THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD., MUMBAI

CUSTOMER REGISTRATION FORM FOR INDIVIDUAL

Important Instructions:

A) Fields marked with " * " are MANDATORY
B) Self-attestation of documents is mandatory
C) Please fill the form in English and in BLOCK Letters
D) Please fill the date in DD-MM-YYYY format
E) Please read section wise detailed guidelines / instructions
F) Please counter sign in full for any overwriting / alteration.
G) KYC number of applicant is mandatory for updating application
H) For particular section update, please tick ( ) in the box available before the section number and strike off the sections not required to be updated

For Office Use only

Application Type* ☐ New ☐ Update Existing

KYC No.*
(Mandatory for KYC update)
Customer No.*
(Mandatory if existing Customer)

1. PERSONAL DETAILS (Refer instruction A)

APPLICANT TITLE (Last Name) FULL NAME (First Name) (Middle Name)

Name*
(Same as ID Proof)
Maiden Name*
(If any)
Father /Spouse Name*
Mother's Name*

Gender* ☐ Male ☐ Female ☐ Transgender Marital Status* ☐ Married ☐ Unmarried ☐ Others

Date of Birth* D D - M M - Y Y Y Y City of Birth*

Country of Birth*
(ISO-3166)

Nationality* ☐ Indian

Residential Status* ☐ Resident Individual ☐ Non Resident Individual

Occupation* Type ☐ Service - ☐ Public Sector ☐ Private Sector ☐ Government Sector
☐ Other - ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student
☐ Business ACTIVITY -

Photo

Signature / Thumb Impression

Seafarer ☐ (Attach Annexure A2)

Religion* ☐ Not Categorized

Caste*

2. PROOF OF IDENTITY (PoI)*

(Refer instruction C) (Certified copy of any one of the following Proof of Identity [PoI] needed)

☐ Passport No. Passport Expiry Date D D - M M - Y Y Y Y
☐ Passport Place of Issue Passport Date of Issue Visa Expiry Date D D - M M - Y Y Y Y
☐ Proof of Visa
☐ Voter ID Card Form 60/61 ☐
☐ PAN No. Expiry Date D D - M M - Y Y Y Y
☐ Driving License
☐ UID (Aadhaar)
☐ NREGA Job Card
☐ Government Job Card

3. PROOF OF ADDRESS (PoA) *

☐ 3.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS (Certified copy of any of the following Proof of Address (PoA) needed) (Refer instruction D)

Address Type* ☐ Residential ☐ Native Place

Proof of Address* ☐ Passport ☐ Driving License ☐ Aadhar Card ☐ Simplified Measure Account

☐ Voter Identity Card ☐ NREGA CARD ☐ Other

Room No.
Bldg Name
Road No./Name
Landmark
Area
STATE/U.T*

City / Town / Village:*

Pin/ Post Code:*

ISO-3166 Country:

☐ 3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS (Refer instruction E)

☐ Same as Current / Permanent / details (In case of multiple correspondence / local address, Please fill 'Annexure A1')

Room No.
Bldg Name
Road No./Name
Landmark
Area
STATE/U.T*

City / Town / Village:*

Pin/ Post Code:*

ISO-3166 Country:

☐ **3.3 Employment Details**

Employment Name

Employment Code (Sevarth No.)

Room No.
Bldg Name
Road No./Name
Landmark
Area
STATE/U.T*

City / Town / Village:*

Pin/ Post Code:*

ISO-3166 Country:

4. CONTACT DETAILS* (Communication will be done on Mobile no./ Email ID provided) (Refer instruction F)

Tel.(Off.) - Tel.(Res.) -

Fax - Mobile No. -

Email ID

You may convey promotional information through telephone/sms/e-mail/letters- Yes ☐ No ☐

5. RELA TED PERSONS

Related Person Type* Guardian of Minor ☐ Assignee ☐ Authorised Representative ☐ Director ☐ Promoter ☐

Karta ☐ Trustee ☐ Partner ☐ Beneficial Owner ☐ Authorised Signatory ☐ Court ☐

Appointed Official ☐ Beneficiary ☐

6. OTHER DETAILS

Annual Income ( )* < 1Lac 1Lac-< 5Lac 5Lac-< 10Lac 10Lac-< 15Lac 15Lac-< 25Lac 25 Lac & above

Net Worth ( )* As on

Education below SSC SSC HSC Graduate Masters Professional(CA,CS Others)

Politically Exposed Person Related to Politically Exposed Person

Any Other Information

Applicant Declaration

Declaration and Undertakings:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
My personal / KYC details may be shared with Central KYC Registry. I hereby give consent to receiving information from Central KYC Registry through SMS / Email on the above registered number / Email address. I hereby declare that I or any of my relatives have not been entrusted with prominent public functions in a foreign country e.g.Heads of States or Governments, senior politicians, senior government / judicial / military officers, senior executives of state owned corporations, important political party officials, etc. I hereby further declare that in case in the future, I or any of my relatives have been entrusted with prominent public functions in a foreign country as stated above, I will immediately notify the bank about the same.

Any change of address, mobile number, land line number, email ID, etc will be immediately updated in a separate customer registration form and provided to the Bank along with necessary documentary evidence where ever required.

I agree and undertake that I shall never part with any sensitive information of my account especially through internet / email / phone medium. I further agree and confirm that **THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD., MUMBAI** shall not be liable for any losses arising from my sharing / disclosing of login id, password, cards, card numbers or PIN (Personal Identification Number), cheque/s to anyone, nor shall make claims on the bank for any unauthorized use. I shall take all precautions to protect my account details so as to avoid any unauthorized use.
I certify that
a) The information provided by me in the form, its supporting Annexures as well as in the documentary evidence provided by me are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
b) I permit / authorize the Bank to collect, store, communicate and process information relating to the account and all transactions therein, by the Bank where ever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
c) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
d) I also agree that my failure to disclose any material fact known to us, now or in future, may invalidate our application and the Bank would be within its right to put restrictions in the operations of my account or close it or report to any regulatory and / or any authority designated by the Government of India (GOI) / RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me within the stipulated period.
e) I hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
f) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285 BA of the Income Tax Act read with the Rules thereunder
g) I also agree to furnish such information and / or documents as the Bank may require from time to time on account of any changes in law either in India or abroad in the subject matter herein.
h) I shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
I) The information provided in the form is in accordance with section 285BA of the Income Tax Act,1961 read with Rules 114F to 114H of the Income Tax Rules, 1962.

As per RBI directions, the Bank has to validate the mobile number before activation of the account. The customer should give missed call on the Bank's prescribed number from the registered mobile number for validation.

The customer should maintain minimum quarterly average balance as may be required from time to time in the account and communicated at the time of opening of the account as well as sufficient balance to honour cheques issued to third parties. Changes in the Bank / Service charges or minimum balance requirements are displayed on the Notice Board of the Branches and on the website. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges for non- maintenance of the average balance. If there is no transaction in the account for 2 years the account automatically gets classified as an 'inoperative account'. Spl. Instruction for Term Deposit : In the event of death of any of the joint depositors prior to maturity of the deposit or otherwise, the Bank will be, at the request of the surviving depositor or all surviving depositors will be at liberty though not bound and at its absolute discretion to add / delete any name, or to repay the deposit before maturity or grant an advance against the security thereof, on such terms and conditions as the bank may decide and such payment before maturity shall constitute a valid discharge to the Bank and all applicable agree to the above.

Auto renewal of term deposits : The Term Deposits would be automatically renewed under the Auto Renewal Process on the date of maturity, at a rate of interest prevailing on the date of renewal and for the same period for which the existing deposit was kept. In case any depositor wishes to alter the period of deposit confirmation advice /s or withdraw the proceeds of the confirmation advice /s renewed under Auto Renewal process, they may do so as per Bank's prevailing guidelines in this regard in the Bank's Deposit Policy on the website. Our deposits are insured under the Deposit Insurance and Credit Guarantee Corporation of India (DICGC) scheme

Place

Signature of applicant

Date : D D - M M - Y Y Y Y

Thumb impression shall be attested by the witness Name of witness:

Witnessed by (Signature): Signature

Attestations / For Office Use

Documents received: ☐ Self Attested ☐ Verified from Original ☐ Verified by Indian Embassy/Banker Abroad/Notary Public Low

Risk category: ☐ High ☐ Medium ☐

IN PERSON VERIFICATION DETAILS

Identity Verification ☐ Done PAN Verification: ☐ Done Banned List Verification: ☐ Done

(Lastname) (First Name) (Middle Name)

Employee Name :

Employee Code : Emp. Designation:

Emp Branch Name :

I certify that I have scanned all required documents as per our policy for registering the customer

FOR THE MAHARASHTRA MANTRALAYA AND ALLIED OFFICES CO-OPERATIVE BANK LTD., MUMBAI

IFSC CODE : IBKL0004MCB

Place

Date : D D - M M - Y Y Y Y

Signature of Employee Signature

Bank / Branch Stamp & Seal