## The Greater Bombay Co-Operative Bank Ltd.

Part - II : Account Opening Form

(Scheduled Bank)

INDIVIDUAL Premises 1, Gr. Floor, & Premises 105, 1st Floor, Churchgate Chambers, 5, New Marine Lines, Sir Vithaldas Thackersey Marg, Churchgate (E), Mumbai - 400 020. CKYC No.: ...... (For office use only) A/c. No. \* Branch Name : SYS No. : Please tick the type of account to be opened. To know more about various schemes please contact Bank Officials. \* Customer Status : ☐ Individual ☐ Senior Citizen ☐ Minor \* Account Type :SB - Sweekar Gold Premium Sampoorna Basic Savings Current Term Deposit Others. \*Mode: ☐ Cash ☐ Cheque ☐ Transfer From A/c No. \* Deposit: ₹\_ Cheque No. \_ \_\_\_\_\_ Cheque Date \_\_\_ Drawn on (Bank). For existing customers CIF No. to be filled in by branch: Sole/First Holder Name: First Name For existing customers CIF No. to be filled in by branch: Second Holder Name: First Name Part A For existing customers CIF No. to be filled in by branch: Third Holder Name: First Name Middle Name 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 In case of Term Deposit Additionally Fill Part -B ☐ F.D. ☐ R.B.D. ☐ M.R.D. ☐ <Special Scheme> \_ ☐ Compound ☐ Monthly ☐ Quarterly \_ □ Days □ Months □ Years Interest payment: Period: \_ Mode: ☐ Account Transfer ☐ E.C.S. ☐ NEFT ☐ Pay Order Effective Date: Email Address -Interest Rate: Part B ☐ 15.G / 15.H (In case a person is above 60 age, 15.H 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 □ \_\_ Bank: Branch: ☐ Standing Instruction for debiting Installment of Monthly Recurring Deposit (Debit to Account) Type: ☐ SB ☐ Current ☐ \_\_\_ A/c.No. S.I. Date: \_\_\_ Amount of SI per month ₹ Please fill In case of Interest payment by E.C.S. 9 Digit MICR Code if interest credit is required by ECS or NEFT IFSC Code Note: To record ECS/NEFT instruction kindly attach cancelled cheque or photocopy of the cheque. Please tick We the undersigned joint holders of above Term/ Fixed accounts, permit the Greater Bombay Co-operative Bank Ltd, to allow premature withdrawal appropriate box 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 (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. Co-operative Bank Ltd..... Branch \* Signatures of Depositor/s \* Names of Depositor/s Part C 1st Holder 2nd Holder 3rd Holder

* Form DA-1 (Nomination Form)																				
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  Nomination																				
I/We nominate the following person to whom Serial No.																				
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.																				
(Name and address of branch / office in which the deposit is held)						_														
* Nominee Name First Name Middle Name		Last Name / Surn							ame											
* Relationship with the depositor:	Age:					of birth of nominee: ry for minor nominee)					d d m m y y					/				
* Nominee Address:																				
		T	T	$\overline{\Box}$	T	$\dagger$	Ť	Ħ	=	T	Ť	T	Ť	$\overline{}$	$\overline{\Box}$	Ħ	/			
								Part D												
# As the nominee is a minor on this date, I/We appoint Shri/Smt./													_ age	e:	yea	rs			/	
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																				
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.																				
l.	1.																			
2.																				
3.																				
Signature(s) / Thumb impression(s) of depositor(s)																				
																_				
Signature/Thumb impression of 1st witness**  Signature/Thumb impression of 2nd witness**																				
1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Name:																			
Address.	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 persons.  • If Nomination is not required a letter need to be submitted.																				
In case of Minor Saving or Term Deposit Account																				
Name of Minor														<b>⋖</b> j	Signa of	ture !				
Name of Guardian	CIF	No.															į	Guard		
Relation with Minor					-					1					-					
Note: In case of automatic renewal if the customer thereafter decides to prematurely close the term deposit after 14 days from the date of maturity, the bank will have the right to determine its own penal interest as per its Board Approved Policy.														:)						
*Aadhaar Card No.:																				
I authorize Greater Bank to link my Aadhaar Card No. to my Saving A/c with the bank for direct receipt of subsidy payments from the Government. (Optional)																				
FOR OFFICE USE																			$\neg$	
Verifying Official (for Branch) Signature:	_						Ve	erif	ying	g O	ffic	ial	for C	CPO)					$\dashv$	
organica o												200	A. ith a	ا اممدند						
Name: Emp. No.: Designation: Date:			it by									(	Sign	rized I & Emp						
nation: Date: (Sign & Emp No.) Date											Date :	:								