



BOMBAY MERCANTILE CO-OPERATIVE BANK LTD.

(SCHEDULED BANK)

For Bank use only	BRANCH CODE	<input type="text"/>
	Customer ID	<input type="text"/>
	Account No.	<input type="text"/>
	Account Type	<input type="text"/>

Account Opening Form

The Branch Manager

Bombay Mercantile Co-op. Bank Ltd.

Date _____

_____ **Branch**

I/We request you to open an account with you for which I / We initially deposit Rs. _____

In words (_____)

Title of A/c. Mr/Mrs/Ms/Messers _____

Nature /Activity of Business _____

Name of Joint Holders / Partners / Proprietor / Directors _____

	First Name	Middle Name	Surname	Short Name
1st Applicant				
2nd Applicant				
3rd Applicant				
	Date of Birth (DD/MM/YY)	*PAN /GIR NO.	Sex (M/F)	Relationship with First Applicant
1st Applicant				
2nd Applicant				
3rd Applicant				

*Please attach Form 60 in case of non-availability of PAN / GIR No.

Date of Establishment (In case of Firm / Companies) : DD/MM/YYYY

In case of Minor

Minor's date of birth(dd/mm/yyyy) _____ Name of parent/natural guardian _____

Address of the guardian _____

Relationship with minor Father Mother By Court Order (if yes please affix a copy)

Others (Please specify) _____

Mailing Address

1st APPLICANT	_____			
	Country	Tel.(O)	Tel.(R)	Fax
	Mobile	E-mail		
2nd APPLICANT	_____			
	Country	Tel.(O)	Tel.(R)	Fax
	Mobile	E-mail		
3rd APPLICANT	_____			
	Country	Tel.(O)	Tel.(R)	Fax
	Mobile	E-mail		

Permanent Address (If different from above) / Registered Office Address In Case of Limited Company

1st APPLICANT				
	Country	Tel.(O)	Tel.(R)	Fax
2nd APPLICANT				
	Country	Tel.(O)	Tel.(R)	Fax
3rd APPLICANT				
	Country	Tel.(O)	Tel.(R)	Fax

Proof of Address submitted (Individuals) : (Please Tick)

<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Voter's ID Card	<input type="checkbox"/> Employer's ID Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> Pan Card	<input type="checkbox"/> Latest Telephone Bill	<input type="checkbox"/> Latest Electricity Bill	<input type="checkbox"/> Gas Connection Receipt

Choice of Account

Type of Account	Account No. (Bank use only)	Account	Tenure
<input type="checkbox"/> Current			
<input type="checkbox"/> Savings			
<input type="checkbox"/> Fixed Deposit			
<input type="checkbox"/> Fixed-cum-Recurring			
<input type="checkbox"/> Monthly Income			
<input type="checkbox"/> Recurring			
<input type="checkbox"/> Senior Citizen Scheme			
<input type="checkbox"/> Others			

Payment details for opening of Account

<input type="checkbox"/> Cash	<input type="checkbox"/> Debit Current / Saving A/c. No.
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Cheque No.	drawn on	Bank	Branch
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Mandate for Account operation

<input type="checkbox"/> Single	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor
<input type="checkbox"/> Jointly by all	<input type="checkbox"/> Others	

Sweep in Instructions

In case insufficient balance in my Savings / Current Account No. _____, please clear my cheque/ allow withdrawal by transferring funds to my Savings / Current account by breaking units of my / our Fixed Deposits.

For Term Deposits :

For Interest Payment	<input type="checkbox"/> Credit to Account No. _____,	<input type="checkbox"/> Issue Pay Order / D.D	<input type="checkbox"/> By Cash
On Maturity	<input type="checkbox"/> Renew Principal & Interest	<input type="checkbox"/> Renew Principal Only	
	<input type="checkbox"/> Issue Pay Order / D.D	<input type="checkbox"/> Credit to Account No.	

Statement Frequency

Current Account	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly*	<input type="checkbox"/> Daily*
Saving Account	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly

*Charges Applicable

Nomination required	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
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* Please complete the nomination form attached herewith.

Introduction by existing BMC Bank Ltd. Customer

Name _____ Account No. _____

I confirm that I am an account holder with Bombay Mercantile Co-operative Bank Ltd. for over 6 months. I confirm that I have known Mr./Mrs./Miss _____ since last _____ months/years and confirm his/her/their identity, Occupation and address stated in this application to open the account.

Signature of Introducer

Declaration / Undertaking

I/ We confirm having received, read and understood the Account Rules and hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account(s) which I/ We am/ are opening with Bombay Mercantile Co-operative Bank Ltd. and amendments there to made from time to time and those relating to various services including but not limited to ATM Card / Telebanking.

I/We understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I / We agree that the bank may debit my account for service charges as applicable from time to time.

I / We confirm that I/We am/are resident of India.

I / We hereby declare that the information furnished above is true and correct to the best of my knowledge.

I / We declare that I/We do not enjoy credit facilities with other bank/s

I / We enjoy credit facility / have Current Accounts with other bank/s
(Please attach details of such facilities separately)

Name of Bank & Branch	Account No.	Facility	Amount

I authorize the Bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless otherwise informed by me.

I/We authorise you to collect the cheques/drafts etc., handed over to you for collection/negotiation as per rules of the bank at our risk and responsibility and indemnify you for any loss suffered by you in the matter due to any cause. I also authorise you to recover your commission, Debit, balance in the account caused at our request or otherwise with interest applicable rates and Incidental charges.

In the event of death of any of us, bank shall be at liberty to make payment of the deposit to the survivors without the concurrence of the legal heirs of the deceased.

I hereby declare that I am the sole Proprietor/Proprietrix of the aforesaid concern.

I/We hereby declare that the amount deposited belong to me/us absolutely and it has been deposited in joint names/Minor's name for the purpose of convenience only.

Signature of Applicants

Declaration In case of HUF

As our HUF firm wishes to open an account with your bank in the said name _____ we beg to say the first signatory to this letter, i.e. _____

is the karta of joint family and other signatories are the adult co-paraceners of the said family. We further confirm that business of the said family is carried on mainly by the said karta as also the other signatories hereto in the interest and for the benefit of the entire body of co-paraceners of the jointly family. We all undertake that claims due to the bank from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatories the karta, including the share of minor co-paraceners, in view of the fact that ours is not firm governed by Indian partnership act 1952. We have not got our said firm registered under the same act. We hereby undertake to inform the bank of the death or birth of a co-paraceners or any change occurring at any time in the membership of our joint family during the currency of the account.

Name & Signature of karta _____

Name & Signature of adult co-paraceners

_____	_____	_____
_____	_____	_____

Name & dates of birth of minor co-paraceners

_____	_____	_____
_____	_____	_____

Signatures

Date of Birth

Declaration in case of Partnership Firm

Re : Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under :

We the undersigned, are the partners in the above mentioned firm which has dealing with your bank. We jointly and severally undertake responsibility to the Bank for the liabilities of the firm with the Bank. The Bank may recover its claims from the estate of any or all of the partner of the firm.

Whenever any change occurs in the partnership we undertake to inform the Bank of the same in writing and our individual responsibility to the Bank will continue until we receive from the Bank an acknowledgment of that letter and until all our liabilities with the Bank are, discharged.

Name of partners	Signature(s) without stamp
_____	_____
_____	_____
_____	_____

Declaration In Case of a Minor Account

I hereby declare that the date of birth is ____ / ____ / ____ of the minor who is my _____ and I am his / her natural guardian / lawful guardian appointed by the court order dated _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Signature of Guardian.

Signature in the presence of Bank Officials : (Applicants should also sign across photographs)

1st Applicant

2nd Applicant

3rd Applicant

For Bank Use

Cus. ID No.

For Branch Use

Letter of thanks sent to introducer / customer on

Account opened by
Name :

Authorised by
Name :

Signature

Signature

Please tell us about yourself to serve you better

Personal Information (To be filled in by each authorised signatory)

Do you have any relatives in Bombay Mercantile Co-operative Bank Ltd. Yes No

Do you have any relations with Directors of Bombay Mercantile Co-operative Bank Ltd. Yes No

Marital Status Married Single

Dependents Spouse Parents No. of children

Education Undergraduate Graduate Post Graduate Doctorate Professional

Employment Details

Occupation Salaried Self Employed Professionals Business
 Retired Student Others

Profession Doctor C.A. Engineer Architect Software / IT
 Lawyer Journalist Consultant Others

Employed (Salaried) with Grade Public Ltd. Co. Pvt. Ltd. Co. Govt. Sector Mutinational Others
 Clerk Officer Junior Mgmt. Middle Mgmt. Senior Mgmt.

No. of years in service

Employer's Name

Employer's Address

Estimated Income from the Business Rs.

Details of other sources of Income if any?

Annual Household Income

<60000 60000-120000 120000-240000 240000 - 360000 360000 & above

Details of Foreign Countries visited during the last three years

Asset Ownership

Assets Computer Cellular Phone House Commercial Property Land

Vehicles Car Two wheeler Both (Car & Two Wheeler) None

Car Make Year of purchase

Residence Self-owned Family Residence Company Provided Rented Purchased on Loan

Estimated value of Assets Rs.

Banking / Investment Activities

Other banks used Nationalized Pvt. Sector Co-operative Foreign

Main Banker

Preferred Investments Company Deposits Property Mutual Funds Gold
 Shares Others Bank Deposits PPF

Loans

Loans availed in the last three years Car Housing Business Durables
 Loans against Shares Others

Loan requirements

Internet Access If yes At Home At Office

Spouse Details

Name E-mail ID

Occupation

Credit Card Details

Name of issuer

Card details

Do You Have Medical Insurance? Yes No