

**RETAIL ACCOUNT  
DATA UPDATION FORM**



**Bharat Bank**  
The Bharat Co-operative Bank (Mumbai) Ltd  
Multi-State Scheduled Bank

Date: \_\_\_\_\_ Customer No. \_\_\_\_\_ AC. No. \_\_\_\_\_

NAME of the FIRST Account Holder \_\_\_\_\_

Latest Photograph  
of First Account Holder

Please Sign ACROSS the Photo

Residential Address		Name and Address of Office/Business	
CITY	Pin	Pin	
STATE			

MOBILE NO. \_\_\_\_\_ RESIDENCE : \_\_\_\_\_

EMAIL ID \_\_\_\_\_ OFFICE : \_\_\_\_\_

PAN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Income P. A. \_\_\_\_\_

Adhar Card No. \_\_\_\_\_ Driving Licence No. \_\_\_\_\_ Passport No. \_\_\_\_\_

Gender M  F  St. Citizen Y  N  Third Gender

I/We operate following accounts at other branches of Bharat Bank (CA/FD/RD/Loans)

Sr. No.	Account No.	Customer No.	Branch

NAME of the Joint Account Holder (1) \_\_\_\_\_

Latest Photograph  
of Joint Account Holder (1)

Please Sign ACROSS the Photo

Residential Address		Name and Address of Office/Business	
CITY	Pin	Pin	
STATE			

MOBILE NO. \_\_\_\_\_ RESIDENCE : \_\_\_\_\_

EMAIL ID \_\_\_\_\_ OFFICE : \_\_\_\_\_

PAN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Income P. A. \_\_\_\_\_

Adhar Card No. \_\_\_\_\_ Driving Licence No. \_\_\_\_\_ Passport No. \_\_\_\_\_

Gender M  F  St. Citizen Y  N  Third Gender

I/We operate following accounts at other branches of Bharat Bank (CA/FD/RD/Loans)

Sr. No.	Account No.	Customer No.	Branch

NAME of the Joint Account Holder (2)

Latest Photograph of Joint Account Holder (2)

Please Sign ACROSS the Photo

Residential Address		Name and Address of Office/Business	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
CITY	Pin	Pin	
STATE			

MOBILE NO.  RESIDENCE :

EMAIL ID  OFFICE :

PAN  Date of Birth    Income P. A.

Adhar Card No.  Driving Licence No.  Passport No.

Gender M  F  Sr. Citizen Y  N  Third Gender

(We operate following accounts at other branches of Bharat Bank (CA/FD/RD/Loans)

Sr. No.	Account No.	Customer No.	Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of the Nominee  Relation with Account Holder

MODE OF OPERATION (Please tick any ONE of the boxes)

Self   
  Either or Survivor   
  Former or Survivor   
  Anyone or Survivor   
  Jointly by all holders  
 Others \_\_\_\_\_  
(Please specify) (Please mention NAME of person(s) or authorised signatory(ies))

SIGNATURE(S) OF ACCOUNT HOLDER(S)

(We confirm that the information provided in this Data Update Form are latest and correct. (We authorise the Bank to verify the details given herein above through any means/person(s), as may be perceived necessary by the bank.

<p>Name of First Account Holder</p> <p>1) <input type="text"/></p> <p>Name of Joint Account Holder (1)</p> <p>2) <input type="text"/></p> <p>Name of Joint Account Holder (2)</p> <p>3) <input type="text"/></p>	<p>Signature (Please Sign In Black Ink pen)</p> <p><input type="text"/></p> <p>Signature (Please Sign In Black Ink pen)</p> <p><input type="text"/></p> <p>Signature (Please Sign In Black Ink pen)</p> <p><input type="text"/></p>
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For Office Use

Data Update Form received on \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee No.	Signature of Maker	Employee No.	Signature of Checker