

NRO ACCOUNT OPENING FORM FOR FOREIGN TOURISTS

To:

Date:

d	d	m	m	y	y	y	y
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The Manager/ Senior Manager, CANARA BANK, Branch _____

For Office use only (To be filled in by the branch officials):

Account No. _____

C-KYC No.:

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Customer ID: _____

Documents received: Self-CertifiedRisk Category: High Medium LowAccount Opening Date:

d	d	m	m	y	y	y	y
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Debit Card Applied Date:

d	d	m	m	y	y	y	y
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Nomination Registration Date:

d	d	m	m	y	y	y	y
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In-Person Verification: Yes No,If yes verification Date:

d	d	m	m	y	y	y	y
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Verification done by: Emp Name: _____ Staff ID: _____ Designation: _____

Threshold (KYC) Limit: ₹ _____ /-

Whether application, self certification & documents received as a part of account opening process have been met with all terms and conditions with verifications and found correct: Yes No

Seal & Signature

Maker ID and Name _____ Checker ID and Name _____ Authorized Signatory _____

Please fill below details:

I/we request to open an NRO account (SB/CA) at your: _____ (Please specify your preferred Branch name State and District)

(Fill in Capital Letters)

Personal Details	FIRST NAME	MIDDLE NAME	SURNAME	DATE OF BIRTH*	SEX								
Mr/Mrs/Ms				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	M / F / T:
d	d	m	m	y	y	y	y						
* Minors are not permitted to open the foreign tourist NRO Account													

Father's Name	Mother's Name	Spouse's Name
Mr/Mrs/Ms	Mr/Mrs/Ms	Mr/Mrs/Ms

Particulars of the applicant		
Mobile No		
Email id		
Married/ Single/ Others (specify) @		
Place of Birth	City	Country

@ Others: Divorced/ Separated/ Widow/ Widower

Passport Details:				
Passport No.	Place of Issue	Date of issue	Expiry Date	Nationality

Visa Details:				
Country of Visa	Visa No.	Place of Issue	Date of issue	Expiry Date

Details of Related Person (if any): Addition ■ Deletion ■ (A/c Operation through Power of Attorney is not allowed)Related Person Type: Nominee (Please fill nomination form DA-1 on page 3)Name of the Related Person:

Mr/Mrs/Ms:	First Name	Middle Name	Last Name
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Permanent Address (Overseas only)	
Flat No. / Bldg. Name	
Street/ Road & Area/ Locality	
City and District	
Country	
ZIP/Post Code	
Tel No./ Fax No.	

Current Address (Indian only)	
Flat No. / Bldg. Name	
Street/ Road & Area/Locality	
City and District	
State	
Pin Code	
Tel No./ Fax No.	

Address for Correspondence will be only current address i.e. Indian address

Tax Residence Declaration: Form to be filled if applicant is tax payer in any country or more than one country. * Functional equivalent documents: Social security/Insurance number, Citizen/Personal Identification/Service Code/National Identification no, Population/Resident Registration no./Alien card number.

Sl. no.	Country of Residence for Tax	Tax Identification Number (TIN) or *functional equivalent	TIN issuing country
1			
2			
3			

Please provide address, if Sl. no. 1 is filled in Taxation Details
 Same as Current Address Same as Permanent Address
 Other Address, fill details: _____ Country: _____

Identification Details (As per below table)	
a) Proof of Status:	<input type="checkbox"/> Valid visa
b) Proof of Identity:	<input type="checkbox"/> Foreign passport with Immigration Endorsement
c) Current Address document (Indian only):	Proof of current address shall be given on self declaration form with positive confirmation along with below mentioned documents: <input type="checkbox"/> Rent receipt <input type="checkbox"/> Utility bills (Water, Electricity, Gas, Mobile/Telephone)
d) Proof of Tax Residency	Any one of the following: <input type="checkbox"/> Tax Identification Number (TIN) or functional equivalent <input type="checkbox"/> Certificate of residence or any other valid identification documents issued by Government agency

Occupation*	Educational Qualification**		Annual Income (USD equivalent)			Religion***
Occupation*	Service	Private Sector	Public Sector	Govt Sector	Self –employed	Student
	Business	House wife	Student	Professional	Not –category	Others
Education**	Under Graduate	Graduate	Post Graduate	Others		
Religion***	Hindu	Muslim	Christian	Sikh	Other	

Service's required:	
Please issue me/us debit Card/s @	<input type="checkbox"/> Y <input type="checkbox"/> N (International card will not be issued for NRO accounts)
Internet Banking Facility Required	<input type="checkbox"/> Y <input type="checkbox"/> N,
Cheque Book	<input type="checkbox"/> Y <input type="checkbox"/> N
SMS Request Facility	<input type="checkbox"/> Y <input type="checkbox"/> N,
Transaction alerts facility	<input type="checkbox"/> Y <input type="checkbox"/> N,

@available only with opening of SB / CA NRO Accounts
Please note that if Alert Facility/ies are opted, Min transaction amount should be Rs. 10,000/-.

Mode of Operation: ■ Self only (Joint account is not permitted for tourists)

Declaration:

1. I hereby declare that I am a resident of country other than India and on by request you have opened foreign tourist NRO account which will abide by all rules and regulations laid by Reserve Bank of India.
2. I understand that in expiry of any document provided for foreign tourist account opening, bank is authorized to stop operations in my account until further submission of valid documents to the bank.
3. I understand that to continue account operations after the completion of 6 months' registration from FRRO/FRO (Foreigners Registration Office) will be obtained by me and I authorize bank to stop account operations until the FRRO/FRO is not provided by me. If the account is maintained for a period of more than six months, repatriation of funds to abroad is allowed by RBI approval only.
4. I confirm that account will not be credited with any local fund other than interest on it and sources of fund will be on it from abroad only.
5. I understand that the NRO account will be opened on the basis of statements/declaration's made by me and I also agree that if any of the statements/declaration's made herein is found to be incorrect in material particular I am bound to pay any interest made by me.
6. I hereby declare that all forex transactions, as may be entrusted by us to the Bank from time to time will be in strict conformity with the prevailing provision of FEMA act 1999 at the time of transactions are put through.
7. I undertake to utilize the debit card strictly in accordance with the exchange control regulations and understand that in the event of my failure to do so, would be liable for action under FEMA guidelines issues from time to time and I will also be debarred from international Card facility on debit card.
8. I acknowledge that, as per Prevention of Money Laundering Rules, 2005, in case of any update in the documents submitted by me after account opening, I shall submit the updated documents to the Bank within 30 days to be updated in the bank records. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
9. I provide my consent to share my personal and KYC details with central KYC registry and to receiving information from Central KYC Registry through SMS/Email on the registered number/email address in the account.
10. I accept, confirm, authorize and permit Canara Bank to use, share and disclose all of my registered communication contacts and address for the purpose of receiving information from bank, bank authorized service providers, any kind of promotional/ research/feedback based exercise about the bank products/services and API based authentication where my details are being auto fetched/ populated to process my banking requests/ applications on/through the bank web applications/systems.
11. I/we declare that I/we have read and understood the document containing the terms and conditions and disclaimer governing Canara Bank's Internet and Mobile Banking Services as provided in the Bank's Internet Banking Website www.canarabank.in and I/we accept the same. Further, I also agree that the transactions and requests executed in the above mentioned accounts through Internet, Mobile Banking under my user ID and password will be legally binding on me and I am responsible for maintenance of secrecy and confidentiality of the information passed on to me by the Bank through Internet/ mobile/ email. I have the mandate from the other joint holders to view/ enquire/ operate the joint accounts mentioned above.

FATCA/CRS/Central KYC Registry-Declaration and Undertaking :

Under penalty of perjury, I certify that;

1. I understand that Canara Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/ CRS. Canara Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder.
2. I agree to submit a new detail/ form within 30 days if any information or certification on this form becomes incorrect.
3. I agree that as may be required by domestic regulators/tax authorities, Canara Bank may also be required to report, reportable details to CDBT or other authorities/agencies or close or suspend my account, as appropriate.
4. I have understood the information requirements of this Form (read along with the FATCA/ CRS Instructions) and hereby confirm that the information provided by me on this Form including the taxpayer identification number is true, correct and complete. I also confirm that I have read and understood the FATCA/ CRS Terms and Conditions and hereby accept the same.
5. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I aware that I may be held liable for it.
6. My personal/ KYC details may be shared with Central KYC Registry.
7. I hereby consent to receiving information from Central KYC Registry through SMS/email on the above registered number/email address.

Photo & Signature:

Place:

Date:

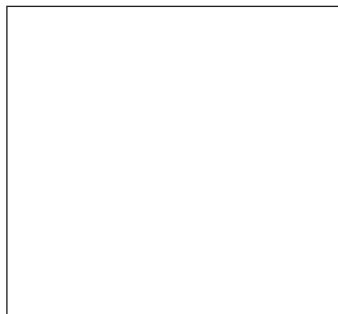
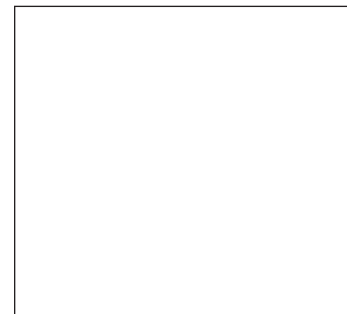


Photo of Applicant



Signature of Applicant

Verification Of Signatures:

For Canara Bank

Supervisor

Manager

Nomination form DA1: Required Not required (In case nomination is not required depositor have to tick 'Not required' along with signature)

Nomination under Section 45ZA of the banking Regulation Act 1949 and rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank Deposits.

I/ We.....(Name/s & Address)
nominate the following person to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be returned by Canara Bank

Nominee details:

Name and address	Relationship with the depositor, if any	Age	If nominee is minor, his/ her date of birth

As the nominee is minor on this date, I/ we appoint.....
(Name/s and Address/es) to receive the amount of the deposit in the account, on behalf of the nominee, in the event of my death, during the minority of the nominee. I have also noted that repatriation of funds in these accounts to Non Resident Nominees is subject RBI approval / Foreign Exchange Regulations.

Name, Signature & Address of Witness**

1.

2.

Place.....

Date.....

***Signature of Depositor**

* If deposit is in the Name of minor, nomination form should be signed by guardian or person lawfully entitled to act on behalf of minor

** In case of depositor has made thumb impression, form should be witnessed by two persons along with mentioned details.

Details to be filled by bank:

Nomination accepted and registered Vide Regn. No..... Dated.....

Self-Declaration regarding Current (Indian) Address (To open a NRO account by Foreign Tourist)

I, holder of passport no (.....)
declare that my Current Indian address during my stay in India is:

Address:			
Street:			
City:	State:	Pin:	

I affirm that the above-stated address is my current residence in India and can be used for official documentation and communication purpose related to the account opening process.

Name:

Date

***Signature of Depositor**