



**BOMBAY MERCANTILE  
CO-OPERATIVE BANK LTD.**  
(SCHEDULED BANK)

For Bank use only

Form No.: 5353

CKYC No. :

Branch Code:

Cust ID:

Account No. :

Regd Office & H.O:  
78, Mohammed Ali Road,  
Mumbai-400003.  
Tel: 022 23425961-64

***Non Individual Account Opening Form***  
*To be filled in black ink and CAPITAL LETTERS only.*

Account Type:  Current  Savings  Fixed Deposit

Name of the Entity:

Date of commencement of Business:          
(applicable in case of public limited companies) \*PAN:

Date of Incorporation:         City of Incorporation: \_\_\_\_\_

Country of Incorporation: \_\_\_\_\_ GSTN:

CIN:  Tel

Registration No:  Mobile No.

Email ID.

**Customer Type:**

Sole Proprietorship  Partnership Firm  LLP  Pvt. Ltd. Co.  Public Ltd Co.  
 Trust  HUF  Club  Society  Association  
 Self Help Groups  Local Bodies / Govt Dept.

**Proof of Entity:**

Certificate of Incorporation / Formation  Registration Certificate  
 Officially valid documents in respect of person authorized to transact  Resolution of Board / Managing Committee  
 Memorandum and Article of Association / Partnership Deed / Trust Deed  Activity Proof ( For Sole Proprietorship Only)  
 Others (please specify) \_\_\_\_\_







### Nomination DA 1 Form

Nomination under Section 45 ZA of the Banking regulation Act, 1949 and Rule 2(1) of the Banking Companies

(Nomination) Rules 1985 in respect of bank deposits I / We (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account may be returned by Bombay Mercantile Co-operative Bank Ltd.

Nature of Deposit & Number	Name & Address of the Nominee	Relationship with Depositor, If any	Age	Date of Birth of Nominee

As the nominee is a minor on this date, I / We appoint (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Age) \_\_\_\_\_ to receive the amount of the deposit in the account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature or thumb impression of the depositor \_\_\_\_\_

Signature of witness no. 1 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature of witness no. 2 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Nomination Registration No. \_\_\_\_\_

Date: \_\_\_\_\_

Acknowledgement of Nomination received on \_\_\_\_\_

Signature of Account Holder

### Declaration of Sole Proprietor

I refer to the account opened by you in the name of Mr./Mrs./Miss/Mx. \_\_\_\_\_ and declare as under, I am the sole proprietor of the firm and solely responsible for liabilities thereof. I shall notify you in writing of any change that may take place in the constitution of the firm and I 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 all such obligations shall have been liquidated.

Yours faithfully,

Name \_\_\_\_\_

Signatory

(Signature with Stamp)

### Declaration of HUF

We the co-parcenors of the HUF \_\_\_\_\_ state that Mr./Mrs./Miss. \_\_\_\_\_ is the Karta of the HUF. We further state that we authorize the Karta to represent us and sign on behalf of the business of the said HUF in any manner he deems fit and he / she has an un-restricted authority to bind all the members of the said joint family however constituted from time to time. We further agree and confirm that all claims due to the Bank from the said HUF shall be recoverable personally from the entire family property including from the share of minor co-parcenors. We undertake to inform you any change in the constitution of HUF by any reason including due to any addition of members or on account of death of any members of HUF. We hereby bind ourselves to notify to you in writing whenever any change occurs in the constitutions of the said HUF, and until receipt of such notice by the Bank, the Bank shall be entitled to regard each of us as a member of the said joint family and as a partner of any HUF-firm where the said HUF is a partner.

Name of the Karta \_\_\_\_\_

\*I certify that the signature(s) and photograph(s) of the account holders shown in this form are genuine & correct.

(Signature with Stamp)

**Declaration of Partnership Firm:**

Ref: Opening of a new account in the name of M/s. \_\_\_\_\_ . We refer to the captioned account opened by you and declare as under:

We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall notify you, in writing of any changes that take place in the partnership and, all the partners will be liable to you on any obligation which maybe standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Yours faithfully,

Name \_\_\_\_\_  
1<sup>st</sup> Signatory (Signature with Stamp)

Name \_\_\_\_\_  
2<sup>nd</sup> Signatory (Signature with Stamp)

Name \_\_\_\_\_  
3<sup>rd</sup> Signatory (Signature with Stamp)

Name \_\_\_\_\_  
4<sup>th</sup> Signatory (Signature with Stamp)

**Resolution of Society / Trust / Limited & Private Limited Company**

Resolved that an account of the Company / Society / Association / Union / Trust \_\_\_\_\_ be opened with the BOMBAY MERCANTILE CO-OPERATIVE BANK LTD. \_\_\_\_\_ Branch and that the said Bank is hereby authorised to honour cheques, bills of exchange and promisory notes drawn, accepted or made on behalf of the Company / Society / Association / Union / Trust \_\_\_\_\_ and to act upon any instructions so given relating to the account by any one/two/three/ of the following persons jointly/singly as per the signing mandate where the account is to be operated.

Name & Designation \_\_\_\_\_  
1<sup>st</sup> Signatory (Signature with Stamp)

Name & Designation \_\_\_\_\_  
2<sup>nd</sup> Signatory (Signature with Stamp)

Name & Designation \_\_\_\_\_  
3<sup>rd</sup> Signatory (Signature with Stamp)

Name & Designation \_\_\_\_\_  
4<sup>th</sup> Signatory (Signature with Stamp)

## Document Checklist:

Account Opening Requirements	Of The Business	Signatory No 1	Signatory No 2	Signatory No 3	Signatory No 4
1. Completed Account Opening Form					
2. Passport Size Photograph for each account holder signed on the front.					
3. PAN Card. (Mandatory, If PAN Card is not available, please submit form60/61)					
<b>Sole Proprietor/Partnership Firms</b>					
1. GST registration certificate					
2. Registration under Shops & Establishment Act					
3. Water/Electricity/Municipal Tax bill in the name of the entity.					
4. PAN ID/IT Return of the entity					
5. For new entity formed, a copy of application made to Regulatory Authority for starting new business. (original approval should be produced within 3 months from opening the accounts)					
6. In case of partnership firm, Partnership Deed of firm					
<b>Society &amp; Association Account</b>					
1. Society/Association registration certificate.					
2. Resolution passed by Managing Committee to open account					
3. Resolution passed by Managing Committee to Electing Office Bearers					
<b>Trust Account</b>					
1. Trust Registration Certificate					
2. Trust Deed					
3. POI/POA of power of attorney holder if applicable					
4. Resolution passed by Trustees to open account					
5. Resolution passed by Trustees to Electing Office Bearers					
<b>Limited &amp; Private Limited Company</b>					
1. Memorandum and Articles of Association					
2. Certificate of Incorporation					
3. Board Resolution for Opening Account					
4. Board Resolution for Operating Account					
5. Certificate for commencement of business in case of Public Limited Company					
<b>Only for Private Limited Company</b>					
1. Latest Annual Return (Schedule V of the Companies Act 1956)					
2. If the list of Directors does not tally with MOA/AOA then please submit certified copy of form 32 for any changes, if any.					

## Terms & Conditions:

- I / We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I / We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I / we, am / are aware that I / we may be held liable for it.
- I / We certify that I / we have the capacity to sign for the entity as per the CBDT rules / RBI guidelines.
- I / We certify and declare that The Company does belong to the class of companies specified in sub-rule (2) of the Companies Rules 2017 (Restrictions on number of Layers) and it (Company) does not have more than two layers of subsidiaries.(As per the details given in Ministry of Corporate Affairs, Gazette notification No. 793 dated 21st Sept 2017.
- In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI for identification and / or address proof towards the compliance of KYC norms under the PMLA , 2002 and I hereby agree that the Bank may verify the same with UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank.
- I / We confirm and declare that I / We am / are not prevented / prohibited / restricted by any applicable legal / regulatory / contractual or other provisions from opening and / or maintaining the accounts or to transact with the Bank in any other way.
- I / We agree that my / our personal KYC details may be shared with Central KYC registry or any other competent authority. I / We hereby consent to receive information from the Bank / Central KYC Registry / GoI / RBI or any other authority through SMS / e-mail on my registered mobile number / e-mail address. I / We also agree that the non-receipt of any such SMS / e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
- I / We hereby certify that I / We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36 / 14.01.001 / 2015-16 dated 28 August 2015 in the matter including any subsequent modification / amendment thereof.
- I / We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government / RBI in the matter, depending upon the residential status and / or other criteria stipulated therein, the Bank may have to report the details in respect of my / our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
- I / We certify & declare that the information provided by me / us for opening account and availing other services herein or through website / electronically as applicable to me / us and signed / authenticated by me / us as well as in the documentary evidence provided by me / us for opening account and availing other services are, to the best of my / our knowledge and belief, true, correct and complete and that I / We have not withheld any material information that may affect the assessment / categorization of my / our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me / us is found to be false or untrue or misleading or misrepresenting, I / We am / are aware that I / We may be held liable for it.
- I / We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein / or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified / amended documents / information provided by me unless revised selfcertification as above is provided to the Bank.
- I / We also agree that my / our failure to disclose any material fact / information known to me / us now or in future or my / our failure to remedy any deficiency in documents / information / other details within the stipulated period, may invalidate me / us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and / or any authority designated by the Government of India (GoI) / RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT / RBI / GoI from time to time.
- I / We also agree to furnish and intimate to the Bank any other particulars that are called upon me / us to provide on account of an y change in law either in India or abroad in relating to the operation or maintenance of the account.
- I / We shall indemnify the Bank from any loss / damage that may be caused to the Bank on account of any defect / mistake in the details provided herein or on account of providing incorrect or incomplete information by me / us.
- I / We undertake to submit data / information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
- I / We understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
- I / We have been advised of Monthly average / minimum balance requirement for the account to be opened and given to understand that these requirements are subject to revision / change and such revision / changes will be uploaded in the Bank's site which will be acceptable to me as a notice to that effect.
- I / We Undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of account , failing to which I understand my account will cease to be operational as per GOI guidelines, amending Prevention of Money laundering (Maintenance of Records ) Rules. 2005.(In case the account is opened without Aadhaar / PAN ) In case, deemed OVDs are submitted for current address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening , failing to which I understand that my account may cease to be operational as per GOI guidelines at the material time.
- On agreeing to subscribe through the E-statement, Account Holder(s) agree to be bound by all the Terms and Conditions that may be specified by the Bank at the time availing such facility and such other conditions as specified by the Bank from time to time. On

agreeing to avail the facility of E-statements, Account Holder(s) agree, and understand that the Bank shall discontinue the physical statements being sent to the Account Holder(s).

- Bank shall not be liable or responsible for any breach of secrecy caused as a result of the E Statements being sent to the registered email with the Bank. Bank is not liable to verify the authenticity of the emails. The facility being an optional one, Account Holder(s) shall not hold the Bank liable if any problem arises with the Account holder(s) computer network as result of receiving Statements from the Bank.
- In case of Joint Account Holders, the Joint Account Holders shall not hold the Bank liable for receiving the E statement to the Designated email address of one of the Account Holder. The Account Holder(s) shall at all times be responsible for updating the details with the Bank from time to time to receive this service uninterrupted from the Bank.
- Account Holder shall not hold the Bank responsible if they do not receive Statements due to incorrect Email address and technical reasons beyond the control of the Bank. The Account Holder confirm to have read and understood the Terms & Conditions pertaining to usage of Facility. The Bank shall at its own discretion at any time may discontinue/alter/modify the facility as per the terms and conditions as specified therein, at the sole discretion of the Bank.
- Transactions initiated through Mobile Banking application are irrevocable. Bank shall not entertain any request for revocation of transaction or stop payment request for transactions initiated through Mobile Banking. Customers shall not use Mobile Banking channel for transfer of funds for illegal activities. Customers shall be responsible for the safe custody and security of the Mobile Banking application downloaded on their mobile phones, to avoid unauthorized usage and should immediately inform the Bank for disabling of Mobile Banking services, in case of loss or theft of mobile phone. Customers should not share their mobile app password and mPIN with any third party. Customers shall abide by the limits imposed by the bank on the maximum number of transactions and maximum amount of transactions permitted through Mobile Banking. Bank shall not be responsible for any loss to customers arising out of usage of Mobile Banking. Bank shall be at liberty to affect any change in the Term and Conditions from time to time.
- I / We undertake to keep MAB ( Monthly Average Balance) in the account as prescribed under the respective account scheme and agree to pay the penalty if MAB is not maintained.

Recent Photograph	Recent Photograph
(Sign/Thumb Impression of Applicants)	(Sign/Thumb Impression of Applicants)
Recent Photograph	Recent Photograph
(Sign/Thumb Impression of Applicants)	(Sign/Thumb Impression of Applicants)

**Mode of Operation**

Single   
  Either or Survivor   
  Former or Survivor   
  Jointly   
  Others \_\_\_\_\_  
 (attach required document as specified on the letterhead)

**For Office Use Only**

Date of Submission of all Documents \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bank Staff Name \_\_\_\_\_ Code No. \_\_\_\_\_ Staff Signature \_\_\_\_\_

For CPC Use:  
 Form received on \_\_\_\_\_ Details fed by Mr./Ms./Mx. \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Risk Classification: Low / Medium / High: \_\_\_\_\_ Cheque Book Ordered: Y / N

Authenticated by Mr./Ms./Mx. \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FATCA & CRS Form (For Non Individuals)**

**PART A: Preliminary Details**

(All fields are mandatory)

Sr.No	Particulars	Details of the Applicant												
1.	Name of the Entity:													
2.	Address for Tax Residence: (including city, state, country, pin code)													
3.	Address Type:	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office												
4.	Entity Constitution Type:													
5.	Do you satisfy any of the criteria mentioned below?													
a)	Is the entity a US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
b)	Is the entity a specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No  (In case the Entity's country of incorporation / tax residence is U.S but the Entity is not a specified U.S Person, mention: Entity's Exemption Code here: _____)												
c)	Is the entity formed / incorporated outside India?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide the following details: • City of Formation / Incorporation: _____ • Country of Formation / Incorporation: _____												
d)	Is the entity having Tax Residency in any country (ies) other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No  *If yes, please provide the following details: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Country of Tax Residency</th> <th style="width:33%;">Tax Identification Number / Functional equivalent of the foreign country</th> <th style="width:33%;">Tax Identification Documents</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> In case the Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number.	Country of Tax Residency	Tax Identification Number / Functional equivalent of the foreign country	Tax Identification Documents									
Country of Tax Residency	Tax Identification Number / Functional equivalent of the foreign country	Tax Identification Documents												
6.	Is the entity a Financial Institution {including a Foreign Financial Institution}  Or  A Direct Reporting NFFE	<input type="checkbox"/> YES (please fill Part B) <input type="checkbox"/> No												
7.	Is the entity a publicly traded corporation / a related entity of a publicly traded corporation / Active NFFE	<input type="checkbox"/> YES (please fill Part C) <input type="checkbox"/> NO (please go to Part D)												

**Part B: If your answer to question 6 in Part A is a yes, please provide details in relation to Financial Institution / Foreign Financial Institution / Direct Reporting NFFEs**

Particulars	Details of the Applicant
The entity is: 1. Financial Institution <input type="checkbox"/> 2. Direct Reporting NFFE <input type="checkbox"/>	Global Intermediary Identification No. (GIIN): <hr/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN & Name below:  1. Name of the sponsoring entity: <hr/> 2. GIIN of the sponsoring entity: <hr/> (If GIIN is provided, kindly go directly to the declaration & acknowledgement)
If GIIN is not available [tick any one]: (not applicable for direct reporting NFFE)	a) Not obtained <input type="checkbox"/> b) Applied for <input type="checkbox"/> application date: _____ b) GIIN not required <input type="checkbox"/> Please specify reasons: _____ Please insert code: _____

**Part C: If your answer to question 7 in Part A is a yes, please provide the following details:**

Sr.No	Particulars	Details of the Applicant
1.	a. Are you a publicly traded company?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please fill Part C1 (b))      (Please fill Part C2)
	b. Are your shares regularly traded on a recognised stock exchange?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please fill Part C2) If yes, please provide the names of the stock exchange where the shares are regularly traded: 1. _____ 2. _____ (Please go to Declaration & Acknowledgement)
2.	Are you a *related entity of a listed company as mentioned in Part C (1) above? <small>*Related Entity: An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control.</small>	<input type="checkbox"/> Yes, <input type="checkbox"/> No (Please fill Part C3) Nature of relation with the related entity: • Subsidy of the listed entity <input type="checkbox"/> • Controlled by the listed entity <input type="checkbox"/> If yes, please provide name of the related entity that is listed: <hr/> Name of the stock exchange where the shares of the related listed entity are regularly traded: <hr/> (Please go to Declaration & Acknowledgement)
3.	Entity is an active NFFE	Please specify nature of business: _____ Category: _____ (Provide UBO details in Part D and go to Declaration & Acknowledgement)

**Part D: If your answer to question 7 in Part A is a no, please provide the following details:**

Entity is a passive NFFE: <input type="checkbox"/> (other than direct reporting NFFEs)	Entity is an active NFFE <input type="checkbox"/>
Please specify nature of business: _____	

Provide details of all the UBO/s or controlling person/s, [natural person as per PMLA] (including Owner Documented FFIs) in the table below:

Are you an Owner Documented FFI:  Yes  No

If yes, in addition to the below details, please provide a duly filled form W8BEN E along with FFI Owner Reporting Statement & Auditors Letter.

If no, please provide below details only.

Details	UBO1	UBO2	UBO3
Name			
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	   Pin: _____ State: _____ Country: _____	   Pin: _____ State: _____ Country: _____	   Pin: _____ State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Date of Birth			
Gender			
Father's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
City of Birth			
Country of Birth			
Occupation Type			
Nationality			
UBO Code			
Country of Tax Residency			
Tax ID No.			
Percentage of Holding			

Note: In case of multiple intermediaries, please provide the shareholding / controlling structure of each such intermediary/ies.

A. If any of the UBO is a resident / citizen of 'other than India' or citizen / tax resident / green card holder of country, please provide Taxpayer ID number or equivalent / Social Security Number [SSN]

B. Submit documentary proof like shareholding pattern duly self-attested by Authorized Signatory / Company Secretary

**Declaration & Acknowledgement:**

I / We \_\_\_\_\_ being the beneficial owner of the account opened / to be opened with Bombay Mercantile Co-operative Bank Ltd. and the income credited therein, declare that the above information and information submitted in the documents to be true, correct and updated, and the submitted documents are genuine and duly executed. I / We acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, the Bank may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any other time subsequently. In certain circumstances (including if the Bank does not receive a valid self-certification from me) the Bank may be obliged to share information of my / our account with relevant tax authorities. Should there be any change in any information provided by me / us, I / we ensure that I / we will intimate the Bank promptly, i.e., within 30 days. Towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

(Sign/Thumb Impression of Applicants)

(Sign/Thumb Impression of Applicants)

(Sign/Thumb Impression of Applicants)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_