







# CITY UNION BANK

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

## FATCA / CRS DECLARATION FORM

### PART I - Please fill in the country for each of the following

1	Country of;	
a)	Birth	
b)	citizenship	
c)	Residence for Tax purpose	
2	US person (Yes/No)	

### PART II - Please note :

- 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.
- 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	

- 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**
- 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 Declaration (Applicable for all customer)**

i) Under penalty of perjury, I/We certify that :

1. The applicant is (i) an applicant taxable as US person under the laws of United States of America ("U.S") or any state or political subdivision thereof or therein, including the district of Columbia or any other states of the U.S.,(ii) an estate the income of which is subject to U.S federal income tax regardless to source thereof,(**This clause is applicable only if the account holder is identified as a US person**)
2. The applicant is an applicant taxable as a tax resident under the laws of country outside India, (**This clause is applicable only if the account holder is tax resident outside of India**)

(ii) I/We understand that the bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS.The bank is not able to offer any tax advice in CRS or FATCA or its impact on the applicant. I/We shall seek advice from profession tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(iv) I/We agree as may be required by domestic regulators/tax authorities the bank may also required to report, reportable details to CBDT or close or suspend my account.

(v) I/We certify that I/We provide the information on this form and to be the best or my/our knowledge and belief that the certification is true, correct and complete including the taxpayer identification number of this applicant.

Signature :

Name :

Date (DD/MM/YYYY)

**Part IV - Self Certification :**

To be filled only if -

- (a) Name of the country in part I is other than India and TIN or functional equivalent is not available, or
- (b) US person mentioned as Yes in part I, and TIN is not available.

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though nay one or more parameters suggest my relation with the country outside India.Therefore I am providing the following documents as proof of my citizenship and residency in India.

Signature

Documents proofs to be submitted (please tick document being submitted)

Passport

Election Id card

PAN Card

Driving license

UIDAI letter

NREGA job card

Govt.Issued Id card



**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
<b>A</b>	<b>For Individuals and HUF</b>			
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>B</b>	<b>For Association of persons (Trusts)</b>			
	Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	27	Yes	Yes
<b>C</b>	<b>For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person)</b>			
	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 SI.No.18 and the total amount of transaction is to be filled in SI.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.



**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 \_\_\_\_\_







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.