



CITY UNION BANK

Account No.

Customer ID 1

Account Opening Form for Non Resident Individual: FCNR (B) NRE NRO

Please Open my/our/Joint Account at: Branch Date

(Please fill the form in Block Letters only - All Fields marked "*" are MANDATORY) (To be filled by applicant only)

A) * PERSONAL DETAILS (THIS IS A MACHINE READABLE FORM AND WILL PASS THROUGH A SCANNER)

APPL Mr/Ms Initial Name

1st

2nd

If you are an existing customer please move directly to section 'B'

APPL* Father's Name * Mother's Maiden Name

1st

2nd

APPL * Date of Birth Male / Female *PAN No. Spouse Name

1st

2nd

Minor Account Name of the Guardian Spouse Date of Birth

Father Mother By Court Order (Affix a Copy)

OVERSEAS ADDRESS:

* Flat/Plot No & Bldg. Name Mobile No.

* Road Name Country Code Area Code

* City Tel(O)

* State * Country *Zip Code

Email Id

B) If any of the applicants are EXISTING ACCOUNT HOLDERS, please mention the Customer Identification No.

1st Appl Cust. Id 2nd Appl Cust. Id

C) * i. INTRODUCTION DETAILS CITY UNION BANK Customer (Introducer's) Name

Introducer Signature..... SB CA CCOD Deposit Loan A/c No.

(or)

ii. Authentication of Depositors Signature by bank Indian Embassy High Commission Consulate Notary Public

PASSPORT DETAILS:

1st Appl. Passport No. Place of Issue:..... Nationality:

Date of Issue: Date of Expiry

2nd Appl. Passport No. Place of Issue:..... Nationality:

Date of Issue: Date of Expiry

Customer Identification procedure (KYC) Attach document for ID Proof and address Proof

1.Passport 2. Driving License 3.Pancard 4.Bill 5.Others (Specify).....

(A) ID Proof Specify SI.No..... Valid Upto (B) Address Proof Specify SI.No..... Valid Upto

No..... No.....

Issued by & place..... Issued by & place.....

D) NOMINATION: No Yes If Yes, Name of nominee

(Please attach Nomination Form) Date of Birth Nominee relation

E) PAYMENT DETAILS Amount Cheque Cheque No.

Drawn On..... Bank..... Branch Chq. Date.

Currency NRE SB A/c No.

F) LOCAL ADDRESS

* Flat /Plot No & Bldg. Name

* Road Name

* Land Mark

* City *Pin Code

* State Country

STD Code Tel (R)

Mobile No. Email ID

G) Account Options

Savings NRE NRO FCNR CUMULATIVE NON CUMULATIVE NRE NRO **FIXED DEPOSIT** CUMULATIVE NON CUMULATIVE Others (Specify).....

Currency Amount Period Year Months Days

Account to be Operated by me jointly by us Any one of us Either or Survivor of us PA / Mandate Holder.

FIXED Deposit Details

Interest Payment Monthly Quarterly Half Yearly Maturity Intimation to be sent Yes No

Interest Payment by TT DD Br Code Renewal to be made Yes No

Favouring NRE SB/NRO A/c No.

DECLARATION: 1) I/We agree to abide by and to be bound by the rules of the bank now in force and that may be made from time to time. 2) I/We confirm that I /We am / are NRI/PIO as per FEMA 1999 3) I /We declare that all the particulars and informations given in the Application form are true, correct, complete and upto date in all respects and I/We have not withheld any information. 4) I/We understand that the above accounts will be opened on the basis of the statement/declaration made by me/us. I/We further agree that any false / misleading information given by me/us, or suppression of any material fact will render me/our account liable for termination and further action. 5) I/We am/are not enjoying any credit facility / ies with any Other bank/s any other branch/es of your bank and I/We undertake to inform you, in writing, as soon as any credit facility availed by me/us from any other bank/s any other branch of your bank. 6) I/We am/are enjoying credit facilities with other bank(s)/ branch(es) of your bank as details given in the enclosed sheet. 7) I/We accept the Bank's right to take steps to close the account if frequent return of cheques for want of funds or any other undesirable feature is observed. 8) I here by declare that shall represent minor applicant in all present and future transactions of any description. I shall indemnify the Bank against the claim of the minor for any withdrawal / transactions made by me in his / her account. 9) I/We agree that the bank may debit my/debit my/our account for service charges as applicable from time to time. 10) I/We in understand that tax will be deducted at the prevailing rate as per the Indian Income Tax Act. 11) I/We hereby undertake to intimate you above my/our return to India for permanent residence on arrival. \$ In case of NRE/FCNR Joint Deposit Accounts, the second applicant may be a resident who must be a close relative of the NRI/PIO primary account holder. In such case, the resident close relative shall be eligible to operate the account only as a Power of Attorney holder (not as a joint holder) in accordance with extant instructions during the life time of the NRI/PIO account holder.



I/We have also understood that non maintenance of above specified Average Quarterly Balance will attract charges of Rs. /- per quarter for accounts with Average quarterly Balance requirement of Rs. /- and other charges for Net Banking ATM & Branch services as detailed in the schedule of charges.

1) Please sign in black ink inside the box provided below. Photographs should be signed across by the applicants. 2) Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

I/We confirm that I/We have read and understood the Declaration given above and confirm that all the details provided on the form are correct. I/We also confirm that my / our accounts has been opened by Bank Officer

Mr./Mrs.....and I/We have signed in his / her presence.

Name..... Name.....

Date..... Date.....

For office Use

Signed before me. Introducer's Signature tallied. Introduction is found in order. Documents are verified for names and addresses. Permitted to Open Account KYC norms observed.

cheque Book/s Issued Nos. from _____ to _____

Do not issue Cheque book. Nomination Registered Yes No.

Visa card Yes No. Internet Banking Yes No. } Necessary forms obtained

Enable SMS Alert Yes No. Mobile Banking Yes No. }

Introducer's Signature Verified Yes

Date of A/c Opened..... POA Number

Signature of Authorised Official

VIP DSA No. SHG



CITY UNION BANK

Account No.

Customer ID 1

FATCA/CRS Declaration

First Applicant

FATCA/CRS declaration - please tick any one as applicable to you.

- I am tax resident of India and not any other country (if not holding Indian Passport, please provide documentary evidence in support @
- I am tax resident of the country(ies) mentioned below

Country (1)	Tax Identification Number (2)	Identification Type (TIN & Others PI Specify)

@ Voter ID/Pan Card/Driving License/Aadhar Card

1 To also include country USA where the individual is a Citizen/Green Card Holder of USA

2 In case Tax Identification Number is not available kindly provide functional equivalent. It is mandatory to provide TIN Number or functional equivalent if the country which you are a tax resident issues such identifiers. If no TIN is available or has not been issued, please provide explanation in a separate sheet and attach to the form

I holder of passport numberresiding at hereby declare that I am neither a citizen of USA for tax purpose and I am not a tax resident of any other country even though (i) My mailing/residence address is of a country other than India (ii) My Telephone number is of country other than India (3) I have standing instruction to an account maintained outside India (4) My Place of birth is USA.

CERTIFICATE : I have understood FATAC/CRS terms and conditions and hereby confirm that the information provided by me is true, correct and complete. I also confirm that I have read and understood FATACA/CRS notified by CBDT and hereby accept the same. I undertake the responsibility to declare and disclose within 30 days from the date of change, any change that may take place in the information provided above as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self certification along with documentary evidence.

Date :

Signature :

FATCA/CRS Declaration

Second Applicant

FATCA/CRS declaration - please tick any one as applicable to you.

- I am tax resident of India and not any other country (if not holding Indian Passport, please provide documentary evidence in support @
- I am tax resident of the country(ies) mentioned below

Country (1)	Tax Identification Number (2)	Identification Type (TIN & Others PI Specify)

@ Voter ID/Pan Card/Driving License/Aadhar Card

1 To also include country USA where the individual is a Citizen/Green Card Holder of USA

2 In case Tax Identification Number is not available kindly provide functional equivalent. It is mandatory to provide TIN Number or functional equivalent if the country which you are a tax resident issues such identifiers. If no TIN is available or has not been issued, please provide explanation in a separate sheet and attach to the form

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Date :

Signature :



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
The Branch Manager

Date:

Customer ID*

Name of the Applicant Mr. / Ms. _____ S/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

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.

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 SIM 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 understood 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 which 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 Banking (c) Bill Pay Facility (d) ATM / VISA Card Facility. I accept 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 Bank 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 behalf of the joint account holders, and will adhere to all the terms/conditions of opening / applying / availing / maintaining / operating (as applicable) for usage of the Internet 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(s) 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 and 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 I agree and understand that 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 retain the application forms, and the documents provided therewith, including photographs, and will not return the same to me.

I agree and understand that I have to complete further applications for specific liability products/services from City Union Bank as prescribed from time to time, and that such further applications shall be regarded as an integral part of this application (and vice versa), and that unless otherwise disclosed in such further forms as prescribed, the particulars and information set forth herein as well as documents referred or provided herewith are true, correct, complete and up-to-date in all respects. I agree and understand that such further applications will require incorporation of the application form number, and / or such details as City Union Bank may prescribe to facilitate data management.

I agree that the bank will not be held liable / responsible for any loss or liability occurred on account of breach of security / denial of service etc., because of hacking / other technological failure. Once my request for Online CUB account is accepted any my user ID is activated by the bank.

All my linked accounts (including any new accounts that may be opened with my customer ID subsequent to the issue of Online CUB account User ID and password) will be covered under the rules governed under Online CUB account from time to time. I hereby confirm that the above mentioned address matches with the address previously given to the bank. Otherwise I will give change of address request to the branch.

Date : _____

Signature _____

For office use only

The request of Customer _____ (NAME) for the services requested may be enabled.

CUSTOMER ID (BP ID) IS : _____

- 1) The mode of operations for all his declared accounts have been verified and found Correct.
- 2) Signatures of Joint holders have been verified and found Correct.
- 3) The Customer ID and the above signature have been verified and found correct and the accounts linked with the above Customer ID are pertained to this customer only.
- 4) **The above address given by the customer matches with the record.**
- 5) The account is not a minor account.
- 6) For SMS Banking we have enabled the SMS Banking flag in CBS, entered the customer Mobile Number correctly and the alert amount.

Date : _____

Signature of the Officer / Manager

MANDATE FORM FOR JOINT ACCOUNT HOLDERS

Customer ID

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From
Mr./Ms. _____

To
City Union Bank
_____ Branch.

Dear Sir,

Savings Bank/Current Account/Term Deposit Account No held in the joint names of Mr/Ms _____ and _____

Mr/Ms _____ at _____ branch.

I/We hereby authorise Mr/Ms _____ (Name of the applicant for the services) to avail the OnlineCUB / SMS Alert/ Mobile Banking Services in respect of the above Customer ID and the accounts linked to the Customer ID. I/We have read and understood the rules, terms and conditions for availing the Online CUB / SMS Alert / Mobile Banking Services. I/We undertake to ratify and confirm all and Whatever Mr/Ms _____ does or causes to do through 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 a notice in writing delivered to you.

Yours faithfully,

1 _____ Name in Block Letters _____
2 _____ Name in Block Letters _____
3 _____ Name in Block Letters _____

(Signatures of Joint a/c holder/s)



CITY UNION BANK

Customer ID

Account No.

Nomination Registration

NOMINATION FORM No. DA - 1

Nomination under section 45 ZA of the Banking Regulation Act 1949 and Rule 2 (1) Banking Companies (Nomination) Rules 1985 in respect of Bank Deposit.

I / We

nominate the following person to whom in the event of my / our / minor's death the amount of the deposits particulars where of are given below may be returned by City Union Bank

Branch in which the deposit is held

Nature of Deposit	Deposit No.	Additional Details if any	Name and Address	Date of Birth	Age	Relationship with depositor if any	If Nominee is a Minor Guardian's relationship with minor

\$ As the nominee is a minor of the date, I / We appoint Shri. / Smt. / Kum _____

Age _____

(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.

Place :

Date :

* Signature (s) Thumb Impression (s) of depositor (s)

@ Name (s) Signature (s) and Address (es) of witness (es)

1. _____

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

CUSTOMER PROFILE

1. Name :
2. Status :

Individual / Entity

A) INDIVIDUALS

Nature 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 :

(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 :

(Credit Summation in the account shall be upto **Four Times** of the declared Annual Business Turnover)

III) Others

a) Brief details of activity :

b) Annual Income :

c) Threshold Limit :

(Credit Summation in the account shall be upto **Two Times** of the declared Annual Income)

IV) Any other information to decide the social status:

B) ENTITIES (other than individuals)

Nature of Business activity :

Location of Business : Non risk areas Risk areas Both

Annual Business Turnover :

Threshold Limit :

(Credit Summation in the account shall be upto **Four Times** of the declared Annual Business Turnover)

3. Mode of receipts : Cash Cheque Electronic

4. Purpose 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

SIGNATURE OF THE OFFICER / MANAGER

Note : A fresh form should be used for Updation of Customer Profile, if there are perceptible changes in the customer data at the time of review of transaction and should be kept along with profile obtained earlier.

“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	Date of Birth/ Incorporation of declarant																							
	Middle Name																	D	D	M	M	Y	Y	Y	Y															
	Surname																																							
3	First Name (in case of individual)																																							
	Middle Name																																							
	Surname																																							
4	Flat / Room No.									5	Floor No																													
6	Name of premises									7	Block Name / No.																													
8	Road / Street / Lane									9	Area / Locality																													
10	Town / City									11	District				12	State																								
13	Pin code				14	Telephone Number (with STD code)								15	Mobile Number																									
16	Amount of transaction (Rs)											18	In case of transaction in joint names, number of persons involved in the transaction																											
17	Date of transaction	D	D	M	M	Y	Y	Y	Y																															
19	Mode of transaction : <input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other																																							
20	Aadhaar Number issued by UIDAI (if available)																																							
21	If applied for PAN and it is not yet generated enter date of application and acknowledgement number											D	D	M	M	Y	Y	Y	Y																					
22	if PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held																																							
	a	Agricultural income (Rs)																																						
	b	Other than agricultural income (Rs)																																						
23	Details of document being produced in support of identity in Column I (Refer Instruction overleaf)											Document code	Document identification number						Name and address of the authority issuing the document																					
24	Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)											Document code	Document identification number						Name and address of the authority issuing the document																					

Verification

I, do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/our estimated total income (including income of spouse, minor child etc as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.
verified today, the day of 20

Place :

(Signature of declarant)

Note:

- 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:-
 - 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;
 - in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- 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			
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
B	For Association of persons (Trusts)			
	Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	27	Yes	Yes
C	For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person)			
	Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address 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/guardian.

(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.