYY	Account Number																			
CKYCR No.	Mandatory for Update & Delete request										CIF No.										
A/c Type	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor	Customer Type	<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Person with disability	<input type="checkbox"/> Staff	Existing Customer ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No											
Account Relationship	<input type="checkbox"/> Primary Applicant	<input type="checkbox"/> Joint Applicant	<input type="checkbox"/> Guardian	<input type="checkbox"/> Authorised Signatory	Application Type		<input type="checkbox"/> New	<input type="checkbox"/> Update													

PERSONAL DETAILS (Fields marked with * are mandatory, One of Mother's name, Father's name & Spouse's name is mandatory)

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name											
Maiden Name (if any)	Prefix	First Name	Middle Name	Last Name											
<input type="checkbox"/> Father's Name <input type="checkbox"/> Spouse's Name	Prefix	First Name	Middle Name	Last Name											
Mother's Name*	Prefix	First Name	Middle Name	Last Name											
Date of Birth*	D	D	—	M	M	—	Y	Y	Y	Y	Residential Status*	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> NRI	<input type="checkbox"/> Person of Indian Origin	
PAN											<input type="checkbox"/> Form 60 submitted, as per Annexure - I	Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender

CONTACT DETAILS

Mobile No*	ISD/Country Code																				Personal Email ID
Tel No. (Res.)	ISD/Country Code	Area/STD Code																			

FATCA/CRS DETAILS

Are you a citizen/national/tax-resident of any country outside India?	<input type="checkbox"/> No <input type="checkbox"/> Yes [If YES, please fill the "FATCA/CRS Declaration Form. (Individual)" as per Annexure - II]	Country of Birth	<input type="checkbox"/> India <input type="checkbox"/> Others –Please write name of the Country here [If OTHERS, please fill the "FATCA/CRS Declaration Form (Individual)" as per Annexure II]
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I hereby declare that the information provided by me is true. In case of any changes I will inform the Bank within 30 days.

PROOF OF IDENTITY & ADDRESS* PERMANENT ADDRESS

(Please select)

(Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted. Any ONE of the following 6 OVDs)

<input type="checkbox"/> Passport																					PP Expiry Date*	D	D	—	M	M	—	Y	Y	Y	Y									
<input type="checkbox"/> Driving Licence																					DL Expiry Date*	D	D	—	M	M	—	Y	Y	Y	Y									
<input type="checkbox"/> Voter ID																																								
<input type="checkbox"/> NREGA Card																																								
<input type="checkbox"/> NPR Letter																																								
<input type="checkbox"/> Aadhaar Card /Virtual ID	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		<input type="checkbox"/> Offline Verification of Aadhaar																			

OFFLINE VERIFICATION will be done by the Bank if the applicant shares AADHAAR XML zip file with the Bank. To generate the file visit <https://resident.uidai.gov.in/offlineaadhaar>

Address* (As per Proof of Address.)																					City/Town/Village																																																									
	District*																				State*																			Country*																			Pincode*																			

CURRENT ADDRESS DETAILS* (Please select) Same as PERMANENT ADDRESS above

(Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted. Any ONE of the following 6 OVDs)

<input type="checkbox"/> Passport																					PP Expiry Date*	D	D	—	M	M	—	Y	Y	Y	Y								
<input type="checkbox"/> Driving Licence																					DL Expiry Date*	D	D	—	M	M	—	Y	Y	Y	Y								
<input type="checkbox"/> Voter ID																																							
<input type="checkbox"/> NREGA Card																																							
<input type="checkbox"/> NPR Letter																																							
<input type="checkbox"/> Aadhaar Card /Virtual ID	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		<input type="checkbox"/> Utility Bill (e.g. Electricity, Telephone) <input type="checkbox"/> Property or Municipal Tax Receipt <input type="checkbox"/> Pension or Family Pension Payment Order <input type="checkbox"/> Letter of allotment of accommodation from employer issued by State Government of Central Government Departments, statutory or regulatory bodies, PSUs, SCBs, FIs and listed companies and leave and licence agreements with such employers allotting official accommodation.																		

Address*																					City/Town/Village																																																									
	District*																				State*																			Country*																			Pincode*																			

If minor/ senior citizen, please provide proof of DOB. | Submit Minor Declaration Form in case of Minors| Submit Form 60 if you do not have a PAN, as per Annexure - I

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 code	STD 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(Please specify):				
Nature of Self-Business*	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Retailing 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 Bank(s).

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 declare/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.

Please do not staple



Affix Latest coloured Passport size photograph & sign across the photograph

(Please Sign in Black ink only)

Signature/Thumb Impression of the Applicant

- 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.
- In case the OVD furnished by me does not have update 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.
- I hereby give my consent to download my KYC records from CKYCR at the time of opening of account or at the time of periodic updation of KYC. Further I shall inform the Bank of change in information as existing in records of CKYCR.

Date: _____

Place: _____

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Risk Category of the Applicant

Low Medium High

Rationale for assigning the Risk Category :

AADHAAR CONSENT-CUM-DBT DECLARATION FORM

I am maintaining Bank Account(s) at your Branch & my details are as under:

Primary Account Number at Bharat Bank for Direct Benefit Transfer (DBT)																				
Aadhaar / UID Number [Mention Aadhaar No. only if opting for DBT]																				

I voluntarily submit to Bharat Co-operative Bank (Mumbai) Ltd., hereinafter referred to as 'Bharat Bank' my Aadhaar No. & Aadhaar card / physical e-Aadhaar/ masked Aadhaar / offline electronic Aadhaar xml issued by UIDAI, for the purpose of establishing my identity / address proof and voluntarily give my consent to open account / process instructions for the said purpose at Bharat Bank in my individual capacity using my Aadhaar or as an authorized signatory in non-individual accounts and; hereby consent to Bharat Bank for verification of my Aadhaar to establish its genuineness through Quick Response (QR) code embedded in the Aadhaar card or through such other acceptable manner as permitted by UIDAI or under any Act or law from time to time. The consent and purpose of collecting Aadhaar has been explained to me in local language. Bharat Bank has informed me that my Aadhaar details submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law. Bharat Bank has informed me that this consent and my Aadhaar details will be stored alongwith my account details within the bank. I hereby declare that all the information voluntarily furnished by me is true, correct and complete. I will not hold Bharat Bank or any of its officials responsible in case of any incorrect information provided by me.

Option for receiving DBT benefits (Please select any one from below) Applicable to SB accountholders only.

1	<input type="checkbox"/>	I wish to seed my account number mentioned above with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy form Govt. of India or the funds of the State in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account. [For customers who have not so far seeded account with NPCI Mapper] DO NOT REDACT AADHAAR NO.	
2	<input type="checkbox"/>	I already have an account with _____ Bank (name of another Bank) having IIN Number* _____ and seeded with NPCI Mapper for receiving DBT from Govt. of India. I request you to change my NPCI mapping (DBT Benefit Account) to my primary account with your Bank.	
3	<input type="checkbox"/>	I already have an account with _____ Bank (name of another Bank) having IIN Number* _____ and seeded with NPCI Mapper for receiving DBT from Govt. of India. I do not want to change my NPCI mapping (DBT Benefit Account) from the existing Bank.	
4	<input type="checkbox"/>	I do not wish to seed my account(s) from your Bank with NPCI Mapper. (I understand that I will not be getting DBT if I choose this option)	*IIN Number will be provided by the Bank

Entered in Evolve on Date	Staff Name	Staff No.	Signature
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FORM NO. 60

(ANNEXURE - I)

Income-tax Rules, 1962 (SEE second proviso to rule 114B)

Form for declaration to be filled by an individual or a person (not being a company or firm) who does not have a Permanent Account Number and who enters into any transaction specified in Rule 114B

Name FIRST NAME MIDDLE NAME LAST NAME
USE CAPITAL LETTERS to enter name

Father's Name (in case of individual) : FIRST NAME MIDDLE NAME LAST NAME
USE CAPITAL LETTERS to enter name

Amount of Transaction (₹) _____

IN CASE OF TRANSACTION IN JOINT NAMES, NUMBER OF PERSONS INVOLVED IN THE TRANSACTION

Date of Transaction

D	D	-	M	M	-	Y	Y	Y	Y
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Mode of transaction (Select one)
 Cash Cheque Card Draft/ Banker's Cheque Online transfer Other

If applied for PAN and it is not yet generated, enter date of application

D	D	-	M	M	-	Y	Y	Y	Y
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and Acknowledgment Number _____

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per Section - 64 of Income Tax Act, 1961) for the Financial Year in which the above transaction is held.

a) Agricultural income (₹)	
b) Other than Agricultural income (₹)	

VERIFICATION

I, _____ do hereby declare that, what is stated above is true to the best of my knowledge and belief. I further declare that, I do not have a Permanent Account Number and my / our estimated total income (including income of spouse, minor child etc. as per Section - 64 of Income Tax Act, 1961) computed in accordance with the provisions of Income Tax Act, 1961 for the Financial Year in which the above transaction is held will be less than maximum account not chargeable to tax.

Verified today, the _____ day of _____ 20 _____

(Signature/Thumb Impression of Declarant)

FATCA Declaration Form

(ANNEXURE - II)

Date of Birth	D D - M M - Y Y Y Y	Country of Birth	
Place of Birth		Nationality	
Address <small>(As per Proof of Address.)</small>	City/Town/Village		
	District*	State*	Country* Pincode*
Current Address <small>(If different from above)</small>	City/Town/Village		
	District*	State*	Country* Pincode*

Declaration of Tax Residency / Citizenship

For the purposes of taxation, I/We am/are resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

(kindly provide the documentary evidence of residence and TIN)

I/We the Customer/account holder hereby certify that :

- a) the information provided in the 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.
- b) the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our 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/authorise 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 alongwith 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 right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /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.
- 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) It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.

Place : _____

Date : _____

(Signature/Thumb Impression of Declarant)

FOR BRANCH USE

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.

Name : _____ Emp. No. : _____

Designation: _____ Date : _____ Signature of Branch Official

Name : _____ Emp. No. : _____

Designation: _____ Date : _____ Signature of Branch Head



Entered in Finx on _____ Staff Name _____ Staff No. _____ Signature of the Official verifying the documents _____

FOR USE AT CENTRAL PROCESSING DEPT.

DOCUMENTS RECEIVED : (Please select applicable options below)

Certified Copies Data received from offline verification Equivalent e-document KYC data from UIDAI Video Based KYC Digital KYC Process

Verified KYC documents, risk category and found correct. Updated the complete information including FATCA/CRS details in the system.

Name : _____ Emp. No. : _____

Designation: _____ Date : _____ Signature of the Official verifying the documents _____