**Bharat Co-operative Bank (Mumbai) Ltd**
MULTI-STATE SCHEDULED BANK

# TERM DEPOSIT ACCOUNT OPENING FORM

(For Resident Individuals & NRE/NRO/FCNR Customers)

**(For Individuals)**

For Bank's use only

| | | | | | |
|---|---|---|---|---|---|
| Date of Opening | DD / MM / YYYY | Account Number | | | |
| Branch Name | | Scheme Name | | | |
| A/c Type | ☐ Normal | Category | ☐ Resident ☐ NRE ☐ NRO | Customer Type | ☐ General ☐ Minor ☐ Senior Citizen ☐ Staff |

| | | | |
|---|---|---|---|
| Deposit Amount | ₹ | ☐ FIXED DEPOSIT (Reinvestment) | ☐ UNFIXED DEPOSIT |
| Period | _____ Years _____ Months | ☐ FIXED DEPOSIT (Quarterly Interest) | ☐ RECURRING DEPOSIT |
| Rate of Interest | | ☐ FIXED DEPOSIT (Monthly Interest) | ☐ OTHERS..... |
| Source of Funds | ☐ Salary ☐ Business ☐ Investment Income ☐ Others(specify): _____ | ☐ BHARAT TAX DEPOSIT | |

## ACCOUNT HOLDER(S)

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

| | Name(s) of the Applicant(s)* | | | | CIF No. | CKYC No. |
|---|---|---|---|---|---|---|
| Applicant-1 | PREFIX | FIRST NAME | MIDDLE NAME | LAST NAME | | |
| Applicant-2 | PREFIX | FIRST NAME | MIDDLE NAME | LAST NAME | | |
| Applicant-3 | PREFIX | FIRST NAME | MIDDLE NAME | LAST NAME | | |
| Applicant-4 | PREFIX | FIRST NAME | MIDDLE NAME | LAST NAME | | |

## ACCOUNT DETAILS & INSTRUCTIONS

# MICR is mandatory for receiving payment through ECS.

| | | | |
|---|---|---|---|
| CONSTITUTION | ☐ General ☐ Minor ☐ Senior Citizen ☐ Staff ☐ Retired Staff | | |
| MODE OF OPERATION | ☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Anyone or Survivor ☐ Jointly by all holders ☐ Operated by Guardian (Relationship: _____) ☐ Others (Please specify) _____ | | |
| S.I. FOR RD (From BCB A/c) | Please debit ₹ _____ per month from my/our Account No. _____ (For SI transfer from other Banks please submit ECS Mandate form - available on Bank's website/at Branch) | | |
| TDS INSTRUCTION | ☐ 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 **(CANCELLED CHEQUE TO BE ENCLOSED)** | A/c No. _____ Bank _____ Branch _____ IFSC _____ MICR# _____ | | |
| MATURITY INSTRUCTION | ☐ Auto renewal with Interest ☐ Auto renewal without Interest ☐ NEFT/TRF to above A/c ☐ Please renew FD for ____days____months____years. ☐ Auto-close on maturity | | |

## NOMINATION FROM DA-1

Nomination u/s 45ZA of Banking Regulation Act (AACS), 1949 & Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985 in respect of Bank Deposits.

☐ I/We, the applicant(s) for this account, nominate the following person to whom, in the event of my/our/minor's death, the credit balance in the account may be paid by Bharat Co-operative Bank (Mumbai) Ltd.

☐ In case you wish to nominate more than one person, please submit separate form.

EXISTING CIF OF THE NOMINEE:

| | | | |
|---|---|---|---|
| Name of the Nominee | | Relationship | |
| Address of the Nominee | | Date of Birth of the Nominee | DD / MM / YYYY |

PHOTOGRAPH of the nominee (Preferred)

If the Accountholder is illiterate, thumb impression shall be attested by two witnesses.

IF THE NOMINEE IS A MINOR, THE DETAILS OF THE APPOINTEE

☐ As the nominee is a minor on this date, I/We appoint _____ related to the minor as _____ and residing at _____ to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

☐ I/WE, DO NOT WISH TO MAKE NOMINATION

| | | | |
|---|---|---|---|
| | | | |
| Signature of Applicant-1 | Signature of Applicant-2 | Signature of Applicant-3/Witness-1 | Signature of Applicant-3/Witness-2 |

Please submit separate Minor Account Declaration for the accounts of the Minors.

*Please submit separate Customer Details form for each Applicant/Signatory.

## DECLARATION & UNDERTAKING

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

a) 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 Rules, 1962.

b) The information provided by me/us in the Form, its supporting annexures as well as the documentary evidence provided by me/us are 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 shall indemnify the Bank for any loss that may be borne by the Bank on account of me/us providing incorrect or incomplete information to the Bank.

d) 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.

e) I/We undertake the responsibility to declare and disclose within 30 days but before the date of maturity 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.

f) On 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.

g) 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.

h) 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) 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 in the subject matter herein.

j) 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 / closure of deposits, without requirement of providing further notice or seeking additional consent / authorisation.

k) I/We shall take due care to safeguard the secrecy of Mobile Banking / Netbanking login credentials.

l) I/We agree that payment of maturity amount and/or interest is subject to TDS.

m) I/We understand and agree that for term deposits with mode of operation as "Either or Survivor" & "Former & Survivor" in the event of death of any one of the joint holder before the due date of the deposit, the surviving depositor shall have the rights for premature withdrawal of the deposit without seeking the concurrence of the legal heirs of the deceased joint deposit holder.

n) I/We hereby agree that the validity of the deposit receipt will cease when the bank credits proceeds of the deposits to my/our account in Bharat Co-operative Bank (Mumbai) Ltd., or any other bank(s) on/after/before maturity based on my/our instructions mentioned on account opening form or separate instructions in writing through email even if I/we don't surrender the receipt to bank and bank shall be discharged from its liabilities and thereafter we shall not make any claims against / from the bank by producing the original receipts.

o) I/We shall be responsible to keep details & track of maturity dates / due dates of the deposits. I/We shall not expect & hold bank responsible for reminding me/us on or before due date.

p) I/We understand that the term deposit shall be auto renewed on the date of maturity, for the same period for which the existing deposit was kept at a rate of interest prevailing on the date of renewal, unless instructions to the contrary are given by me/us on or before the due date.

q) Premature Closure of Deposits :
   i) A penalty of 1% will be charged on closure of deposits before maturity.
   ii) Interest shall be paid at the rate applicable to the amount and period for which the deposit remained with the bank and not at the contracted rate.
   iii) No interest shall be paid where premature withdrawal of deposits takes place before completion of minimum period of
      (a) seven days for domestic/NRO deposits &
      (b) 12 months for NRE deposits.

r) I/We have read/understood/ have been explained the contents of the declaration & undertaking.

| Signature/Thumb Impression of 1st Applicant | Signature/Thumb Impression of 2nd Applicant | Signature/Thumb Impression of 3rd Applicant | Signature/Thumb Impression of 4th Applicant |
|---|---|---|---|
| Name: | Name: | Name: | Name: |

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.

| | |
|---|---|
| Signature of Branch Official | Emp. No.: / Date : |
| Name of the Branch Official: | |
| Signature of Branch Head with round stamp | Emp. No.: / Date : |
| Name of the Branch Head: | |

## 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.

| | |
|---|---|
| Signature of CPD Official | Emp. No.: / Date : |
| Name of the CPD Official: | |
| Signature of CPD Head | Emp. No.: / Date : |
| Name of the CPD Head: | |