



The Greater Bombay Co-Operative Bank Ltd.

(Scheduled Bank)

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

Part - I : Customer Information Form

Separate CIF for each customer (new customers only)

INDIVIDUAL

CKYC No.:

CIF No.

* Date:

A/c. No.

* Branch Name :

Instructions

1. Please fill up in BLOCK letters only. 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. For opening account of minors, where proof of identity/address is not available, the same will be provided by Father/Mother or Natural Guardian.
4. In case of illiterate customers, Left Thumb Impression (LTI) to be affixed and verified & a second set of photograph to be affixed on Pass Book.
5. All fields marked with * (asterisk) are mandatory to be filled.

Personal Details

* Customer Type : Public Staff Senior Citizen (age proof required) Minor (age proof required) Regular Membership No. _____

* Name: Mr. Ms. Mrs. Other _____

First Name Middle Name Last Name / Surname

* Name of Father / Husband / Guardian: Mr. Ms. Mrs. Other _____

First Name Middle Name Last Name / Surname

* Date of Birth: * Gender: Male Female Transgender * Marital Status: Married Unmarried Others

* Mother's Name: * Mobile No.:

* Aadhaar Card No.: * PAN Card No.:

* Pan No. of Father/Mother (in case applicant is a minor): * Aadhaar No. of Father/Mother (in case applicant is a minor):

* Correspondence Address (Current Residential/Office)

Landmark/Street:

* City: * PIN: * State:

Telephone No.: * House: Ancestral Owned Rented Employer Family

* Permanent Address

Same as Correspondence Address

Landmark/Street: Telephone No.:

* City: * PIN: * State:

Email Address:

* Foreign Account Tax Compliance Act (FATCA) :

Tax Residency : Indian Abroad _____ (If Abroad, specify the Country) If USA, separate the FATCA / CRS declaration form with details. (Mandatory)

Additional Details

* Educational Qualification: Non Graduate Graduate Post Graduate Others _____

* Occupation Type: Salaried Self-employed Retired Student Business _____ (Please Specify) Others _____

Name of Employer : _____ Nature of Business : _____

Designation : _____ Organization / Profession : _____



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Part - II : Account Opening Form

INDIVIDUAL

CKYC No. :

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

* Branch Name :

SYS No. :

Type of Account

* **Customer Status** : Individual Senior Citizen Minor Staff

* **Account Type** : SB - Sweekar Gold Premium Sampooma Sadhan Basic Savings Current 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.

* Details of Applicant(s)

Sole/First Holder Name: For existing customers CIF No. to be filled in by branch :

First Name Middle Name Last Name / Surname

Second Holder Name: For existing customers CIF No. to be filled in by branch :

First Name Middle Name Last Name / Surname

Third Holder Name: For existing customers CIF No. to be filled in by branch :

First Name Middle Name Last Name / Surname

Part A

* 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 Either or Survivor Former or Survivor Any one or Survivor Jointly 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 B

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 instalment 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

Please tick appropriate box

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.

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

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

Part C

