The Greater Bombay Co-Operative Bank Ltd.

(Scheduled Bank)

Premises 1, Gr. Floor & Premises 105, 1st Floor, Churchgate Chambers, 5, New Marine Lines, Sir Vithaldas Thackersey Marg, Churchgate (E), Mumbai - 400 020.

Part - I : Customer Information Form

Separate CIF for each customer (new customers only)

NON - INDIVIDUAL

(For office use only) CIF No. ☐☐☐☐☐☐☐☐☐☐☐ * Date: d d m m y y y y

Ac.No. ☐☐☐☐☐☐☐☐☐☐☐ ☐ Regular Membership No. _____

CKYC No. .....

* Branch Name : .....

Sole/First Applicant

1. Please fill up in BLOCK letters only and use black ink for signature. Please leave one box blank between two words. Tick (✓) the appropriate boxes.
2. Please affix a recent passport size photograph in the box provided.
3. All fields marked with * (asterisk) are mandatory to be filled.

Personal Details

*** Customer Type:** ☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Public Ltd. ☐ HUF ☐ Society ☐ Trust ☐ Club / Asso ☐ Others _____

*** Entity Name:**

*** Date of Incorporation :** d d m m y y y y

*** Entity PAN No.:**

*** Nature of Business (Specify Business) :** _____

***Yearly Turnover :** ☐ up to ₹ 10 lac ☐ ₹ 10 lac to ₹ 50 lac ☐ ₹ 50 lac to ₹ 100 lac ☐ above ₹ 100 lac

* Registered Address / Corporate Address (Address proof required)

Landmark/Street:

Fax No.

***City:** ***PIN:** ***State:**

Telephone No.:

* Communication Address (Address proof required)

Landmark/Street:

Fax No.

***City:** ***PIN:** ***State:**

Telephone No.: ***Mobile no.:**

Email Address:

Mobile no. will be used for sending SMS alerts & Product Information (Mobile No. mandatory)

Email address is required for monthly statement

Photograph with Signature

Paste a recent passport size photograph inside this box Please Sign across partially on photograph & partially on form without covering the face.	Paste a recent passport size photograph inside this box Please Sign across partially on photograph & partially on form without covering the face.	Paste a recent passport size photograph inside this box Please Sign across partially on photograph & partially on form without covering the face.	Paste a recent passport size photograph inside this box Please Sign across partially on photograph & partially on form without covering the face.
Signature with entity designation Stamp	Signature with entity designation Stamp	Signature with entity designation Stamp	Signature with entity designation Stamp

Please Sign across partially on photograph & partially on form without covering the face.

* DECLARATION

(for Sole Proprietorship to be signed by proprietor in personal capacity)

I the undersigned do hereby state and solemnly declare that I am the sole Proprietor of _____ and I am solely responsible for liabilities there of. I shall advise you in writing of any change that may take place in the constitution of the firm and will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until obligation shall have been liquidated.

_____
Signatures of the sole proprietor (without Firm Stamp)

(for Partnership Firm to be signed by all partners in their personal capacity)

We, the undersigned, do hereby solemnly affirm and declare that we are the partners of _____
We are jointly and severally responsible to the Bank for the liabilities of the firm with the Bank. The Bank may recover it's claims from the estate of any or of all the partners of the firm. We are submitting herewith the Partnership Deed executed between us. Wherever any change occurs in our partnership we undertake to inform the Bank the same in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgement of that letter and until all our liabilities with the Bank are discharged.

1. 2. 3. 4.

Signatures of all Partners (Without Firm Stamp)

(For Trusts, Club, Societies, Associations and Companies)

I, the undersigned, do hereby state and declare that I am _____ of _____ submitting herewith certified true copy of Resolution No. _____ passed on _____ by the Managing Committee / Board of Directors, RESOLVING that a Banking Account be opened with your Bank and authorizing your Bank to honour Cheques, Bills of Exchange, Promissory Notes drawn, accepted hundies and to act on any instructions so given relating to the account. I am also submitting herewith copies of the Memorandum and Articles of Association and incorporation certificate (incase of Companies) and copies of Certificate of Registration and bye-laws (in case of others).

_____
Signatures

☐ *I/We, the undersigned Directors/Partners/Trustees/Karta/Authorised Signatories, wish to open an Account with your Bank, as per details given above. I/We, have read the related rules & regulations of the bank and hereby agree to abide by the said conditions and such other conditions as may be prescribed by the bank from time to time. All conditions are explained to me / us in my / our mother tongue. In the event of change in address due to relocations or any other reason, I/We will intimate the new address to the bank within two weeks of such a change. I/We, therefore, authorize the Bank to open Account as per instructions herein. In Witness where of, I/We have signed hereunder.

☐ *I/We hereby authorise, the GBCB Ltd. to verify in UIDAI website the details of my / our Aadhaar No.

*Place: _____ *Date: d d m m y y y y

Signatures / Thumb impression(s) of depositors (with Firm Stamp)

* FOR OFFICE USE (Branch) Certificate by Branch Head / Competent Official

I certify that all documentary proofs attached herewith have been duly verified by me with originals and found genuine. KYC / AML Norms of RBI have been duly complied with.
Customer has signed in my presence & I have verified the signature hence, customer is accepted.

Branch Seal

*Risk Classification of Account - Low Medium High

Signature of verifying / approving official | Employee No. | Date

Only for use of Centralized Processing Office

☐ PAN Verified ☐ Aadhaar Verified

Date : _____

Document Verified by - _____
(Signature & Emp. Code)

☐ UN List / Negative Search done

Input by - _____ (Signature & Emp. Code)

Approved by - _____ (Signature & Emp. Code)

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Part - II : Account Opening Form

NON - INDIVIDUAL

CKYC No.: .....

*Date: d d m m y y y y (For office use only) A/c. No.

* Branch Name : .....

Type of Account

* **Customer Type:** ☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Public Ltd. ☐ HUF ☐ Society ☐ Trust ☐ Club / Asso ☐ Others _____

***Account Type : Current -** ☐ Special Premium ☐ Gold ☐ Premium ☐ Paripoorna ☐ Current ☐ **Savings** ☐ **Term Deposit** ☐ Others _____

***Deposit:** ₹. _____ ***Mode:** ☐ Cash ☐ Cheque ☐ Transfer From A/c No.

*Cheque No. _____ Cheque Date _____ Drawn on (Bank) _____

Please tick the type of account to be opened. To know more about various schemes please contact Bank Officials.

* Entity Name:

* Services Required

1. **ATM CUM DEBIT CARD** (Charges Applicable for ATM Cum Debit Card)
   ☐ ATM CUM / RUPAY DEBIT CARD Name as would appear on the card
2. **CHEQUE BOOK:** ☐ Required ☐ Not required
3. **MOBILE BANKING:** _____ ☐ Yes ☐ No ☐ I confirm that I have read and understood the terms and conditions for usage of mobile banking services as set forth in www.greaterbank.com.

* Mode of Operation

☐ Self ☐ Former or Survivor ☐ Any one or Survivor ☐ Jointly ☐ As per Resolution or MOP Letter ☐ Other _____

In case of Term Deposit Additionally Fill Part -B

Type of Deposit: ☐ F.D. ☐ R.B.D. ☐ M.R.D. ☐ <Special Scheme> _____

Period: _____ ☐ Days ☐ Months ☐ Years Interest payment: ☐ Monthly ☐ Quarterly

Effective Date: _____ Mode: ☐ Account Transfer ☐ NACH / NEFT / RTGS ☐ Pay Order

Interest Rate : _____ Email Address - _____

Part A

☐ 15G / 15H (In case a person is above 60 age, 15H is applicable)

(If applicable, 15H and 15G forms are required to be submitted by the customer at the beginning of each financial year during continuation of TD else the TDS will be deducted as per I.T.Act.)

☐ **Details of authorized Account for transfer of interest** (Credit to Account)

Type: ☐ SB ☐ Current ☐ _____ A/c.No.

Bank: _____ Branch: _____

☐ **Standing Instruction for debiting Installment of Monthly Recurring Deposit** (Debit to Account)

Type: ☐ SB ☐ Current ☐ _____ A/c.No.

Branch: _____ S.I. Date: _____ Amount of SI per month ₹ _____

In case of Interest payment by E.C.S. 9 Digit MICR Code

IFSC Code

Note : To record ECS/NEFT instruction kindly attach cancelled cheque or photocopy of the cheque.

Please fill if interest credit is required by NACH or NEFT / RTGS

Premature repayment of Term/Fixed Deposit with "Either or Survivor" or "Former or Survivor" Mandate - Required ☐ Not Required ☐

We the undersigned joint holders of above Term/ Fixed accounts, permit the Greater Bombay Co-operative Bank Ltd, to allow premature withdrawal of deposits by one of the joint depositors on the death of the other.

Please tick appropriate box

Auto renewal instructions :

(i) On maturity, renew the deposit for a further period of _____ months(s)/years(s) at the rate of interest prevailing on the maturity date.

(ii) Unless you receive from me/us a demand for payment of instructions for maturity proceeds on or before the date of maturity, please renew the deposit for the same period as that of the matured period at the rate of interest prevailing on the maturity date.

(iii) On Maturity please credit the Principal & Interest to my/our Savings / Current Ac. No. ..... with Greater Bombay Co-operative Bank Ltd..... Branch

Part B

* Names of Depositor/s	* Signatures of Depositor/s
1st Holder	
2nd Holder	
3rd Holder	

* Form DA-1 (Nomination Form) (applicable only proprietorship)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

I/We _____ nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by The Greater Bombay Co-Operative Bank Ltd.

Nomination Serial No. .....

_____

(Name and address of branch / office in which the deposit is held)

* Nominee Name | First Name | Middle Name | Last Name / Surname |

* Relationship with the depositor: _____ Age: ☐☐ * Date of birth of nominee: (mandatory for minor nominee) d d m m y y y y

* Nominee Address:

Part D

As the nominee is a minor on this date, I/We appoint Shri/Smt./ _____ age:_____ years

Guardian / appointee Address : _____

_____

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.

Signature / Thumb impression(s) of depositor (without entity stamp)

Signature/Thumb impression of 1st witness**
Name: _____
Address: _____

Signature/Thumb impression of 2nd witness**
Name: _____
Address: _____

Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
** Thumb impression(s) shall be attested by two witnesses.
• If Nomination is not required a letter need to be submitted.

* Declaration

(The declaration to be obtained from account holder while opening the current account)

- We hereby declare that we are not enjoying any credit facility with any other Bank.
- We hereby declare that, we are enjoying given below credit facilities with other Bank/s:-

Please strike out which is not applicable

NAME & ADDRESS OF THE BANK	NATURE OF FACILITY	AMOUNT OF CREDIT

Signature/ Thumb impression(s) of depositor (with entity stamp)

* Beneficial Ownership Declaration

Entity Name: _____

We hereby declare that following person/s own 15% / 25% or more interest in the above mentioned entity.

Sr. No.	Name and Address of Beneficial Owners**	DOB	KYC doc no. (Aadhaar or PAN)	Nationality	% of interest / ownership in the entity

As persons possessing 15% / 25% or more interest in the entity are not identified or the BO identified above is a non-Individual entity, we hereby declare that no natural person is identified as beneficial owner, the details of senior managing official is/are as follows:

Sr. No.	Name and Address of Beneficial Owners I Senior Managing Official/s **	DOB	KYC doc no. (Aadhaar or PAN)	Nationality

**Note : If the beneficial owner exercises control through other means like voting rights, agreements, arrangement etc. or Where no natural person is identified, the beneficial owner is the relevant natural person who holds the position of senior managing official in that entity. This needs to be specified in the BO declaration.

Authorised Signatories 1) _____ Signature _____

Authorised Signatories 2) _____ Signature _____

Authorised Signatories 3) _____ Signature _____

Authorised Signatories 4) _____ Signature _____

Authorised Signatories 5) _____ Signature _____

FOR OFFICE USE

Verifying Officer/ Open AOF (For Branch)	Verifying Officer/ Open AOF (For CPO)
Signature: Name: Emp. No.: Designation: Date:	Input by - (Sign & Emp No.) Authorized by - (Sign & Emp No.) Date :

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