

## TO BE FILLED IN CAPITAL LETTERS

Sol ID. 

Blue Boxes are to be Filled by Bank:

Lead ID. Account No. Name of Branch 

## ACCOUNT OPENING FORM FOR NON-RESIDENT INDIAN (NRI)

 NRE-SB/CD/Term/Flexi NRO-SB/CD/Term/Flexi FCNR (B) Term Union SmartAccount Scheme For Term Deposit: Amount ₹ Period Months Days 

## 1. List of Applicants:

Primary Applicant

Customer ID. Debit Card No. Title First Name Middle Name Last Name 

Joint Applicant 1

Customer ID. Title First Name Middle Name Last Name 

Joint Applicant 2

Customer ID. Title First Name Middle Name Last Name 

Account Opened under Guardianship (Minor) / Power of Attorney/ other Legal Representation

Customer ID. 

Name of the Guardian/PA holder/Legal Representative

Title First Name Middle Name Last Name 

Relationship

 Father Mother PA holder Court Appointed Other (Specify) \_\_\_\_\_

## Declaration by Guardian

 For Operations by Guardian

I hereby declare that the date of birth of minor who is my \_\_\_\_\_ is \_\_\_/\_\_\_/\_\_\_\_\_ and I am his/her natural guardian/lawful guardian appointed by the court order dated \_\_\_/\_\_\_/\_\_\_ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account. Further, I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.

 For Operations by Minor

I am the father/mother/legal guardian of the above minor. I hereby authorize my ward to open Savings Bank account in his/her name with your branch and operate the said account as per Bank's rules. I hereby undertake that I shall indemnify the bank from time to time and at all times against all suits, losses, claims, counter claims, damages, cost, penalties and all other expenses which the bank may incur on account of allowing my ward to operate the said Savings bank Account

Signature of Guardian

## 2. Communication Address:

City Country Pin Mobile No. Phone No. Email ID. 

## 3. Payment Details For Opening Account:

 Cash: USD / GBP / EURO / Other (Specify) \_\_\_\_\_ Debit Account No.  Cheque/DD No. 

Amount \_\_\_\_\_

drawn on Bank Branch



## 4. Facilities Required:

Please tick in the respective boxes if you wish to avail the following facilities

- Cheque Book       SMS alerts required: if balance falls below ₹     Debit /Credit above ₹
- Statement by E-mail       Debit Card \_\_\_\_ (For add on card please apply separately)      **Internet Banking:** Visit our website for self generated User ID/Password
- Sweep-in-facility: Please clear my Cheque/allow withdrawal by transferring funds from my/our Saving/Current Account No.

### Term Deposit Renewal Instructions:

- I authorize the Bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless otherwise informed by me.

Interest Payment Frequency:       Monthly       Quarterly       Halfyearly       Yearly

### Interest/Maturity Payment Instructions:

Please fill in only if the interest is not to be renewed with the principal

Transfer to Savings/Current Account No.

By NEFT/RTGS

Beneficiary Bank

Branch

Account No.

## 5. Declaration/Undertaking:

- I/We hereby declare that I/We am/are non-resident Indian(s) of Indian nationality or origin. I/We understand that the above accounts 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 are found to be incorrect in material particulars, you are not bound to pay any interest on the deposit made by me/us.
- I/We hereby declare/undertake to intimate you about my/our return to India for permanent residence immediately on arrival. I/We shall not make available to any person resident in India Foreign Currency against reimbursement in rupees or in any other manner in India. I/We confirm that all debits to my/our accounts for the purpose of investment in India and credit representing sale Proceeds of investment in India are covered either by general or special permissions of Reserve Bank of India.
- I/We confirm having received, read and understood the account rules and hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account(s) which I/We am/are opening with Union Bank of India and amendments there to make from time to time and those relating to various services including but not limited to ATM Card/Telebanking/Internet Banking/SMS Alert.
- I/We agree to abide by the provision of the foreign currency (Non-Resident) account (External) account/Non-resident (ordinary) account/NRE-Unfixed Union Smart/Flexi deposit. I/We agree that if 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 the Bank in this regard. I/We authorize the Bank to automatically renew the deposit/s on due date for an identical period unless instructions 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. All further remittances/Credits may also be placed in similar deposits in the same names, for similar period and similar account operations/repayment mandate till instructions to the contrary are given specifically or till they are revoked.
- I/We understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my account for service charges as applicable from time to time.
- I hereby declare that the information furnished above is true and correct to the best of my knowledge. Having opened my /our NRE/FCNR account through this form, I/we request you to redesignate my/our existing resident savings bank / term deposit account no                      with your branch as NRO savings bank / term deposit account, which will be operated by me /us as per FEMA regulations.
- I am enclosing copy of my PAN Card No                      and Tax Residency Certificate for availing TDS benefit as per DTAA on interest on NRO accounts.

Account No	<input type="text"/>	Branch	<input type="text"/>
Mandate for Operation of Account	<input type="checkbox"/> Single <input type="checkbox"/> Either/Survivor <input type="checkbox"/> Former/Survivor <input type="checkbox"/> Any one or Survivor <input type="checkbox"/> Jointly <input type="checkbox"/> अन्य Others _____		
Primary Applicant :	Joint Applicant 1 :	Joint Applicant 2 :	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/> Paste your passport size photograph and sign across the photograph and also in the box provided above	<input type="text"/> Paste your passport size photograph and sign across the photograph and also in the box provided above	<input type="text"/> Paste your passport size photograph and sign across the photograph and also in the box provided above	
Date	<input type="text"/>	Place	<input type="text"/>

<b>For Bank Use Only</b>	
No. of enclosures : ____	
I hereby declare that this account opening form is complete in all respects and relevant documents have been obtained, verified and signature/s is/are obtained in physical presence of the applicant/s.	
Name: _____	
Emp.No.: _____	
Date <input type="text"/>	Signature: _____

I _____ (Name of Branch Head/Operations Head), Employee No.: _____ hereby authorize to open the account.	
पदनाम Designation _____	
Date <input type="text"/>	Signature: _____



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AOF No.



INFORMATION OF APPLICANT - NON RESIDENT INDIAN (NRI)

Paste your passport size photograph and sign across the photograph

Customer ID.  Account No.

Application Type  New  Update

KYC Number  (Mandatory for KYC update request)

Account Type  Normal  Simplified (for low risk customer)  Small

1. Applicant Details:

Name  
 Title  First Name  Middle Name  Last Name

Maiden Name  
 Title  First Name  Middle Name  Last Name

Spouse Name (if married)  
 Title  First Name  Middle Name  Last Name

Father's Name  
 Title  First Name  Middle Name  Last Name

Mother's Name  
 Title  First Name  Middle Name  Last Name

Gender  Date of Birth  Place of Birth  Country of Birth

Residential Status  Resident Indian  Non Resident Indian  Foreign National  Person of Indian Origin

Marital Status  Physically/visually handicapped  Form 60  PAN No.  Aadhar No.

Occupation  Business  Professional  Service  Student  Agriculture  Others  Code

Education  Nationality  Religion  Caste  Village Code

Country of Residence  Remit Country  Country Code

Annual Income  <50000  50000-<1Lac  1Lac-<5Lacs  5Lacs-<10Lacs  10Lacs-<25Lacs  25Lacs-<50Lacs  50Lacs-<1Cr  >1Cr

Networth  <10Lacs  10Lacs-<1Cr  1Cr-<5Cr  >5Cr

Source of Income  Salary/Pension  House Property/Rental  Business/Profession  Investments  Others

\*Non submission of copy of PAN Card and Tax Residency Certificate details will attract TDS on NRO accounts at regular rates and not at lower rates as per DTAA

2. Overseas Address:

City  Country  Pin

Mobile No.  Phone No.

Email ID.

3. Address in India:

District  State  City  Country I N D I A

Pin  Phone No.  Mobile No.

4. Passport Details:

Passport No.  Place of Issue  Nationality



## 5. Personal Information:

### Assets (Optional) :

Vehicle  Four wheeler  Two wheeler  Both  None  
 Residence  Self owned  Family owned  Rented  Employer provided

### Preferred Investment Activities (Optional) :

Shares  Mutual Funds  Bank Deposits  Govt. Securities  PPF  Gold  Property  
 RBI Bonds  Company Deposits  Insurance  Medical Insurance  Others (Specify) \_\_\_\_\_

## 6. Information on Credit Facilities Availed:

I \_\_\_\_\_ further undertake that :

- I do not enjoy credit(Fund based/Non fund based) facility with Union Bank/other Bank/s OR  
 I enjoy credit facility/have current accounts with Union Bank/other Bank/s and the details are as under
- Vehicle loan  Housing loan  Consumer loan  Educational loan  Business loan  Credit Card

Name of the Bank & Branch	Account No	Facility	Amount

## 7. Information required under Tax Laws:

If the individual is tax resident in more than one country then below information may be repeated for all such countries

S.No.	Date of Document collected	Country of Residency for Tax purposes	Tax Identification Number(TIN) or its functional equivalent	TIN issuing country

### Certification-cum-Undertaking for Individuals

- I \_\_\_\_\_ certify that I have declared my status as per the applicable FATCA/CRS rules in India as notified by Government of India (GOI) / Central Board of Direct taxes (CBDT) /Reserve Bank of India (RBI)/in this regard.
- I certify that the information stated in the account opening form and the supporting documentary evidence provided by me is, to the best of my knowledge and belief true, correct and complete and that I have not withheld any material information/document, that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
- I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form, and signed by me as well as in the documentary evidence provided by me or if any certification becomes incorrect.
- I also agree that our failure to disclose any material fact known to me, now or in future, may invalidate my application and Union Bank of India would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
- I agree to furnish any particulars/information that is called upon me by Union Bank of India on account of any change in law either in India or abroad in the subject matter herein.
- In the event there is any tax demand (including interest (if any)) raised due to non-disclosure/inaccurate disclosure of information/document on my/our part, I undertake to pay the demand forthwith and provide the Bank with all information/documents that may be necessary for any proceedings before GOI/RBI/Income-tax Authorities.
- I permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign."
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

### Declaration:

I declare that the information furnished above is true and correct to the best of my knowledge.

Signature of Applicant

### For Bank use only

Politically Exposed    
 Is the list of OFAC/UN Scanned

Signature of Branch Head/Authorized Officer

Date

Place



## नामांकन ( नामांकन फार्म डीए-1):NOMINATION (NOMINATION FORM DA-1):

बैंक जमा राशि के लिये बैंकिंग विनियमन अधिनियम, 1949 की धारा 45 और बैंकिंग कंपनी (नामांकन)नियमावली, 1985 के नियम 2(1) के अंतर्गत नामांकन

Nomination under sec.45 ZA of the Banking Regulation Act.1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits.

मैं/हम I/We

अपनी/ अवयस्क की मृत्यु की दशा में यूनियन बैंक ऑफ इंडिया की शाखा से उक्त खाते की जमा राशि प्राप्त करने के लिये निम्नलिखित व्यक्ति को नामित करता हूँ/करते हैं

nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account, may be returned by  
**Union Bank of India** Branch.जमा राशि का प्रकार  
Nature of Depositखाता क्र.  
Account No.

नामिती का नाम Name of nominee

उपाधि Title

प्रथम नाम First Name

मध्य नाम Middle Name

अंतिम नाम Last Name

क्या नामिती का नाम पास बुक/खाता विवरण/जमा रसीद पर मुद्रित किया जाना है

Whether name of the nominee to be printed on Pass Book/Statement of Account/Deposit Receipt

हाँ Y नही N

जमाकर्ता के साथ संबंध  
Relationship with depositorआयु  
Age

पता Address

नगर/जिला City/District

राज्य State

पिन Pin

फोन नं Phone No.

मोबाइल नं Mobile No.

ई-मेल आई डी E-Mail ID

अवयस्क होने की दशा में जन्म तिथि @

Date of birth in case of minor @

D D M M Y Y Y Y

@ चूंकि नामिती अभी अवयस्क है अतः मैं/हम नामिती की अवयस्कता के दौरान अपनी मृत्यु होने की दशा में नामिती की ओर से खाते की जमा राशि का भुगतान प्राप्त करने के लिये

@ As the nominee is minor on this date I/We appoint

उपाधि Title

प्रथम नाम First Name

मध्य नाम Middle Name

अंतिम नाम Last Name

को नियुक्त करता हूँ/करते हैं 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.

बीमा (दुर्घटना के कारण मृत्यु) Insurance (Death due to accident)

प्राथमिक डेबिट कार्ड के लिए नामित व्यक्ति Nomination for Primary Debit Card

नाम Name

संबंध Relation

जन्म तिथि Date of Birth

D D M M Y Y Y Y

एडऑन-कार्ड के लिए नामित व्यक्ति Nomination for Add-on Debit Card

नाम Name

संबंध Relation

जन्म तिथि Date of Birth

D D M M Y Y Y Y

\*जमाकर्ता/कर्ताओं के हस्ताक्षर/अंगूठे की छाप:  
\*Signature(s)/thumb Impression of Depositor(s)\*जमाकर्ता/कर्ताओं के हस्ताक्षर/अंगूठे की छाप:  
\*Signature(s)/thumb Impression of Depositor(s)\*जमाकर्ता/कर्ताओं के हस्ताक्षर/अंगूठे की छाप:  
\*Signature(s)/thumb Impression of Depositor(s)

प्राथमिक जमाकर्ता का नाम Name of Primary Depositor

संयुक्त जमाकर्ता 1 का नाम Name of Joint Depositor 1

संयुक्त जमाकर्ता 2 का नाम Name of Joint Depositor 2

साक्षी/यों के नाम Name of Witness/es

साक्षी 1 का नाम और पता Name &amp; Address of Witness 1

साक्षी 2 का नाम और पता Name &amp; Address of Witness 2

दिनांक  
Date

D D M M Y Y Y Y

स्थान  
Placeसाक्षी 1 के हस्ताक्षर  
Signature of Witness 1साक्षी 2 के हस्ताक्षर  
Signature of Witness 2

\*अंगूठे की छाप दो साक्षियों द्वारा अनुप्रमाणित की जाए \*Thumb impression(s) shall be attested by two Witnesses

ver 2015

## नामांकन की पावती Acknowledgment for Nomination

के संबंध में

(खाते का नाम)

(जमा राशिधारकों के नाम)

से नामांकन करने के लिए नामांकन के लिए नामांकन फॉर्म क्रम. डीए -1 को प्राप्त हुआ.

Received on nomination form DA-1 for making nomination from in respect of

(Name of deposit holder/s)

(Name of the Account)

जमा राशि खाता क्र.

Deposit Account No.

नामांकन पंजीकरण क्र.

Nomination Registration No.

दिनांक  
Date

D D M M Y Y Y Y

कुते यूनियन बैंक ऑफ इंडिया  
For Union Bank of Indiaप्राधिकृत हस्ताक्षरकर्ता  
Authorised Signatory



[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

1. Name of the Declarant..... : \_\_\_\_\_
2. Date of Birth..... : \_\_\_\_\_
3. Father's Name..... : \_\_\_\_\_
4. Full Address..... : \_\_\_\_\_  
 Town/City..... : \_\_\_\_\_ District..... : \_\_\_\_\_  
 State..... : \_\_\_\_\_ PIN Code..... : \_\_\_\_\_  
 Telephone No with STD code.. : \_\_\_\_\_ Mobile No..... : \_\_\_\_\_
5. Amount of Transaction..... :Rs \_\_\_\_\_
6. Date of Transaction..... : \_\_\_\_\_
7. In case of transaction in joint names, number of persons involved in the transaction.... : \_\_\_\_\_
8. Mode of transaction...  Cash  Cheque  Card  Draft/Banker's Cheque  Online Transfer  Others
9. Aadhaar Number issued by UIDAI (if available)..... : \_\_\_\_\_
10. If applied for PAN and it is not yet generated enter date of application and ack number... : \_\_\_\_\_
11. 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..... :Rs \_\_\_\_\_  
 Agriculture Income..... :Rs \_\_\_\_\_  
 Other than agriculture Income... :Rs \_\_\_\_\_
12. Details of document being produced in support of identify.... : \_\_\_\_\_
13. Details of document being produced in support of address.... : \_\_\_\_\_

**Verification**

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)

Documents which can be produced in support of identity and address (not required if applied for PAN and Aadhar No. is filled):

<b>A. For Individuals and HUF</b>	
1. AADHAR card	6. Bank/Post office passbook bearing photograph of the person
2. Elector's photo identity card	7. Ration card bearing Photo
3. Driving License	8. NREGS Job card
4. Passport	9. Caste or Domicile certificate bearing photo of the person
5. Pensioner Photo card	10. Others*
<b>B. For Association of persons (Trusts)</b>	
Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	
<b>C. For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person</b>	
Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.	

\*Please see the master file for full list of documents acceptable as identity and address proof.