



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)

INDIVIDUAL

CIF No.

* Date:

CKYC No.:

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)

* 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: Graduate Post Graduate Others _____

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

Name: Mr. Ms. Mrs. Other _____

First Name Middle Name Last Name / Surname

Date of Birth / Incorporation of Declarant : d d m m y y y y

Father's Name (in Case of individual)

First Name Middle Name Last Name / Surname

Flat / Room No. : Floor No. : Name of Premises :

Block Name / No. : Road / Street / Lane :

Area / Locality : Town / City :

District : State :

PIN: Telephone No.: Mobile No.:

Amount of Transaction (₹) : Date of Transaction : d d m m y y y y

In case of transaction in joint names, number of persons involved in the transaction : _____

Mode of Transaction : Cash Cheque Card Draft / Bank's Cheque Online Transfer Other _____

Aadhaar No. issued by UIDAI (if available) : If applied for PAN and it is not yet generated enter Date of application and acknowledgement Number. : d d m m y y y y

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income the above transaction is held

Agricultural income (₹) : Other than agricultural income (₹) :

Details of document being produced in support of identify : Document Code : Document identification Number :

Name and address of the authority issuing the document :

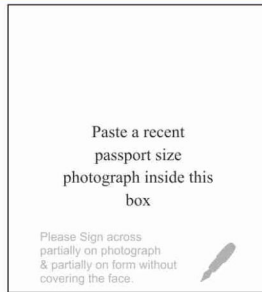
Details of document being produced in support of Address : Document Code : Document identification Number :

Name and address of the authority issuing the document :

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 amount not chargeable to tax. Verified today, the _____ day of _____ 20 _____

Place: _____

(Signature of declarant)



I/We, the undersigned Depositors, 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 in my mother tongue. In the event of change in address due to relocation 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.

My signature on _____ (document) is _____ and it is different from my current signature on Application form, hence I request you to consider my signature on Application form as my recent updated signature in your bank record.

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

Signatures/ Thumb impression(s) of depositors

* 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.

*Risk Classification of Account - Low Medium High

Signature of verifying / approving official Employee No. Date



Only for use of Centralized Processing Office

Document Verified by - _____ PAN Verified Aadhaar Verified Date : _____ (Signature & Emp. Code) UN List / Negative Search done

Input by - _____ Approved by - _____ (Signature & Emp. Code) (Signature & Emp. Code)