



TECHNOLOGICAL SERVICES AT AFFORDABLE PRICE

Karur Vysya Bank*Smart way to bank*

Account Opening Form - non-resident individuals

Documentation		
Duly filled and signed account opening form (AOF)		
Latest passport size photo pasted on AOF		
Passport - Photocopies of relevant pages of valid Passport (front page, visa page and page with other details and address)		
Copy of Permanent Account Number (PAN)/ Form 60 (in absence of PAN)		
FATCA declaration		
Particulars	NRI	Person of Indian Origin (PIO)
Proof Identity	Passport	
Proof of NRI/PIO status	Visa permitting more than six months continues stay i.e. Employment, Residence, Study, Dependent or any other valid permit issued by concerned department of that country permitting more than six month continues stay in their country like Green Card, Resident permit, Iqama, order of appointment allowing entry to a country etc.	OCI (Overseas Citizen of India) card/PIO (Person of Indian Origin) Card or PIO status self-declaration wherever applicable or Self's cancelled Indian Passport or parents/grandparents Indian passport copies
Address Proof	Indian Address	Overseas Address
	Valid Indian passport page showing address	Valid foreign country issued passport showing address
	Any valid Govt. of India notified address proof	Utility bill – Electricity/Telephone/Water/ Gas connection etc.
	Other Bank latest NRI account passbook/ statement with address	Driving License/Rental Agreement /letter issued by the overseas employer/ Overseas Govt. issued permit with address i.e. work/ Resident/ Social Security/ Green Card etc.
		Overseas bank latest account passbook/ statement with address
The address on the proof submitted must be the same as the address mentioned in the application form		
Persons on a dependent visa can provide the sponsor/dependent's overseas address as their proof.		
In case customer is unable to visit branch and open account while in overseas all photocopies of the above proofs must be attested by any of the following		
Notary Public abroad		
Court Magistrate/Judge		
Indian Embassy/ Consulate General in the country where non-resident customer resides		
Authorised officials of overseas branches of Scheduled Commercial Banks registered in India		
Branches of overseas banks with whom Indian banks have relationship		

FOR OFFICE USE ONLY

CUSTOMER ID 1		ACCOUNT NO.	
CUSTOMER ID 2			
CUSTOMER ID 3			
CKYC ID		DATE	D D M M Y Y Y Y

To

The Branch Manager, Karur Vysya Bank Ltd.

Please open an account at your _____ BRANCH as per details given below:

PERSONAL DETAILS													
APPLICANT	TITLE	FIRST NAME	MIDDLE NAME	SURNAME									
FIRST	MR/MS/MRS												
SECOND	MR/MS/MRS												
THIRD	MR/MS/MRS												
	DATE OF BIRTH (dd/mm/yyyy)	SEX (M/F/T)	FATHER'S/ HUSBAND'S NAME	MARITAL STATUS									
FIRST													
SECOND													
THIRD													
<input type="checkbox"/> OVERSEAS ADDRESS (MANDATORY) (PLEASE TICK THE ADDRESS TO WHICH THE MAILS ARE TO BE SENT)													
DOOR NUMBER				BLDG./ROAD NAME									
LANDMARK													
AREA				STATE									
CITY				PIN/ZIP CODE									
PHONE NO. (RESI.)													
PHONE NO. (OFF.)													
PHONE NO. (MOBILE)													
E-MAIL ID													
<input type="checkbox"/> INDIAN ADDRESS (PLEASE TICK THE ADDRESS TO WHICH THE MAILS ARE TO BE SENT)													
DOOR NUMBER				BLDG./ROAD NAME									
LANDMARK													
AREA				STATE									
CITY				PIN CODE									
PHONE NO. (RESI.)													
PHONE NO. (OFF.)													
PHONE NO. (MOBILE)													
E-MAIL ID													

PASSPORT DETAILS

FIRST APPLICANT	PASSPORT NO.	DATE OF ISSUE	PLACE OF ISSUE	NATIONALITY	EXPIRY DATE
SECOND APPLICANT					
THIRD APPLICANT					

OCCUPATION

☐ SERVICE ☐ HOUSEWIFE ☐ STUDENT ☐ RETIRED ☐ SEA FARER ☐ NURSE ☐ DOCTOR
☐ ENGINEER ☐ I.T. PROFESSIONAL ☐ SELF-EMPLOYED ☐ OTHERS (_____)

MODE OF OPERATION

☐ SINGLE ☐ EITHER OR SURVIVOR ☐ FORMER OR SURVIVOR ☐ JOINTLY BY ALL
☐ ANY ONE OF US OR SURVIVOR ☐ LATTER OR SURVIVOR ☐ OTHERS (Please specify) _____

TYPE OF ACCOUNT & PERIOD OF DEPOSIT TO BE OPENED

☐ NRE SB ☐ NRE CURRENT ☐ NRE TERM DEPOSIT ☐ NRE TERM DEPOSIT CUMULATIVE
☐ NRO SB ☐ NRO CURRENT ☐ NRO TERM DEPOSIT ☐ NRO TERM DEPOSIT CUMULATIVE
☐ NRE / NRO RECURRING DEPOSIT

☐ FCNR TERM DEPOSIT ☐ FCNR TERM DEPOSIT (CUMULATIVE INTEREST)

PERIOD OF DEPOSIT _____ CURRENCY _____ AMOUNT _____

INSTRUCTION TO THE BANK

☐ PLEASE RENEW PRINCIPAL PLUS INTEREST / PRINCIPAL ONLY ON THE DUE DATE FOR A SIMILAR PERIOD
☐ CREDIT THE MATURITY PROCEEDS TO MY SB/CA A/C NO. _____
☐ CREDIT PERIODICAL INTEREST TO MY NRE/NRO A/C NO. _____
☐ PLEASE REMIT PERIODICAL INTEREST BY DD TO _____
☐ OTHERS (PLEASE SPECIFY) _____

REMITTANCE DETAILS

☐ DEBIT MY/OUR ACCOUNT NO. _____ WITH KVB _____ BRANCH
☐ CHEQUE/DEMAND DRAFT NO. _____ DATED _____ DRAWN ON _____ BANK ENCLOSED
☐ TT NO. _____ DATED _____

AMOUNT:

NOMINATION

☐ YES (Please attach separate Nomination form) ☐ NO

ATM CUM DEBIT CARD & INTERNET BANKING

☐ ATM-CUM-DEBIT CARD ☐ INTERNET BANKING

(AVAILABLE FOR SINGLE/JOINT A/C ONLY)
(Please fill up and attach separate application form)

SPECIMEN SIGNATURE & PHOTO

AFFIX
PHOTO
HERE

AFFIX
PHOTO
HERE

AFFIX
PHOTO
HERE

INTRODUCTION DETAILS

☐ Self (if existing customer). Please specify your existing Account Number.

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DECLARATION

1. I/We hereby declare that I am/we are non-resident Indian(s)/of Indian Origin. 2. 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. 3. I/We agree that no claim will be made by me/us for any interest on the deposit/s for any period after date of maturity of the deposits. 4. I/We agree to abide by the foreign currency (Non-Resident) Account/Non-Resident (external) account scheme, non-resident (ordinary) account scheme. 5. I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival. 6. 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. 7. 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. 8. I/We further understand that the interest applicable on renewal will be at the applicable ruling rates on the date of maturity and that the renewed receipt will be made available on my/our presenting the duly discharged original receipt on the maturity date or later for payment.

(Signature of the 1st applicant)

(Signature of the 2nd applicant)

(Signature of the 3rd applicant)

Enclosed : Photocopy of the Passport (Pages containing name, signature, date of birth, Visa) for our records.

DECLARATION CUM UNDERTAKING OF NRI

(Under Section 10(5), Chapter III of Foreign Exchange Management Act, 1999)

I/We hereby declare that the transaction(s) the details of which are specifically mentioned in the Schedule hereunder does not involve and is not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act, or any rule, regulation, notification, direction or order made thereunder. I/We also hereby agree and undertake to give such information/ documents, before the Bank undertakes the transaction(s) and as may be required from time to time as will reasonably satisfy you about the transaction(s) in terms of the above declaration. I/We also understand that if I/we refuse to comply with any such requirement or make unsatisfactory compliance therewith, the bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention/evasion is contemplated by me/us report the matter to Reserve Bank of India.

Place

Date

Signature of the applicant/s



INFORMATION SHEET – ANNEXURE TO NRI APPLICATION FORM

ACCOUNT NUMBER

TO BE OBTAINED FOR EACH APPLICANT SEPARATELY

FULL NAME

FATHER'S/HUSBAND'S NAME

1. Occupation	<input type="checkbox"/> SALARIED <input type="checkbox"/> SELF-EMPLOYED/PROFESSIONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHERS (PL. SPECIFY)_____	
2. If Self-Employed	<input type="checkbox"/> DOCTOR <input type="checkbox"/> LAWYER <input type="checkbox"/> ENGINEER <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHERS (PL. SPECIFY)_____	
3. Source of Funds		Annual Turnover in US\$
4. Monthly Income (US\$)	<input type="checkbox"/> UPTO 1000 <input type="checkbox"/> 1001-5000 <input type="checkbox"/> 5001-10000 <input type="checkbox"/> 10001-20000 <input type="checkbox"/> >20001	

PERSONAL

5. Date of Birth D D M M Y Y Y Y	6. Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED	
7. If any of your relative settled abroad, please give their names and addresses	7.2 Name	7.3 Name
7.1 Name & Address	Address	Address

DEALING WITH OTHER BANKS

If yes	8. NAME OF THE BANK	NAME OF BANK BRANCH	9. TYPE OF A/C(s)/FACILITIES, IF ANY
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EXISTING CREDIT FACILITIES, IF ANY

	YES	NO		YES	NO
10. Car Loan			14. Consumer Loan		
11. Credit Cards			15. Business		
12. Housing Loan			16. Against Security		
13. Education Loan			17. Others (Please specify) _____		

ADDITIONAL INFORMATION (OPTIONAL)

1. Educational Qualification	<input type="checkbox"/> NON-GRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> POSTGRADUATE <input type="checkbox"/> PROFESSIONAL_____ (Please specify)							
2. Educational Qualification of your Spouse	<input type="checkbox"/> NON-GRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> POSTGRADUATE <input type="checkbox"/> PROFESSIONAL_____ (Please specify)							
3. Family Members	AGE GROUP	UPTO 10	11-20	21-45	46-60	>60	TOTAL	5. Your credit card details (if any)
	Males							
	Females							
4. How many times you have been to India	<input type="checkbox"/> NEVER <input type="checkbox"/> 1 TO 5 TIMES <input type="checkbox"/> ABOVE 5 TIMES							Name of Bank _____
								No. of years in use _____

ASSETS

DESCRIPTION OF ASSET (PLEASE TICK APPROPRIATE BOX)

6. Vehicles		CAR		OTHERS		NONE
7. House you live in		OWN		RENTED		EMPLOYER'S
8. LIC POLICY		<US\$2000		US\$2001-5000		US\$>5001
9. OTHER INVESTMENTS		<US\$2000		US\$2001-5000		US\$>5001-10000
				US\$1001-20000		US\$>20000

10. ANY OTHER ASSETS

PLACE	DATE	SIGNATURE OF THE CUSTOMER
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ATM CUM INTERNATIONAL DEBIT CARD APPLICATION FORM																														
NAME OF THE BRANCH														CUSTOMER ID						TYPE OF SB/CURRENT ACCOUNT						DATE				
NAME OF THE ACCOUNT																														
ACCOUNT NUMBER														DATE OF BIRTH																
NAME OF THE INDIVIDUAL IN WHOSE NAME THE ATM DEBIT CARD TO BE ISSUED:																														
I would also like to line my following KVB SB/Current Account** to my ATM cum DEBIT card (standing in my/our name with other branches of your bank)																														
ACCOUNT NUMBER														<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="margin: 0;">Please paste colour photo here. Please do not use pins, staples or tape</p> </div>																
ACCOUNT NUMBER																														
<p>NOMINATION DETAILS (FOR INSURANCE COVER) : Name of the Nominee_____</p> <p>Relationship with the Card Holder_____Date of Birth (if Minor)_____</p> <p>Name of guardian (if Minor)_____</p>																														
<p>Debit Card: I/We have read and understood the terms and conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank, at its sole discretion without any notice to me/us. I/We confirm that I/we am the sole account holder or have the required mandate to operate all the accounts linked to the Debit Card(s) singly. I/We understand that upon issue of a Debit Card to me/us, the existing ATM card linked to my account will be deactivated I/we understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulation and in event of any failure to do so, I/we will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by the Reserve Bank of India, or rules notified under the Act or any other Act governing such transactions. I/We accept full responsibility for my Debit Card and agree not to make any claims against Karur Vysya Bank, in respect thereto. I/We agree that the cash deposited by me/us in the ATM will be credited by the Bank to the account after due verification and if it is found in order within 24 hours from the next working day. I/We agree further that all complaints pertaining to all ATM transactions will be resolved by the Bank within about 2 months.</p>																														
Signature of Applicant (Please sign in black ink only)																														

NOMINATION FORM DA-1		NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT, 1949 AND RULES 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES, 1985 IN RESPECT OF BANK DEPOSIT.		NOMINATION REGISTRATION NO.	
Name/s and address/es of the depositor/s – I/We nominate the following person to whom in the event of my/our/minor's death, the amount of deposit in the account(s), particulars whereof are given below, may be returned by THE KARUR VYSYA BANK LTD _____ in which the deposit is held.					
NATURE OF DEPOSIT	DISTINGUISHING NO.	ADDITIONAL DETAILS IF ANY	NAME	RELATIONSHIP WITH DEPOSITOR IF ANY	DATE OF BIRTH OF NOMINEE
			ADDRESS		
2. As the nominee is a minor on this date, I/we appoint Shri/Smt./Kum.** _____ AGE _____ _____ _____ _____ (Name, address & age) to receive the amount of deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.			NAME/S AND ADDRESS/ES OF THE WITNESS/ES* 1. _____ 2. _____		
			SIGNATURE/S OF THE WITNESS/ES 1. _____ 2. _____	SIGNATURE(S)/THUMB IMPRESSION(S) OF THE DEPOSITOR(S)*	

ACKNOWLEDGEMENT FOR NOMINATION REGISTRATION (TO BE RETURNED TO THE CUSTOMER AFTER REGISTRATION OF NOMINATION)			
NAME OF THE DEPOSITOR/S		NATURE OF DEPOSIT	ACCOUNT NUMBER
NOMINATION IN FAVOUR OF	REGISTERED ON	REGN. NO.	FOR THE KARUR VYSYA BANK LTD
			OFFICER/MANAGER

INTERNET BANKING APPLICATION FORM																													
NAME OF THE BRANCH															CUSTOMER ID										DATE				
NAME OF THE ACCOUNT																													
ACCOUNT NUMBER																		DATE OF BIRTH			D	D	M	M	Y	Y	Y	Y	
FACILITY APPLIED FOR																													
<input type="checkbox"/> INQUIRIES AND REQUESTS										<input type="checkbox"/> INQUIRIES AND FINANCIAL TRANSACTIONS (PERSONAL ONLY)										<input type="checkbox"/> INQUIRIES AND FINANCIAL TRANSACTIONS (PERSONAL AND THIRD PARTY)									
ACCOUNTS FOR FUNDS TRANSFER (PLEASE FURNISH THE ACCOUNT NUMBERS)																													
1																		2											
3																		4											
AUTHORISED USERS: NAME OF THE USER															SIGNATURE														
1															1														
2															2														
3															3														
DECLARATION																													
I/We have read and agree to abide by the terms and conditions governing <u>kvb@net</u> . Internet Banking facility of THE KARUR VYSYA BANK LTD provided to me/us including those excluding/limiting the Bank's liability and agree to any other changes to be made by the Bank from time to time and acknowledge that the Bank may in its absolute discretion discontinue any of the services completely or partially without notice to me/us. I/We request you to provide access as requested above. I/We agree that the Bank may debit my account for the service charges as applicable from time to time.																													
I/We authorise the above mentioned user/s to access and operate the accounts through <u>kvb@net</u> . (strike out if not applicable)																													
1. Signature_____ 2. Signature_____ 3. Signature_____																													
1. Name_____ 2. Name_____ 3. Name_____																													
Kindly note that Login ID and Password will be allotted by the Bank and sent to you on successful processing of your application. You will be forced to change your password at first login.																													
FOR BANK/BRANCH USE															ATM/INTERNET BANKING CELL USE														
<div>RISK LEVEL <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH</div> <div>Certified that the account number, address, signature/s of the account holder/s are as per branch records</div> <div>DATE BRANCH MANAGER</div>															<div>S. NO. _____</div> <div>DATE OF PROCESSING _____</div> <div>PROCESSING OFFICER'S SIGNATURE _____</div>														