

NRI ACCOUNT OPENING FORM

Affix Pre - Opened Kit Sticker

FEDERAL BANK

YOUR PERFECT BANKING PARTNER

Date, DSA ID, Branch, Sol ID, Delivery Point, Account Type, Existing Customer, A/c No, Scheme Name, Currency & Initial Remittance

Full Name, Maiden Name, Father's Name, Marital Status, Date Of Birth, PAN, Residential Status, Residence Address for Tax Purposes

APPLICANT 1, Passport No, Issue Date, Expiry Date, Place of Issue, Visa Expiry Date, Visa/PIO/OCI Card No., Seafarer, Nationality

Communication / Overseas Address, Permanent Address / Address In India, STATE, COUNTRY, PIN CODE

Mobile No, Contact No, Office Ph No, Email ID, Fax

Religion, Category, Edu. Qualification, Occupation, Monthly Income, Asset Owned, Liabilities, Investments

Employer's Name & Address:

Declaration (Please tick)

I hereby declare that... is a Non-Resident Indian holding Indian Passport. For PIO's, For Seafarer's, For Accounts in the name of Minors, For Politically Exposed Persons

Table with 4 columns: Positions Held, Name of the Party/Organisation, Designation, Period of Office

FATCA/CRS declaration - please tick any one, as applicable to you. I am a tax resident of India and not of any other country...

Table with 3 columns: Country, Tax Identification Number, Identification Type (TIN or Other)

Permissible documents are: Election ID/PAN Card/Driving License/UIDAI card/NREGA Job Card, #To also include USA, where the individual is a citizen/ green card holder of USA...

Full Name Mr/Mrs/Ms First Middle Last Maiden Name (if any) Father's Name (Mandatory) Mother's Maiden Name Marital Status Single Married Name of Spouse Date Of Birth Gender Male Female Transgender If Staff PF No Minor Yes No If yes, Name of Guardian Physically challenged Yes Differently abled PAN Aadhaar No Country of Birth City of Birth Residential Status Non Resident Indian Foreign National Person of Indian origin Residence Address for Tax Purposes Overseas address Address in India Address Type Residential Business/ Office

Passport No Issue Date Expiry Date Place of Issue Visa Expiry Date Visa/PIO/OCI Card No. Seafarer Yes No Nationality

Communication / Overseas Address Permanent Address/ Address In India STATE PIN CODE COUNTRY COUNTRY

Mobile No (With Country Code) Contact No (With STD Code) Fax Office Ph No (With Country Code) Email ID

Religion Category Edu. Qualification Occupation Monthly Income (₹) Asset Owned Liabilities Investments Christian General Under Graduate Private Sector Public Sector Government Sector Business Professional Self Employed Home Maker Retired Student Choose sub category of occupation Academician Bureaucrat Luxury Car Dealers Financial Sector Judiciary Media Pawn Broker Real Estate Scrap Dealers Stateman Stock Brokers Virtual Currency Dealers in Art and Antiques Dealers in Arms and Armaments Entertainment Industry Professional Intermediaries Dealers in Gems, Jewels and Precious Stones Crypto trading Upto 10,000 10,001 to 25,000 25,001 to 50,000 50,001 to 1,00,000 1,00,001 to 5,00,000 5,00,001 to 25,00,000 25,00,001 to 50,00,000 Above 50,00,000. House Car 2 wheeler Others Loans Credit Card Others Life Insurance Mutual Fund Demat A/c Bank Deposit Private Funds \*Networth.....

Employer's Name & Address

Declaration (Please tick)

I hereby declare that ..... is a Non-Resident Indian holding Indian Passport. For PIO's: I hereby declare that ..... is a Person of Indian origin holding ..... (issuing country) Passport, satisfying one of the following conditions, for which proof is attached: 1. Held an Indian passport in the past. 2. Father/mother/grandfather/grandmother (name)..... is/was a citizen of India by virtue of the constitution of India or the Citizenship Act 1955. For Seafarer's: I hereby declare and confirm that I am a Non-Resident Indian on contract with ..... (name and address of the Shipping company) registered in ..... (Country). For Accounts in the name of Minors: I hereby certify that ..... was born on ..... and attains majority on ..... and I am the natural guardian/legal guardian appointed by the court order dated ..... Name of the guardian..... Relationship With Minor ..... Account No..... For Politically Exposed Persons: I am a Politically Exposed Person who performs important functions for the State in the capacity as Senior Official of Govt. or Political Parties or closely related to Politically Exposed Person/s by name .....

Table with 4 columns: Political Party, Positions Held, Name of the Party/Organisation, Designation, Period of Office

FATCA/CRS declaration - please tick any one, as applicable to you. I am a tax resident of India and not of any other country (If not holding Indian Passport, provide documentary evidence in support)^ I am a tax resident of the country mentioned in the table Document Name^ Document No Expiry Date

Table with 3 columns: Country#, Tax Identification Number\*, Identification Type (TIN or Other\*, please specify)

^Permissible documents are: Election ID/PAN Card/Driving License/UIDAI card/NREGA Job Card, #To also include USA, where the individual is a citizen/ green card holder of USA, % In case Tax Identification Number is not available, kindly provide functional equivalent. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach to the form.

holder of passport number ..... residing at ..... hereby declare that I am neither a citizen of USA nor a resident of USA for tax purposes and I am not a tax resident of any country other than India even though a) My residence/ mailing address is of a country other than India b) My telephone number is of a country other than India c) I have a standing instruction to an account maintained outside India. d) My place of birth is in USA

certification I have understood the FATCA/CRS terms and conditions and here by confirm that the information provided by me in this form is true, correct and complete. I also confirm that I have read and understood FATCA CRS rules notified by CBDT and here by accept the same. I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes 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. My personal/ KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/ Email on my registered number/email address.

Signature Applicant 1 Applicant 2 Please paste Passport Size color Photograph here Customer ID Place: Date: PRIMARY APPLICANT JOINT APPLICANT

Account Activity	Purpose of Opening the Account		Source of Fund		Expected Monthly Remittance		Expected Monthly Withdrawals				
	NRE	NRO	NRE	NRO	NRE	NRO	NRE	NRO			
Savings	<input type="checkbox"/>	<input type="checkbox"/>	Salary	<input type="checkbox"/>	<input type="checkbox"/>	Up to Rs 10,000	<input type="checkbox"/>	<input type="checkbox"/>	Up to Rs 10,000	<input type="checkbox"/>	<input type="checkbox"/>
Repayment of Loans	<input type="checkbox"/>	<input type="checkbox"/>	Parents	<input type="checkbox"/>	<input type="checkbox"/>	Rs 10,001 - 50,000	<input type="checkbox"/>	<input type="checkbox"/>	Rs 10,001 - 50,000	<input type="checkbox"/>	<input type="checkbox"/>
Collection of Instruments	<input type="checkbox"/>	<input type="checkbox"/>	Personal Savings	<input type="checkbox"/>	<input type="checkbox"/>	Rs 50,001 - 1,00,000	<input type="checkbox"/>	<input type="checkbox"/>	Rs 50,001 - 1,00,000	<input type="checkbox"/>	<input type="checkbox"/>
Others.....	<input type="checkbox"/>	<input type="checkbox"/>	Rental/Interest/ Dividend/ Proceeds of Shares/Investment	<input type="checkbox"/>	<input type="checkbox"/>	Rs 1,00,001-5,00,000	<input type="checkbox"/>	<input type="checkbox"/>	Rs 1,00,001-5,00,000	<input type="checkbox"/>	<input type="checkbox"/>
			Others.....	<input type="checkbox"/>	<input type="checkbox"/>	Above Rs 5,00,000	<input type="checkbox"/>	<input type="checkbox"/>	Above Rs 5,00,000	<input type="checkbox"/>	<input type="checkbox"/>

  

Channel Facilities	ATM card (Please Tick)	NRE International <input type="checkbox"/>	NRO Domestic <input type="checkbox"/>	Card Type NRE	
	Cheque Book	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Card Type NRO	
	E Mail Alert	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mobile Alert	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Please Suggest 3 User ID (For Fed net)			Net Banking (Fed Net)	Yes <input type="checkbox"/> No <input type="checkbox"/> View Facility <input type="checkbox"/> Transaction Facility <input type="checkbox"/>
				Mobile Banking	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ATM CARD /FEDNET /MOBILE BANKING/ MOBILE ALERT/ EMAIL ALERT/ TELE BANKING/ FED e-PAY MANDATE - INDIVIDUALS**  
(Applicable for accounts of Individuals having more than one operators)

Name of Joint Account Holders (other than user) 1 .....  
2 ..... 3 .....

I/We authorize ..... (Applicant) to avail of ATM Card/ Fednet/ Mobile Banking/ Mobile Alert/ Email Alert/ Fed e-Pay / Telebanking Service in respect of all the accounts linked to his/ her/our customerID(s) mentioned in this application form. I/We undertake to ratify and confirm whatever the applicant does or causes to do through these service(s). This authority shall continue to be in force until anyone or all of us revokes it by a notice in writing delivered to you.

Signature of Joint Account Holders (other than user)

1  2  3   
Place..... Date.....

**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

<b>1.First Name</b>			<b>Middle Name</b>			<b>Surname</b>			<b>2. Date of Birth</b>		
<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		
<b>3.Father's Name (in case of individual) First Name</b>			<b>Middle Name</b>			<b>Surname</b>			<b>Incorporation of declarant</b>		
<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		
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.)			
17. Date of Transaction <input type="text"/>				18. In in case of transaction joint names, number of persons involved in the transaction <input type="text"/>				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) <input type="text"/>				21.If for PAN it is applied and not yet generated enter date of application and acknowledgment number <input type="text"/>							
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								Agricultural income (Rs.) <input type="text"/>		Other than agricultural income (Rs.) <input type="text"/>	
23. Details of document being produced in support of identify in Column 1		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		Document code	Document identification number			Name and address of the authority issuing the document					

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, - (i) 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; (ii) 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. 2. 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.

**ACKNOWLEDGMENT (ACCOUNT OPENING FORM)**

To,  
Shri/Smt.....(Primary A/c Holder), Shri/Smt..... (Joint A/c Holder)  
Reg : Application for Opening Combo NRE & NRO, NRE/NRO Savings/Current/Deposit ..... account with us  
with an initial remittance of ..... in Account No.1, Initial remittance of ..... in Account No. 2. Dated .....  
We acknowledge with thanks the receipt of your application for opening ..... Account/s as referred above  
 Your pre-opened account will be activated within a maximum of 15 working days (subject to verification of documents)  
 Your welcome kit (Applicable for Saving accounts only) will be sent to the communication address of the primary account holder within 15 working days (subject to verification of documents)

Yours Faithfully  
Manager

For further queries relating to this application please call us at our Contact Center numbers +91 484 2630994 or 2630995

**Add Standing Instruction (SI) for RD** Debit Account (NRI CASA)  Credit Account (RD)   
 SI Frequency  Mly  Qly  Hly  Yly SI Debit Amount  Period  SI Execution Date

**1. I/We hereby undertake:**  
 (A) To inform the bank immediately on my/our coming back to India for permanent settlement/residence. (B) To inform the bank immediately on any change occurring in my business/office/communication address/other contact details. (C) In respect of NRO/ NRE accounts, all the debits and credits will be carried out strictly as per FEMA regulations; In cases of debits to the NRE/ NRO account for the purpose of investment in India and for credits representing sale proceeds of investments, I/we will ensure that such investments/ disinvestments are made in accordance with FEMA regulations/ such other regulations issued by the Reserve Bank of India, in this regard. (D) The transactions carried out/ to be carried out in the account will not involve any purposes in contravention to or evasion of the provisions of FEMA Act or of any rule, regulation including Foreign Exchange Management (Borrowing and Lending) Regulations, notification, direction or order made thereunder (E) To pay any overdraft created in my/our account inadvertently together with applicable interest and without demur. (F) To inform the bank of the wrong credits in my/our account, pertaining to other customers and refund the same together with applicable interest and without demur.

**2. I/We understand & declare that:**  
 (A) I/We have read and understood the Terms and Conditions (3 copy of which I am in possession of) governing the opening and operation of NRE /NRO/FCNR/FRP account under Savings/Current/Fixed/Recurring Deposit schemes of Federal Bank and those relating to various services including but not limited to ATMs /Debit Card/Mobile Banking / Tele Banking / Internet Banking/ Mobile & e-mail alert/IMPS/Cheque Book— Delivery. I/We accept and agree to be bound by the said Terms and Conditions. I/We agree that the Bank may debit my account for service charges as applicable from time to time. Apart from this the current Schedule of Charges has been received by me/us and I/we agree with the same. I/We further understand and agree that any subsequent changes in the tariffs/service charges shall be published by the Bank in its website and/or on the notice boards of its branches, which shall be sufficient notice to me/us regarding such change. (B) 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 my/our deposits. (C) In the event of my NRI status is changed in future, my /our existing NRI account will be re-designated to Resident/RFC account(s) (as applicable). (D) Rate of interest applicable, premature withdrawal of the deposit, premature termination of the deposit in the event of death of the depositors, TDS on interest earned and filing/ renewal / cancellation of the nomination will be as per RBI/IBA/Income Tax/ Bank's rules in force from time to time. (E) I/We will not make available to any person resident in India any foreign exchange against reimbursement in India in Rupees or otherwise. I/We understand that the bank may at any time and without notice to me/us combine and consolidate all or any of my/our accounts and set off or transfer any sum or sums standing to the credit of anyone or more of such accounts in or towards the satisfaction of any of my/our liabilities to the bank on any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint. Unless and until modified or cancelled by filing a fresh nomination form/request for cancellation, a nomination once filed will continue to be applicable to the deposit when renewed without any change in the name and constitution of the account. (F) I/We understand that there will be no interest paid in NRE/NRO current accounts. (G) Term Deposits will be automatically renewed on maturity for a similar Term at the rate of interest prevailing on the maturity date on same terms and conditions unless instructed by me/us to the contrary or credit to my/our NRE/NRO SB/CA A/c No ..... on maturity on receipt of FD receipt duly discharged by me/us /facility for partial withdrawal in units/automatic loan facility. (H) I/we hereby declare that the above details are correct. (I) I/we wish to avail the add-on facility /facilities, as selected above, in my account. (J) For the purpose of availing the services in respect of joint accounts, I/we enclosing the mandate from the joint account holders. (K) In the cases of all types of joint accounts, name of the first person will be considered for all Income Tax Purpose. (L) I/We will verify the account details/balances periodically (at least once in every 3 months) and ensure correctness of the same in order to avoid/curtail fraudulent transactions occurring in the account, irrespective of the reasonable care and caution exercised by the Bank. (M) Where Joint Deposits are made with mandate Former or Survivor/Either or Survivor/Anyone or Survivors/Latter or Survivor, in the event of death of one or the Depositors, the Bank may allow premature termination of term deposit at the request of the Survivor(s) (N) I/We hereby unconditionally authorise the Bank to activate the cheques issued to me/us in the account forthwith without insisting for my/our written acknowledgment of having received the cheque book. I/We shall not hold the Bank liable/responsible in any manner for any consequence(s) of whatsoever nature arising from activating the cheque book facility as per this authorisation. Please open a deposit account in my/ our name/s as per the scheme selected. I/we agree to maintain Average Quarterly/ Monthly Balance of Rs ..... in the account. (O) The above account will become operational only on receipt of an activation SMS /Email to my/our registered phone number/email id from the Bank and Bank shall have the right to dishonour/refuse any transaction requested by me using Cheque / Debit Card/ Internet Banking/Mobile banking prior to activation of the account.

**3. I/We understand/acknowledge that** (i) Centralised Positive Pay System (CPPS) facility, an additional indicator provided by NPCI, is available for all CTS cheques to pre-empt occurrence of cheque related frauds (ii) CPPS facility would be an added safety measure to reconfirm the key particulars of the cheques issued like date, name of the beneficiary / payee etc., to ensure correctness/genuineness of the cheques presented for collection (iii) in the event of non-subscription to CPPS facility, I/We would become incapable/ disintitiled to lodge complaints under the dispute redressal mechanism at the CTS grids/clearing houses

**4. I/We have carefully read, understood and agreed to all the Terms and Conditions document published in Federal Bank's website (www.federalbank.co.in/general-terms-and-conditions) and I/We undertake abide by the same at all times. I/We further hereby authorise the bank to share all the information provided by me/us of any nature with credit rating/credit information companies, other service providers who have an agreement with the Bank for business purpose, and to third parties engaged by the bank for the purposes as detailed in the Terms and Conditions**

**5. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and i/we undertake to inform you of any changes there in, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it. My/our personal/KYC details may be shared with central KYC registry. I/we hereby consent to receive information from central KYC registry through SMS/Email on the above registered number/email address. I/we hereby give explicit consent to download my/our KYC document(s) and data from CKYCR for the purpose of the on-boarding process of the bank.**

**6. I/we hereby state that I/we have no objection for federal bank validating and fetching my/our ekyc details from Unique identification authority of India(UIDAI) through the Federal bank ekyc system using my/our Aadhaar number Aadhaar card/s which is /are provided by UIDAI. I/we further authorise UIDAI to release my/our identity/Address available in UIDAI data base to the Federal Bank. I/we also agree to provide the biometric scan of my/our finger (s) and the Aadhaar number/s or Aadhaar card/s details as required by the Federal Bank for the above purpose. I/we hereby state to have submitted Aadhaar number voluntarily to the Federal Bank for the purpose of KYC Process.**

**7. In case of accounts without PAN or any equivalent e-document thereof or Form no.60, I/we hereby authorise the Federal Bank to either partly or in-full to freeze the account in the event of the PAN or any equivalent e-document or Form no.60 is not being furnished when called upon by the Bank. In case of NRE & NRO account opening together , the duly signed Form 60 may be used for both account opening.**

**8. I/We undertake to submit data/information and valid and up to date KYC documents for periodic updation of KYC details or for validating the genuineness and identity of the transaction/person/s or for any other valid reason from time to time as may be required by the Bank, failing which, bank is at liberty to place partial or full restrictions in the operation, including freeze on the account.**

Date:.....  
 Place:.....  
 Signature(s) **Applicant 1**  **Applicant 2**

**For Office Use:**

Customer Risk Rating (Applicant 1) Low  Medium  High  Customer Risk Rating (Applicant 2) Low  Medium  High

Address Proof  Lead ID   
 ID Proof  KYC Norms complied with Yes  No   
 Photos  Signature of introducer verified  
 PAN CARD/ Form 60  Yes  No

Verified with the UN List and no matching details identified  
 PAN Card \_\_\_\_\_ verified through online official link  
**Customer Search Made**  
 No Cust ID exists in the name of the applicant  
 Existing Cust ID

Clerk Asst. Manager Principal Officer  
 PF No. .... SP No. .... SP No. ....

**FORM DA 1**

**Nomination under Section 45 'ZA' of the Banking Regulations Act, 1949 and Rule 2(1) of Banking Companies (Nomination) Rules, 1985 in respect of bank deposits**

I/We .....  
 (Name/s and address/es) nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars where of are given below, may be returned by The Federal Bank Ltd., Br .....

Deposit			Nominee				
Nature of deposit	Distinguishing No.	Additional details, if any	Name	Address	Relationship with depositor, if any	Age	If nominee is a minor, date of birth

(a) As the nominee ..... is a minor on this date. I / We appoint Shri/Smt/Kum ..... (name, address, and 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.

(b) As the nominee ..... is a minor on this date. I / We appoint Shri/Smt/Kum ..... (name, address, and 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 witness(es) Signature(s)/ Thumb Impression(s) of the depositor(s)

The Bank official/representative have briefed me/us about the advantages of nomination and requested to fill nominee details. After considering Bank's request I/we have decided not to provide the nomination and demand that the Bank should open my/our account/s without nomination.

Place:..... Date:..... \*Signature(s) Thumb Impression(s) of the depositor(s)

Note: \* 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 nominee is not a minor. @ Thumb impression(s) shall be attested by two witnesses

**ACKNOWLEDGMENT (NOMINATION)**

**FEDERAL BANK**  
 YOUR PERFECT BANKING PARTNER

Branch: ..... Date: .....

Shri./Smt./Ms.:.....  
 Dear Sir/Madam,  
 Reg: Nomination in respect of your /Deposit Account number/s..... with us.  
 Ref: Your application in form DA1 ..... dated: .....

We acknowledge receipt of your letter of nomination dated ..... nominating Shri. /Smt./Ms..... for Account 1 & nominating Shri. /Smt./Ms..... for Account 2

Yours Faithfully,  
 Manager