इंडियन बेंक Indian Bank

The Branch Manager Indian Bank

APPLICATION FORM (PERSONAL)
Non-resident (External) (in Indian Rupees) FCNR Accounts (in Foreign Currency) Non-Resident Ordinary Account (NRO)

(USE Separate application for each type of Account)

Date:

TDR/A/C No:

	(USE Separate application for each type of Account)								
S	Please open an account as per details below: (In block letters)								
es	1.Name:		Occupation:						
Name and Address	Overseas Address: Local Address:								
Applicants'	2. Name:		Occupation:						
g	3. Name:		Occupation:						
ij	Date of Birth:	Luck	Phone No:						
Ap	Pan Number: Email ID:								
Passport Details	Nationality Country of Domicile		Emair ID.	Passport No: & Dt. of Issue					
	1.								
ass	2.								
ا ت	3.								
Type of Account	NRE/NRO () Current account () Savings Bank account () Fixed Deposit account () Re-Investment Plan A/c () Recurring Deposit A/c () Please issue me a Cheque Book			Amount	Period (months)				
<u> </u>	() FCNR () Re-Investment Plan Account () Fixed Deposit Currency of the FCNR Deposit ()								
Mode	() Single () Anyone or Survivor () Any two jointly () All jointly								
Remittanc e Details	() Either or Survivor () Former or Survivor 1.Demand Draft No:								
	() Please keep the Term Deposit in safe custody and renew the deposit on the due date for further period of Months at the rate prevalent on the date of maturity.								
riging l	() Renew the deposit with interest								
Standing Instructions	() Credit Interest to my SB/CA No with your branch								
	() Any other instructions								

	I / We hereby declare that I am / we are non-resident (s) / Person of Indian Origin.						
tion	I / We understand that the deposits permitted in that Account are only Foreign Currency Remittances from Abroad through normal Banking Channels.						
Declaration	I / We agree to abide by all the rules of the Bank applicable to the Account to be opened.						
De	I / We undertake to inform the Bank on my / our return to India for Permanent Resi						
	I /We understand that the above account will be opened on the basis of the statements/declarations made by me/us and I / We also agree that if any of the statements/declarations made herein is found to be not correct in material particulars you are not bound to pay any interest on the deposit made by me/us.						
	I / We agree that no claim will be made by me / us for any interest on the deposits for any period after date/s of maturity of the deposits.						
	I / We agree to abide by the provisions of the FCNR/NRE scheme						
ntd	I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by RBI in this regard.						
Declaration Contd	Signature of First Applicant	Signature of Second applicant	Signature of Third applicant				
Ø	Name	Signature					
en Signature	1will sign thus						
n Si	2will sign thus						
ime	3will sign thus						
Specime	7						
0,	Above signatures verified						
	Above signatures verified						
		verifying with rubber stamp (whe	re applicable)				
	Name and Signature of person v						
		o be made by a Bank/Indian Em	bassy/High				
on	Name and Signature of person volume 1. Authentication of signatures to	o be made by a Bank/Indian Em Public/Person known to the Bank In account is already held with the	bassy/High k. nis Branch. In such case,				
Introduction	Name and Signature of person volume 1. Authentication of signatures to Commission/Consulate/Notary F	o be made by a Bank/Indian Em Public/Person known to the Bank In account is already held with the	bassy/High k. nis Branch. In such case,				

	Nomination under Sec.45ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits.								
	I/We								
	(Name/s and address/es) nominate the following persons to whom in the event of my/our/minor's death the amount of deposit in the account, particulars whereof are given								
	below, may be returned by Indian Bank,Branch.								
	Name of deposit	Deposit A Number	Deposit Account Number		Additional details if any				
	Name & address of Nomine		Relationship with Depositor		Date of Birth				
					0				
	*As nominee is a minor on this date, I/We appoint(Name, Address and Age) to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.								
	Place:		Date:						
	Name, Signature of witness	Signature/s/Thumb Impression of Deposits/s*							
	*Strike out if nominee is not a minor ** Thumb Impressions shall be attested by two witnesses.								
	*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.								
41	Open	Account Opened	Nomination	on	Date:				
or Office		, ·	Regn.No:		Cheque Book issued on				
For (Branch Manager	Officer-in- charge	Regn. On		From to				