

Date

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Branch:.....

 E.KYC Reg. No. 

 Account No 

 Customer No. 

 Contact No. 

Please open an NRE account as per details below: (Please tick (✓) type your account required)

**A. TYPE OF ACCOUNT**
 NRE SB     NRE CA     NRE FD     NRE RD     NRE RID     Others (Specify).....

**IF TERM DEPOSIT**

 Amount     Period     Rate of Interest 
**B. PERSONAL DETAILS** \*Please fill the form in **BLOCK LETTERS** only.

Applicant      Title      Full Name (Please leave one space between words)

FIRST APPLICANT	<input style="width: 90px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>										
	Date of Birth	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Minor
	Ph. Res.	<input style="width: 100%; height: 20px;" type="text"/>										
	Ph. Office	<input style="width: 100%; height: 20px;" type="text"/>										
		Customer No. <input style="width: 180px;" type="text"/>										

SECOND APPLICANT	<input style="width: 90px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>										
	Date of Birth	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Minor
	Ph. Res.	<input style="width: 100%; height: 20px;" type="text"/>										
	Ph. Office	<input style="width: 100%; height: 20px;" type="text"/>										
		Customer No. <input style="width: 180px;" type="text"/>										

**F. MODE OF OPERATION**     Self       Either or Survivor       Former or Survivor       Any one or Survivor  
 Jointly by all       Minor by guardian       Others (Specify)

**C. OVERSEAS ADDRESS**

Account Name	<input style="width: 100%; height: 20px;" type="text"/>
Account Address	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>
Country	<input style="width: 100%; height: 20px;" type="text"/>

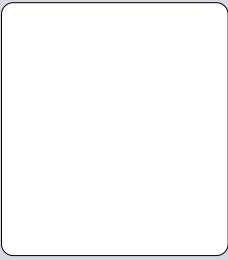




**D. INDIAN ADDRESS**

Account Address	<input style="width: 100%; height: 20px;" type="text"/>									
	<input style="width: 100%; height: 20px;" type="text"/>									
Post	<input style="width: 100%; height: 20px;" type="text"/>									
City/Location	<input style="width: 50px;" type="text"/>	Dist.	<input style="width: 50px;" type="text"/>							
State	<input style="width: 50px;" type="text"/>		Pin	<input style="width: 50px;" type="text"/>						

**E. PASSPORT DETAILS**

	Passport No.	Issue Date	Place of Issue	Nationality	Valid upto
First Applicant	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Second Applicant	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Third Applicant	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**Note: Please enclose Copy/ies of the valid passport/s and visa/s.**

	First Applicant	Second Applicant	Third Applicant
Photographs			
Specimen Signature	1	1	1
	2	2	2
 <b>Section Officer</b>		 <b>Branch Manager</b>	

### G. LOCAL CONTACT PERSON DETAILS (In India)

Name & Address.....  
.....  
.....

Contact No. 1. .... 2. ....

Relation .....

### H. INITIAL DEPOSIT DETAILS (Applicable only for SB & Current Accounts)

1. Demand Draft / Cheque No.....dt.....for Rs..... (enclosed)

2. SWIFT / RTGS / NEFT / UTR No.....dt.....for Rs.....

3. Name and Address of the Permitting Bank.....

### I. FACILITIES / CHANNEL FACILITIES REQUIRED

Cheque Book   
 Passbook   
 Net Banking   
 Others


Mobile Banking   
 SMS Alert   
 Mobile No.

E-Passbook   
 Email Alert   
Email ID.....

DBT Aadhar No.    (Attach copy of Aadhar card)

ATM Rupay Debit Card

**Name as desired on ATM Debit card**   
(Maximum 18 letters only)

  
*Signature of the Account holder/s*

### J. INSTRUCTIONS REGARDING INTEREST PAYMENTS ETC.

- Upon maturity renew the deposit automatically for the same period unless instructed otherwise.
- Please keep term deposit receipt in safe custody and renew for similar period on maturity.
- Credit Interest to my S.B./C.A. No.  with you.
- Others if any.....

**K. NOMINATION DETAILS (To be signed even if not required)**

Nomination

Required Form Filed

Not Required

**Form DA 1 (Only one individual nominee permitted)**

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

I/ We Name.....

Address.....

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 Nilambur Co-operative Urban Bank Ltd. Branch.....

Name of nominee.....Address: same as primary applicant

If different from primary applicant

Relationship with depositor, if any.....Aged.....Years If nominee is a minor, his / her **date of birth**:...../...../.....

\*As the nominee is a minor on this date, I / We appoint Mr./Mrs. (Name).....Address.....

.....aged..... years 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.

Signature of witness.....

Signature of First Applicant

Name.....

Signature of Second Applicant

Place :.....

Signature of Third Applicant

Date :...../...../ 20.....

\*Strike out, if nominee is not a minor

**L. DECLARATION BY ACCOUNT HOLDER/S IF JOINT ACCOUNT (Not mandatory)**

In the event of death of any of the account holders mentioned in case of joint account, the surviving account holder/s shall retain the right to close the Account.

Signature First Applicant

Signature Second Applicant

Signature Third Applicant

(Signature of the depositors)

**M. APPLICANT/S DECLARATION**

1. I/We hereby declare that I am / we are non-resident Indian(s) of Indian origin. I/We understand that the above account(s) 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.
2. I/We hereby undertake to intimate to you about my/our return to India for permanent residence immediately on arrival in India.
3. In the matter of cheques lodged by me/us with you from time to time for collection or negotiation, where the cheques are payable at places where you have not established your branches. I/We request you to collect them through any bank, entirely at my/our risk and responsibility. Where such drafts / cheques are negotiated by you and the same are lost in transit or otherwise, I/We hereby agree to reimburse to you the full amount of such drafts, cheques on demand.
4. I/We request and authorise you to honour all cheques or other orders drawn by me/us on the said account and I/We request you to debit such cheques to the said account, whether such account be for the time being in credit/overdrawn. Where such instructions / cheques require remittance of funds outside India, the remittance may be made only in accordance with the then prevailing FEMA / RBI Regulations, covering the scheme under which the deposit was accepted, and also covering the remittance desired.
5. I/We agree to comply with and to be bound by the bank's rules for the time being in force for the conduct of such account/s. I/We declared that the rules in force have been read by me/us.
6. 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 the Foreign Currency (Non-Resident) Account / Non-Resident (External) Account / Non-Resident (Ordinary Account Scheme).
7. I/We authorise the bank to automatically renew the deposit on the due date for an identical period unless the instructions to the contrary from me/us are 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's scheme in force at the time of renewal.
8. I/We further understand that the interest applicable on such renewals will be at the applicable ruling rates on the date 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 for renewal/payment.





**5. PROOF OF ADDRESS** (Latest / Recent utility bills less than 2 months)

Passport  Visa  Post paid Mobile Bill  Electricity Bill  Telephone Bill  Address proof By Govt.

Sl.No	Particulars	Issuing Authority	Bill Date
1			
2			

**Ration card is not to be used as a document for establishing identity or proof of residence as per recent directive of the Government of India**

**6. INDIAN ADDRESS**

Account Address

Post

City/Location  Dist.

State  Pin

**7. PERSONAL DETAILS**

Gender:  Male  Female  Third Gender      Literate :  Yes  No

Marital Status:  Single  Married

If Married, Name of Spouse:..... Wedding Date: ...../...../.....

Religion :  Hindu  Muslim  Christian  Others.....

Occupation :  Salaried  Professional.....  Self Employed / Business

Agriculture  Retired  Student  House Wife  Others.....

Source of Income :  Salary  Business  Agriculture  Pension  Others.....

Annual Income :  <1 Lakh  > 1 Lakh > 2.5 Lakh  > 2.5 Lakh < 5 Lakh

Above 5 Lakh      Rs.....

**8. APPLICANT DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my/our 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 am/we are aware that I/we may be held liable for it. I would like to share my personal/KYC details with Central KYC Registry.

**Signature Customer**

**FOR OFFICE USE ONLY**

Documents Received  Self-Attested  True copies  Notary

Risk Categorization based on Profile of the Customer  High  Medium  Low

Remarks

**All documents verified by**

**Clerk**

**Accountant**

**Br. Manager / Authorised Officer**