



THE KALUPUR COMMERCIAL CO-OPERATIVE BANK LTD.

(SCHEDULED BANK)

Head office : "Kalupur Bank Bhavan", Nr. Income Tax Circle, Ashram Road, Ahmedabad-380 014.

Phone : 27582020 to 26 • Fax No: 079-27543900

Email : forex@kalupurbank.com

NRE/FCNR ACCOUNT OPENING FORM [FOR NON-RESIDENT INDIANS]

NRE/FCNR A/cNo. _____

The Manager,
Kalupur Com. Co-op. Bank Ltd.

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Branch

NAMES & ADDRESSES

Please open an account as per details below: (in block letters)

1. FIRST APPLICANT _____
 2. SECOND APPLICANT _____
 3. THIRD APPLICANT _____
- Overseas Address _____

Phone No. _____ Cell No. _____ Fax No. _____

Indian Address _____

Phone No. _____ Fax No. _____ Email ID _____

PASSPORT DETAILS

	Date of Birth	Passport No.	Date & Place of issue	Nationality	Occupation Social Security No.
First Applicant					
Second Applicant					
Third Applicant					

MODE OF OPERATION

1. Single ☐
2. Either or Survivor of us ☐
3. Former or Survivor of us ☐
4. Any one of us or Survivors or Survivors ☐
5. _____ (Please Specify) ☐

SPECIMEN SIGNATURES

Name (Please Indicate Mr./Mrs./Miss)	Specimen Signature	For Verification by Branch Officials
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TYPE OF ACCOUNTS TO BE OPENED

	Amount (Specify Currency)	Period
1. Foreign Currency (Non-Resident Term Deposit A/c.) <input type="checkbox"/>		
2. Non-Resident (External) Rupee Term Deposit A/c. <input type="checkbox"/>		
3. Non-Resident(External)Reinvestment Plan DepositA/c <input type="checkbox"/>		
4. Non-Resident (External) Savings Bank A/c. <input type="checkbox"/>		
5. <input type="checkbox"/>		
6. <input type="checkbox"/>		

DETAILS OF REMITTANCE

1. Cash/Cheque/DD/TT/MT/TC No. _____
amount _____ dt. _____ Branch _____
2. Name and Address of the Remitting Bank _____
_____ Branch _____

DECLARATION

I/we hereby declare that I am/we are non-resident Indian/s of Indian Origin. 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/s made by me/us.

I/We agree that no claim will be made by me/us for any interest on the deposit/s for any period after the date/s of maturity of the deposit/s. I/We agree to abide by the provisions of Foreign Currency (Non- Resident) Account/Non-Resident (External) Account Scheme. I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival.

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 Reserve Bank of India in this regard. I/We authorise the Bank to automatically renew the deposit on the due date for an identical period unless the instruction to the contrary from me/us is received by the bank before maturity. I/We understand that the renewal will be in accordance with the provisions of the Reserve Bank of India scheme in force at the time of renewal. I/We further understand that the interest applicable on renewals will be at the applicable ruling rates on the dates of maturity and that the renewal will be noted on the deposit receipt on my/our presenting the same on the maturity date or later of renewal/payment.

1. All FCNR accounts opened will be under FCNR (Banks Scheme)
2. No prepayment is allowed under this Scheme.



Signature of 1st applicant



Signature of 2nd applicant



Signature of 3rd applicant

(Please score off options not applicable)

NOMINATION**NOMINATION FORM DA1**

Nomination under Sec 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nominations) Rules, 1985 in respect of Bank Deposits.

I/We

Name(s) & address(es)

nominate the following person 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 refunded.

(Name of branch where accounts is held)

NOMINEE

Name & Address	Relationship with Depositor, if any	Age	If nominee is a minor his date of birth

* As the nominee is a minor on this date, I/We appoint _____ to
(Name, Address & Age)

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.



Signature of witness



* Signatur(s) of depositor(s)

Name & Address of witness

Place _____

Date : _____ * Strike out if nominee is not a minor

+ 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.

INSTRUCTIONS REGARDING INTEREST PAYMENT ETC.

1. Please keep term deposit in safe custody any renew for similar period on maturity. ☐
2. Please remit interest by Draft. ☐
3. Credit Interest to my NRE S.B./C.A. No. _____ with you ☐
4. _____ ☐
(Please specify other instruction)

VERIFICATION OF SIGNATURE

1. Authentication of signatures to be made by a Bank / Indian Embassy / High Commission / Consultant / Notary Public / Person known to the Bank.
2. Verification is not necessary if you have an account with this Branch. _____
Above Signature verified (Give Account No.)

Name / Signature of Person Verifying with rubber stamp (Where applicable)

Place: _____ Date: _____

FOR BRANCH USE ONLY

Particulars of Form DA1 (if received) Entered Nomination Register Sr. No. _____ Dt. _____

Customer advised on

Acknowledgement received on _____

Open

Accounted opened

Date _____ 2000 No. of Cheque Book/T.D.R. issued

from _____

Branch Manager

LDGE KEEPER

OFFICER

To _____