				Form 185+
	CITY UNION BANK	Account No.		
CUB		Customer ID 1		
Trust end Excellence Since 1904		proming	promotes, promotes	
Accoun	t Opening Form for Non Reside	nt Individual: FCNR (B) NR	E NRO	Date
Please (Open my/our/joint Account at:		_ Branch	77.77.77.77.77.77.77.77.77.77.77.77.77.
(Please	e fill the form in Block Letters only - All	Fields marked "" are MANDATORY)	(To be fi	lled by applicant only)
	ONAL DETAILS (THIS IS A MACHINE RE			
APPL	Mr/Ms Initial Name	ADADET ON THE TACK IT	local Academical y	
1st				
2nd \$				
,	If you are an existing customer pleas	se move directly to section 'B'	I formation between the second between the second between the second sec	
APPL*	Father's Name	* Moti	ner's Maiden Name	
1st				
2 nd				
APPL	*Gender * Date of Birth Male / Fema	ale *PAN No.	Spous	se Name
1st				
2nd				
	Minor Account	Name of Americal Vancoust Vancoust Vancoust Vancoust Vancoust Vancoust Vancoust Vancoust Vancoust	Spouse Date of Birth	
	Name of the Guardian		Father Mother By Court Order (Affix	a Copy)
	SEAS ADDRESS:	and in the second in the secon	many panamany primany panamany	
* Flat/Plo Bldg. Na			Mobile No.	
* Road	Name		Country Code	Area Code
* City			Tel(O)	
* State		* Country	*Zip Cod	e
Email	ld			
B) If an	y of the applicants are EXISTING ACCOUN	NT HOLDERS, please mention the Custo	mer Identification No.	
,	tomorphism of a second	Appl Cust. Id		
	NTRODUCTION DETAILS CITY UNION BAN			
			Deposit Loan A/c No.	
(or)	oducer Signature		Deposit Local Acids	
	Authentication of Depositors Signature by	bank Indian Embassy Hi	gh Commission Consulate	Notary Public
PASSP	ORT DETAILS:			
1st App	ol. Passport No.	Place of Issue:	Nationality: .	
	Date of Issue:	Date of Expiry		
2nd ∆nr	ol. Passport No.	Place of Issue:		
2 . 191	Date of Issue:	Date of Expiry		
	(ion procedure (KYC) Attach document f	or ID Proof and address Proof	
1		process, process,	/)	
i		homes homes	ess Proof Specify Sl.No	Valid Upto
	0			
	sued by & place	Issued by	y & place	
	ATION: No Yes If Yes, Name of n	nominee		
	(Please attach Nomination Form)	Date of Birth	Nominee relation	
E) PAYME	NT DETAILS Amount		neque Cheque No.	
Dra	awn On	Bank	Branch Chq. Date.	
	Currency NRE SB	A/c No.		

Enclosure: "Profile Form" Which is mandatory for all the accounts

SHG

DSA No.

MP



NAME	
CUSTOMER ID1	
ACCOUNT NUMBER	
OVERSEAS ADDRESS	
CONTACT NUMBER	
E-MAIL ID	

	FATCA	/ CRS DECLARATION FORM
PA	RT I - Please fill in the coun	try for each of the following
1	Country of;	
a)	Birth	
b)	citizenship	
c)	Residence for Tax purpose	
2	US person (Yes/No)	
PA	RT II - Please note :	

- a. If in all fields above, the country mentioned by you is India and if you do not have US person status please proceed to Part III for signature.
- b. If for any of the above field, the country mentioned by you is not India and/or if you are US person status is Yes, please provide your Tax Identification Number (TIN) or functional equivalent as issued in the specific country in the below table:

i)	TIN	
	Country of Issue	
ii)	TIN	
	Country of Issue	
iii)	TIN	
	Country of Issue	

- a. In case any of the parameters in Part I indicates that you are a US person or as person resident outside India for tax purpose and you do not have Taxpayer Identification Number / functional equivalents. please complete and sign the Self certification section given in Part IV
- b. In case you are declaring US person status as 'No' but your country of birth is US, please provide documents evidencing relinquishment of citizenship. If not available please provide reasons for not having relinquishment certificate.

Please also fill Part - IV of Self-Certification

Part III	- Customer Declarat	tion (Applicable for all cu	istomer)
i) Un	der penalty of perjur	y, I/We certify that :	
("U oth reg a U 2. The	J.S") or any state or poster states of the U.S. pardless to source the JS person) e applicant is an a	political subdivision thereof ,(ii) an estate the income ereof,(This clause is appl pplicant taxable as a tax	erson under the laws of United States of America or therein, including the district of Columbia or any see of which is subject to U.S federal income tax icable only if the account holder is identified as a resident under the laws of country outside India, older is tax resident outside of India)
of t adv	the applicant named a vice in CRS or FATC visor for any tax ques	above in compliance with A or its impact on the appstions.	formation for the purpose of determining the status FATCA/CRS.The bank is not able to offer any tax licant. I/We shall seek advice from profession tax
	We agree to submit a comes incorrect.	a new form, within 30 day	ys if any information or certification on this form
.55.		required by domestic regularity to CBDT or close or s	ulators/tax authorities the bank may also required suspend my account.
and		ification is true, correct ar	this form and to be the best or my/our knowledge and complete including the taxpayer identification
Signatu	ure :		
Name	:		
Date (DD/MM/YYYY)		
To be fi			nd TIN or functional equivalent is not available, or not available.
for Tax nay one the cou	purpose in any country or more parameters untry outside India.Th	JS person nor a resident y other than India, though suggest my relation with herefore I am providing proof of my citizenship	Signature
Docume	ents proofs to be sub	mitted (please tick docum	ent being submitted)
		Election Id card	PAN Card Driving license Govt.Issued ld card

"FORM No.60 (See Second proviso to rule 114B)

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name						2 D	ate of	Bir	th/ Ir	ncorp	orati	ion o	f decl	arant
	Middle Name									M	M	Y	Y	Y	Y
	Surname														
3	First Name (in case of individual First Name					T	1		Τ						
	Middle Name						T								
	Surname														
4	Flat / Room No.	5	Floor No								ç				
6	Name of premises	7	Block Na	me / N	0.										
8	Road / Street / Lane	9	Area / Lo	cality											
10	Town / City	11	District				12	Stat	е						
13	Pin code 14 Telephone Nu	ımber (with	h STD coo	de)		15	Mo	bile N	lumb	ber					
16	Amount of transaction (Rs)					18	In c	ase of	tran	sacti	ion i	n joir	nt nai	mes,	
17	Date of transaction D D M	M	7 Y	Y	Y		tran	sactio	h h	150115	SILIVO	JIVEG	1111 (1		
19	Mode of transaction : Cash, Cheque,	☐ Card, [Draft/Ba	anker's	Cheque	e, 🗌	Onli	ne tra	nsfe	r, 🗌	Oth	er			
20	Aadhaar Number issued by UIDAI (if available)								,						
21	If applied for PAN and it is not yet generated date of application and acknowledgement no	umber	D				No.		Ĭ		T		T		Y
22	if PAN not applied, fill estimated total income (in the financial year in which the above transaction		ome of spo	use, mii	nor child	etc. a	s per	sectio	n 64	of In	come	e-tax A	Act, 1	961) f	or
	a Agricultural income (Rs)														
	b Other than agricultural income (Rs)														
23		Document	Documenumber	nt iden	tificatio		ame		ldres	ss of	the	autho	ority	issuin	g the
24		Document code	Documer number	nt iden	tificatio		me a		dres	ss of	the a	utho	rity i	ssuin	g the
		-	Verificati	on							W.I	Mer			
pelief child n wh	T I further declare that I do not have a Permanen etc as per section 64 of Income-tax Act, 1961) cich the above transaction is held will be less than ed today, the	nt Account N computed in n maximum	Number and accordance amount no	d my/or ce with t charge	the proveable to	ated to	otal i	ncome	(inc	cludir	ng ind	come	of sp	ouse,	mino
	:							(Sign	ature	of de	eclara	ant)		

Note

- 1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. any person making a false statement in the declaration shall be liable to prosecution under section 277 of the income-tax Act, 1961 and on conviction be punishable:-
 - (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
 - (ii) in any other case, with rignorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- 2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

Instruction :

(1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled):-

SI.		Nature of Document	Document Code	Proof of Identity	Proof of Address
A	For	Individuals and HUF			This a
	1.	AADHAR card	01	Yes	Yes
	2.	Bank/Post office passbook bearing photograph of the person	02	Yes	Yes
	3.	Elector's photo Identity card	03	Yes	Yes
	4.	Ration/Public Distribution System card bearing photograph of the person	04	Yes	Yes
	5.	Driving License	05	Yes	Yes
	6.	Passport	06	Yes	Yes
	7.	Pensioner Photo card	07	Yes	Yes
	8.	National Rural Employment Guarantee Scheme (NREGS) job Card	08	Yes	Yes
	9.	Caste or Domicile certificate bearing photo of the person	09	Yes	Yes
	10.	Certificate of identity/address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A	10	Yes	Yes
	11.	Certificate from employer as per annexure B prescribed in Form 49 A	11	Yes	Yes
	12.	Kisan passbook bearing photo	12	Yes	No
	13.	Arm's License	13	Yes	No
	14.	Central Government Health Scheme/ Ex-servicemen Contributory Health Scheme card	14	Yes	No
	15.	Photo identity card issued by the government./ Public Sector Undertaking	15	Yes	No
	16.	Electricity bill (Not more than 3 months old)	16	No	Yes
	17.	Landline Telephone bill (Not more than 3 months old)	17	No	Yes
	18.	Water bill (Not more than 3 months old)	18	No	Yes
	19.	Consumer gas card/book or piped gas bill (not more than 3 months old)	19	No	Yes
	20.	Bank Account Statement (Not more than 3 months old)	20	No	Yes
	21.	Credit Card statement (Not more than 3 months old)	21	No	Yes
	22.	Depository Account Statement (Not more than 3 months old)	22	No	Yes
	23.	Property registration document	23	No	Yes
	24.	Allotment letter of accommodation from Government	24	No	Yes
	25.	Passport of spouse bearing name of the person	25	No	Yes
	26.	Property tax payment receipt (Not more than one year old)	26	No	Yes
В	For	Association of persons (Trusts)			
	Chai	y of trust deed or copy of certicate of registration issued by rity Commissioner	27	Yes	Yes
C	Ind	Association of persons (other than Trusts) or Body of ividuals or Local authority or Artificial Juridical Person)			
	Charothe Cen	y of Agreement or copy of certificate of registration issued by rity commissioner or Registar of Cooperative society or any recompetent authority or any other document originating from any tral or State Government Department establishing identity and ess of such person.	28	Yes	Yes

⁽²⁾ In case of a transaction in the name of a Minor, any of the above mentioned documents a proof of Identity and Address of any of parents/guardians of such minor shall be deemed to be the proof of identity and address for the minor declarant, and the declaration should be signed by the parent/guardin.

⁽³⁾ For HUF any document in the name of Karta of HUF is required.

⁽⁴⁾ in case the transaction is in the name of more than one person the total number of persons should be mentioned in Sl.No.18 and the total amount of transaction is to be filled in Sl.No. 16. In case the estimated total income in column 22b exceeds the maximum amount not chargeable to tax the person should apply for PAN, fill out item 21 and furnish proof of submission of application.

FORM: 275



CITY UNION BANK (Regd. Office Kumbakonam - 612 001.) TECHNOLOGY SERVICE APPLICATION FORM FOR

Personal Banking - Internet Banking / Mobile Banking / SMS Pull / ATM / VISA CARDS Individuals / Joint / Sole Proprietorship Account
(All fields marked with *are mandatory to be filled)
To Date: Customer ID*
Name of the Applicant Mr. / MsS/o, D/o, W/o
*Email ID: Date of Birth:
MOBILE/ SMS BANKING
Unique Mobile Number to be registered for the customer ID 9 1 9 1
I wish to avail the SMS Banking Alert Facility. from the accounts linked to the above Customer ID. Kindly alert me if the amount is debited more than Rs
"I wish to avail Mobile Banking Facility for the above mentioned Customer ID for the above Mobile Number" Note: To avail Mobile Banking Facility customer should have GPRS/Java enabled mobile phones.
INTERNET BANKING
Please tick one of the following :
I wish to apply for Net Banking facility with fund Transfer Without Fund Transfer
VISA DEBIT CARD
My Account Number Details SB CA CC/OD No. No.
APPLICATION FOR New Card Replacement of Card Add on Card
Declaration: I confirm that I am the sole account holder or I have the required mandate from the joined account holder(s) to singly operate the Account. I will keep the SI card and my mobile / phone in my possession at all times. I will inform the Bank immediately incase my mobile or SIM card is lost. And I understo that I shall be solely responsible for all the transactions happened through my mobile. I have read and understood the Terms and Conditions (a copy of whi I am in possession of) relating to opening of an account and various services including but not limited to (a) Mobile Banking / SMS Alert Service (b) Net Banki (c) Bill Pay Facility (d)ATM/VISACard Facility, Iaccept and agree to be bound by the said Terms and Conditions. I affirm, confirm and undertake that I have read and understood the Terms and Conditions for usage of the Internet Banking, service of City Union Ba and I am aware of Charges Applicable for the Service, as set forth in www.onlinecub.net, and that I agree on my own behalf, or as the mandate holder on beh of the joint account holders, and will adhere to all the terms/conditions of opening / applying / availing / maintaining / operating (as applicable) for usage of tintemet Banking Service of City Union Bank as may be in force from time to time. I further authorize City Union Bank to debit my Account towards any charges. I declare that all the particulars and information given in this application from (and all documents referred or provided therewith) are true, correct, complete an up-to-date in all respects and I, and other joint account holders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any further information to City Union Bank reserve the right to reject any application without providing any reason. I agree and understand that City Union Bank reserve the right to reject any application without providing any reason. I agree and under
Pata:

	For office use only	
The request of Customer	(1	NAME) for the services requested may be enabled.
CLICTOMED ID (PD ID) IC .		
CUSTOMER ID (BP ID) IS :	clared accounts have been verified and	d found Correct
		d found Correct.
		rrect and the accounts linked with the above Customer
ID are pertained to this customer onl	y.	rect and the accounts linked with the above outstorner
4) The above address given by the co	ustomer matches with the record.	
5) The account is not a minor account.		
 For SMS Banking we have enabled t amount. 	the SMS Banking flag in CBS, entered to	the customer Mobile Number correctly and the alert
Date :		Signature of the Officer / Manager
MA	ANDATE FORM FOR JOINT ACCO	OUNT HOLDERS
	Custome	er ID
From		
Mr./Ms		
То		
City Union Bank Ltd.		
	Branch.	
Dear Sir,		
	a sala in a sala sala sala sala sala sala sala s	
Savings Bank/Current Account/Term Deposit	Account No held in the joint names of N	Mr/Ms
Mr/Ms	at	branch.
IANO horoby outhoring Mr/Ma	/Name of the anniers	nt for the services) to avail the OnlineCUB / SMS Alert
		d to the Customer ID. I/We have read and understood the
rules, terms and conditions for availing the O	Online CUB / SMS Alert / Mobile Bankin	ng Services. I/We undertake to ratify and confirm all and
Whatever Mr/Ms	does or causes to do thro	ough Online CUB / SMS Alert / Mobile Banking Services
This authority shall continue to be in force until	I/any one of us revoke(s) this mandate by	y a notice in writing delivered to you.
Yours faithfully,		
1	Name in Block Letters	S
2	Name in Block Letters	S
3	Name in Block Letters	S
(Signatures of Joint a/c hole	der/s)	



	Customer ID												
flag	Account No.	I	I	I	I	I	I	Ι	I	I	I	I	
Nomination	Registration		 										

NOMINATION FORM No. DA - 1

Nominatio	n under se	ction 45 ZA of the B	anking Regulation Act 1949	and Rule 2	(1) B	anking Compa	nies (Nomination)
Rules 198	5 in respec	t of Bank Deposit.					
I/We							
nominate	the following	ng person to whom	in the event of my / our / mi	nor's death	the a	mount of the de	posits particulars
where of	are given	below may be r	eturned by City Union B	ank			
Branch in	which the	deposit is held					
				The same of the sa			

*	Nature of Deposit	Deposit No.	Additional Details if any	Name and Address	Date of Birth	Age	with depositor if any	Guardianis relationship with minor
							TOTAL	

\$ As the nominee is a minor of the date, I / We appoint Shri. / Smt. / Kum	
Age	* Signature (s) Thumb Impression (s) of depositor (s)
(name, address & age) to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.	@ Name (s) Signature (s) and Address (es) of witness (es) 1
Place : Date :	2.

- * Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
- \$ Strike out if the nominee is not a minor
- @ Thumb impression (s) shall be attested by two witness

			1)	CUSTOMER PRO	FILE			
1.	Nan	ne	:					
2.	Stat	us	:	Individual / Entity				
A)	IND	IVIDUALS						
	Nati	ure of Activity (Source of funds)	:	Employment	Business	Others		
	I)	Employees:						
	a)	Employed in	:	Govt. Service	Public Sector	Private Sector Others		
	b)	Position held	:					
	c)	Annual Income	;					
	d)	Threshold Limit		Rs.				
	(Credit Summation in the account shall be upto Two Times of the declared Annual Income)							
	II)	If In business						
	a)	Name of the Organisation	;					
	b)	Nature of Ownership		Proprietor	Partner	Director Others		
	c)	Nature of business activity	;					
	d)	Location of Business	•	Non risk areas	Risk areas	Both		
	e)	Annual Business Turnover						
	f)	Threshold Limit	:	Rs.				
		(Credit Summation in the account s	hall l	be upto Four Times of the	declared Annual Bus	siness Tumover)		
	III)	Others						
	a)	Brief details of activity	:					
	b)	Annual Income	:					
	c)	Threshold Limit	:	Rs.				
		(Credit Summation in the account s	hall I	be upto Two Times of the	declared Annual Inco	me)		
	IV)	/) Any other information to decide the social status:						
B)	ENT	TITIES (other than individuals)						
•		ure of Business activity	:					
	Loca	ation of Business	:	Non risk areas	Risk areas	Both		
	Ann	ual Business Turnover	:					
	Thre	eshold Limit	:	Rs.				
	(Credit Summation in the account shall be upto Four Times of the declared Annual Business Tumover)							
3.	Mod	le of receipts	:	Cash	Cheque	Electronic		
4.	Pur	pose of Opening	:					
5. ASSESSMENT OF RISK (common to individual as well as entities)								
Classification of Risk is made taking into account the type of client, Business activity, Location, Turnover and the social & financial status as specified								
in our policy.								
RISK CLASSIFICATION : LOW MEDIUM HIGH								
ACCOUNT NO CUSTOMER ID								
ACCOUNT TO COOTOWER ID								
STATE OF THE PERSON	ON THE REAL PROPERTY.	IRE OF THE OFFICER / MANAGER						
		esh form should be used for Updation on and should be kept along with profile of			rceptible changes in th	e customer data at the time of review of		