



**CITY UNION BANK LIMITED**

For Office Use

Serial No.

Account No.

Customer ID1

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

Date

Please open my/our/joint Account at : \_\_\_\_\_ Branch

(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

1<sup>st</sup>   
 2<sup>nd</sup>

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

APPL\* Father's Name

\* Mother's Maiden Name

1<sup>st</sup>    
 2<sup>nd</sup>

APPL	* Date of Birth	* Gender Male / Female	* PAN No.	Spouse Name	
1 <sup>st</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 <sup>nd</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Spouse Date of Birth <input type="text"/>	

**Minor Account**

Name of the Guardian 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 Proff**

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

(A) ID Proof specify SI. No ..... Valid Upto ..... No. .... Issued by & place .....	(B) Address proof specify SI. No ..... Valid Upto ..... No. .... Issued by & place .....
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**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.

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

**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

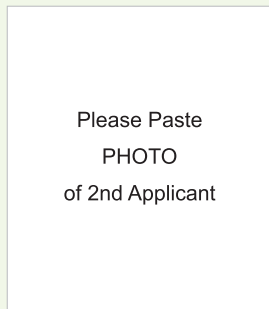
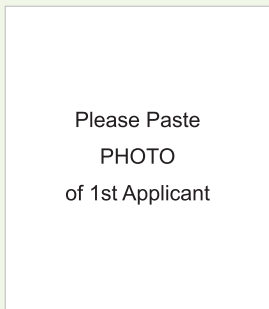
**FIXED Deposit Details**

**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 hereby declare that I 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 / our account for service charges as applicable from time to time. 10. I/We 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. /- and other charges for Net Banking. ATM & Branch services as detailed in the schedule of charges. /- per quarter for accounts with Average quarterly Balance requirement of

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 account 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. Document 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   
  Enable SMS Alert Yes  No   
  Mobile Banking Yes  No   
 } Necessary forms obtained

Introducer's Signature Verified  Yes

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

**Signature of Authorised Official**

VIP  DSA No.  SHG