



To
The Branch Manager
Indian Bank

APPLICATION FORM(NON-PERSONAL)
Non resident ENTITIES

Date:

TDR / A/c No.

Applicants' Name and Address	Please open an account as per details below: (In block letters)			
	1. Name:		Occupation:	
	Overseas Address:			
	Local Address:			
	2. Name:		Occupation:	
	3. Name:		Occupation:	
Date of Birth .../.../..... Phone No. Pan Number Email Id:				
Passport Details	Nationality	Country of Domicile		Passport No.& Dt of Issue
	1.			
	2.			
	3.			
Type of Account	<input type="checkbox"/> Current Account <input type="checkbox"/> Term Deposit <input type="checkbox"/> Please Issue me a Cheque Book			Amount Period (months)
Mode of Operati	<input type="checkbox"/> Single <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Any two jointly <input type="checkbox"/> All Jointly			
	<input type="checkbox"/> Either or Survivor <input type="checkbox"/> Former or Survivor			
Remittance Details	1. Demand Draft No. dated for (amount)(in words) (enclosed)			
	2. Telegraphic Transfer for(in words)			
	3. Name and Address of the Remitting Bank			
Standing Instructions	<input type="checkbox"/> 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.			
	<input type="checkbox"/> Renew the Deposit with Interest.			
	<input type="checkbox"/> Credit Interest to my SB/CA No..... with your branch.....			
	<input type="checkbox"/> Any other Instructions			
Declaration	I / We hereby declare that I am /we are non-resident(s) / Person of Indian Origin. I/We understand that the deposits permitted in that Account are only Foreign Currency Remittances from Abroad through normal Banking Channels. I/We agree to abide by all the rules of the Bank applicable to the Account to be opened. I/We undertake to inform the Bank on my /our return to India for Permanent Residence.			

Declaration	<p>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.</p> <p>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.</p> <p>I/We agree to abide by the provisions of the FCNR/NRE scheme.</p> <p>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.</p>																								
	Signature of First applicant	Signature of Second applicant	Signature of Third applicant																						
	Name		Signature																						
Specimen Signature	<p>1. _____ will sign thus _____</p> <p>2. _____ will sign thus _____</p> <p>3. _____ will sign thus _____</p>																								
Introduction	<p>Above signatures verified _____</p> <p style="text-align:center;">Name and Signature of person verifying with rubber stamp (where applicable)</p> <p>1. Authentication of signatures to be made by a Bank / Indian Embassy / High Commission/ Consulate / Notary Public / Person known to the Bank.</p> <p>2. Verification is not required if an account is already held with this Branch. In such cases, please furnish Account No. SB / Current Account _____</p>																								
Nomination	<p>Nomination Form - DA 1</p> <p>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.</p> <p>I / We _____</p> <p>(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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Nature of deposit</th> <th style="width:25%;">Deposit Account Number</th> <th colspan="2" style="width:50%;">Additional details if any</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align:center;">Name & address of Nominee</td> <td style="text-align:center;">Relationship with depositor,</td> <td style="text-align:center;">Age</td> </tr> <tr> <td colspan="2"> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2"> </td> <td style="text-align:center;">Date of birth of the Nominee</td> <td> </td> </tr> </table> <p>* 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.</p> <p>Place : _____ Date : _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name, Signature of witness & Address **</td> <td style="width:50%;">Signature/s / Thumb Impression of depositor/s *</td> </tr> </table> <p>* 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.</p>			Nature of deposit	Deposit Account Number	Additional details if any						Name & address of Nominee		Relationship with depositor,	Age							Date of birth of the Nominee		Name, Signature of witness & Address **	Signature/s / Thumb Impression of depositor/s *
Nature of deposit	Deposit Account Number	Additional details if any																							
Name & address of Nominee		Relationship with depositor,	Age																						
		Date of birth of the Nominee																							
Name, Signature of witness & Address **	Signature/s / Thumb Impression of depositor/s *																								
For Office	Open	Account Opened	Nomination																						
	Branch Manager	Officer-in-Charge	Date : _____																						
		Regn.No. _____	Cheque Book issued on _____																						
		Regd. on _____	From _____ To _____																						

TOP OPENING OTHER FOREIGN CURRENCY ACCOUNTS WITH NON-PERSONAL P/E

	B.5	LEGAL ENTITY DETAILS (To be Provided for entity account holders)	
	B.5.1	Name of the Entity	
	B.5.2	Customer ID(to be filled by Bank)	
US	B.5.3	Account Holder Type for US Reportable Person	
OTHER COUNTRY	B.5.4	Account Holder Type for other Reportable Person	
TYPE	B.5.5	Entity Constitution Type	
BUSINESS DETAILS	B.5.6	Date of Incorporation	
	B.5.7	Nature of Business	
PAN	B.5.8	PAN	
TYPE	B.5.9	Identification Type	
No.	B.5.10	Identification No.	
ISO CODE	B.5.11	Identification issuing Country	
PLACE & COUNTRY	B.5.12	Place of Incorporation	
	B.5.13	Country of Incorporation	
ISO CODE	B.5.14	Country of Residence as per tax laws	
TIN & COUNTRY	B.5.15	Tax Identification Number (TIN) allotted by tax resident country	
	B.5.16	TIN Issuing Country	
	B.5.17	Address Type	
RES Etc	B.5.17	Address Type	
ADDRESS	B.5.18	Address	

CORPORATE CONTACT	B.5.19	City / Town	
	B.5.20	Postal Code	
	B.5.21	State Code	
	B.5.22	Country Code	
MOBILE & TELEPHONE	B.5.23	Mobile/Telephone Number	
	B.5.24	Other Contact Number	
ADDITIONAL INFORMATION	B.5.25	Remarks: (Any Additional Information)	

		CONTROLLING PERSON DETAILS (To be Provided for each controlling person of the entity)	
	B.6		
LEGAL POSITION	B.6.1	Controlling Person Type	
NAME OF OPERATOR	B.6.2	Name	
GR. No.	B.6.3	Customer ID(to be filled by Bank)	
PERSONAL DETAILS	B.6.4	Father's Name	
	B.6.5	Spouse's Name	
	B.6.6	Gender	
PAN No.	B.6.7	PAN	
IDENTIFICATION DETAILS	B.6.8	Aadhaar Number	
	B.6.9	Identification Type # (refer explanation)	
	B.6.10	Identification Number	
SER. ETC.	B.6.11	Occupation Type @ (refer explanation)	
	B.6.12	Occupation	
ADDRESS YYY	B.6.13	Birth Date	
ISO CODE	B.6.14	Nationality	
BIRTH DETAILS	B.6.15	Country of Residence as per tax laws	
	B.6.16	Place of Birth	
	B.6.17	Country of Birth	

	B.6.18	Tax Identification Number (TIN) allotted by tax resident country	
	B.6.19	TIN Issuing Country	
COMPLETE ADDRESS	B.6.20	Address Type \$ (refer explanation)	
	B.6.21	Address	
	B.6.22	City / Town	
	B.6.23	Postal Code	
	B.6.24	State Code	
	B.6.25	Country Code* (refer explanation)	
MOBILE / TELEPHONE	B.6.26	Mobile/Telephone Number	
	B.6.27	Other Contact Number	
ADDITIONAL INFORMATION	B.6.28	Remarks : (Additional Information)	

SIGNATURE OF THE CONTROLLING PERSON :

EXPLANATION TO FATCA APPLICATION FORMS

B.4.8 / B.6.9 # - Identification type	A- Passport; B- Election ID card; C – PAN card; D-ID card; E-Driving Licence; G-UIDAI Letter; H-NREGA Job Card; Z- Others; X – Not categorized;
B.4.10 / B.6.11 @ - Occupation Type	Permissible values are : S – Service; B – Business; O – Others; X – Not Categorised
B.4.19 / B.6.20 \$ - Address Type	Permissible values are : 1 – Residential or Business; 2- Residential; 3 – Business; 4 – Registered Office; 5- Unspecified
B.4.24 / B.6.25 * - Country Code	The Country Code as per ISO 3166 has to be mentioned. Use IN for India. If the country Code is not available use XX . Some of the country codes are furnished below. Note that the country code is the 5 th and 6 th alphabet of the swift code of a bank / branch of a particular country.

Country	Code	Country	Code	Country	Code
United States	US	Germany	DE	Great Britain	GB
France	FR	Canada	CA	Saudi Arabia	SA
Singapore	SG	United Arab Emirates	UA	Malaysia	MY
Hongkong	HK				

Appendix E: Draft Self-Certification for Entities (This Self- Certification is only indicative)

Part I

- A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange Yes No
If "No", then proceed to point B
If "yes" please specify name of stock exchange, if you are listed company _____, and proceed to sign the declaration
- B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India Yes No
If "yes", then please fill of FATCA/ CRS Self certification Form
If "No", proceed to point C
- C. Is the account holder an Indian Financial Institution Yes No
If "yes", please provide your GIIN, if any _____
If "No", proceed to point D
- D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen Yes No
If "yes", (then please fill FATCA/ CRS self-certification form)).
If "No", proceed to sign the declaration

Customer Declaration

() Under penalty of perjury, I/we certify that:

1. The applicant is:

(i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District to 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 of the 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 lows of country outside India.

(i) 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 on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional 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 that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CDBT or close or suspend my account.

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

Name of the Entity	
Signature 1	Signature 2
Signature 3	(As per MOP)
Date : _____	

Part II

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards (CRS)

Section 1: Entity information	
Name of Entity	
Customer id (if existing)	
Entity Constitution Type <i>(Refer Appendix 2)</i>	
Entity Identification type <i>(Refer Appendix 2)</i>	<input type="checkbox"/> T <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> O
Entity Identification No <i>(based on entity identification type)</i>	
Entity Identification issuing country	
Country of Residence for tax purpose	

Section 2: Classification of Non-Financial entities
I/We (on behalf of the entity) certify that the entity is:

a) An entity incorporated and taxable in US (Specified US person) Yes No

If "Yes", please provide your U.S. Taxpayer Identification Number (TIN)

TIN									
		-							

b) An entity incorporated and taxable outside of India (other than US) Yes No

If "Yes", please provide your TIN or its functional equivalent

TIN									
		-							

Provide your TIN issuing country _____

c) Please provide the following additional details if you are not a Specified US Person :

FATCA / CRS classification for Non-financial entities (NFFE)

Active NFFE

Passive NFFE without any controlling Person

Passive NFFE with Controlling Person(s):

US Others

Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus bank is not required to do the reporting)

Please provide GIIN number: _____

Section 3: Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is :

a. An entity is a U.S. financial institution Yes No

If "Yes",

(i) Please provide your Taxpayer Identification Number (TIN)

TIN/EIN									
		-							

(ii) Please provide GIIN, if any _____

If "No", please tick one of the following boxes below:

FATCA classification	Please provide the Global Intermediary Identification number (GIIN) or other information where
<input type="checkbox"/> Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement ("IGA") Jurisdiction	
<input type="checkbox"/> Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction	
<input type="checkbox"/> Participating FFI in a Non-IGA Jurisdiction	
<input type="checkbox"/> Non-reporting FI	
<input type="checkbox"/> Non-Participating FI	
<input type="checkbox"/> Owner-Documented FI with specified US owners	

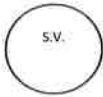
Section 4: Controlling person declaration					
If you are classified as "Passive NFFE with Controlling Person(s)" or "Owner documented FFI" or "Specified US person", please provide the following details:					
Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type <i>(Refer Appendix 2)</i>					
Identification Number					

Occupation Type <i>(Refer Appendix 2)</i>					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5: Declaration

- (i) Under penalty of perjury, I/we certify that:
 1. The number shown on this form is the correct taxpayer identification number of the applicant, and
 2. The applicant is (i) an applicant taxable as a US person under the laws of the 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 of the source thereof, or
 3. The applicant Is an applicant taxable as a tax resident under the laws of country outside 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 CRS/FATCA. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional 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 gets changed. .
- (iv) I/ We agree as may be required by /Regulatory authorities, bank shall be required to comply 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 the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

<input type="checkbox"/>	I/We hereby confirm that details provided are accurate, correct and complete
	

Authorized Signatories and Company Seal (if applicable)

Name _____

Date (DD/MM/YYYY) _____