



Indian Overseas Bank

ACCOUNT OPENING FORM FOR NON RESIDENT INDIANS
(NRE/NRO/FCNR)

To
Indian Overseas Bank

.....**Branch**

I/We request you to open the following account(s) in my/our name/s as per details below:
(columns marked * are mandatory)

PARTI CULARS	1st APPLI CANT	2nd APPLI CANT	3rd APPLI CANT
* NAME (as appearing in passport) MOTHER'S MAIDEN NAME			
1. PHOTO*	Please affix stamp size photo and sign in black ink	Please affix stamp size photo and sign in black ink	Please affix stamp size photo and sign in black ink
2.1.* OVERSEAS ADDRESS (proof is mandatory) Telephone No.@ Mobile No. @			
2.2.* LOCAL ADDRESS Telephone No.@ Mobile No. @			
3.* EMAIL ID			
4. FAX NUMBER			
5.* NATIONALITY			
6.* PASSPORT 6.1 NUMBER 6.2 DATE & PLACE OF ISSUE 6.3 VALID UPTO 6.4 ISSUED BY			
7* TYPE OF VISA (Tourist visa not accepted)			
7. NATIONAL ID CARD NO			

Address for correspondence* : () Overseas Address () Local Address

@ Please give country code and area code

8. IF ANY OF THE APPLICANT IS A MINOR PLEASE FURNISH THE FOLLOWING DETAILS

Name : _____ Date of Birth : _____
 Name & Address of Parent/ Guardian :

Relationship with the Minor :

9. TYPE OF ACCOUNTS * (Please tick whichever is applicable)

Nature of Deposit	Type(Savings/ Current/Term)	Currency & Amount	Period (for Term Deposits only)
Non Resident (External) Account			
Non Resident (Ordinary) Account			
Foreign Currency (Non Resident) Account			

I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest will be as per the guidelines pertaining to such payment.

I/We authorise the bank to automatically renew the deposit on the due date for an identical period, unless any instruction to the contrary from me/us, is received by the bank before maturity.

I/We further understand that the interest applicable on renewals will be at applicable rates on the dates of maturity and that the renewal(s) will be noted on the deposit receipt on my/our presenting the same on maturity date or later for renewal/payment.

(Full details and interest rates of the schemes are available in our web site www.iob.in)

10. ACCOUNT TO BE OPERATED BY* (Please tick whichever is applicable)

- Single Any one of us Either or Survivor
 Former or Survivor Jointly Others (specify)

11. INTEREST PAYMENT* (Please advise for disposal of interest payments
 for NRE/NRO - monthly/quarterly/half yearly/maturity
 for FCNR - maturity interest)

Please credit () SB () Current Acct No. _____ with _____ branch
 In the name of

12. OTHER FACILITIES REQUIRED (Available only for Single and E or S accounts)

- a) e-see Banking (internet banking) () Yes () No
 b) ATM/International Debit Card () Yes () No
 (Please mail the PIN mailer and ATM card to my overseas address in separate envelopes)
 c) SMS confirmation () Yes () No (Please provide mobile number)
 I/We agree to abide by the terms and conditions as applicable and acknowledge it is my/our responsibility to obtain and read the same

13. OTHER INSTRUCTIONS (Kindly extend the facilities subject to conditions governing the same)

- () Deposit receipt to be kept in safe custody/to be mailed to my local/overseas address/others (specify)
 () Maturity notice to be sent to local/overseas address by post/may be advised through email/need not be sent/others (specify)
 () Deposit to be renewed on maturity with interest/principal only/may be credited to SB/Current account/proceeds may be sent by draft to overseas/local address

14. DECLARATION

I/We hereby declare that I am/we are non resident Indian(s) person(s) of Indian origin. I/We understand that the above account will be opened on the basis of statement/declaration 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. 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, terms and conditions governing the deposit(s) opened by me/us. I/We also undertake to intimate the Bank about my/our return to India for permanent residence immediately on arrival.

I/We agree 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/We understand that the operations in our account are subject to the provisions of FEMA and other RBI/GOI notifications from time to time.

15. Applicable to Non Resident (Ordinary) Accounts

I/We are aware that Tax will be deducted at source on the interest paid/accrued as per income tax laws in force.

16. Collection of Instruments paid into the account

From time to time I/We may deposit into the account, instruments for collection. I/We authorise the bank to collect and credit the proceeds of the same subject to conditions for such collections including arranging a correspondent of its choice in case of foreign currency cheques. In case any overdraft is created by return of such instruments for whatsoever reason, I/We are liable to the bank for such overdrafts. The Bank will not be responsible for any loss, damage, miscarriage of cheques, any delay in collection, transmission and otherwise of any remittance howsoever caused.

17. Mandate for operations (optional)

I/We are desirous of authorising a person in India to operate our account for local payments by
() mandate letter () power of attorney.

18. NOMINATION (If nomination not required please give a separate letter to that effect)

I/We nominate the following person to receive the amount deposit in the unfortunate event of my/our death

Name	Address	Relationship with depositor	Age (yrs)

As the nominee is a minor, I/We appoint Mr./Mrs. to receive the amount of deposit on behalf of the nominee

[Signature box]

Signature of 1st Applicant

[Signature box]

Signature of 2nd Applicant

[Signature box]

Signature of 3rd Applicant

Name and signature of witness (in case nominee is a minor) :

Note: Signature to be attested by the Bank/Indian Embassy/High Commission/Consulate/Notary Public/Account holder of the bank

Stamp and signature of attesting person

We attach the following attested document (indicate by ticking)

() Passport Copy (mandatory) () Visa () Work Permit () National ID card () Others (specify)

FOR BRANCH USE : Indian Overseas Bank

Branch

Letter of thanks sent to Customer/Introducer on	Account opened on by Name: Signature : Date :	Authorised by Name: Signature : Date:
---	--	--

Indian Overseas Bank **Branch**

KNOW YOUR CUSTOMER – CUSTOMER RECORD OF PROFILE

{TO BE FILLED IN BY THE APPLICANT/S IN COMPLIANCE OF KYC REQUIREMENT}

Particulars	1 st Applicant	2 nd Applicant	3 rd Applicant
1. Name			
2. Nationality			
3. Father/spouse name			
4. Date of birth			
5. Whether PEP # (see below)			
6. Marital Status			
7. If married no of children			
8. Educational qualification 8.1 Non graduate 8.2 Graduate 8.3 Post Graduate 8.4 Professional			
9. Occupation (refer table below and furnish serial numbers as appropriate)			
10. Annual Income			
11. Source of funds			
12. Vehicle owned 12.1 Car 12.2 Two wheeler 12.3 Others 12.4 None			
13. Residence 13.1 Own 13.2 Rented			
14. Details of credit cards held			
15. Details of deposit/loan accounts/credit facilities at other branches of IOB/other banks			
16. Details of foreign countries visited during the last 3 years			
17. Any other information which you would like to record with the bank			
18. I/We declare that the above particulars furnished by me are correct	Signature	Signature	Signature

9.a Service	9.b Professional	9.c Others
8.a.1 Government 8.a.2 Public Sector Undertaking 8.3.3. Private Sector (Furnish designation and employer name)	8.b.1. Lawyer 8.b.2. Doctor 8.b.3. Chartered/Cost Accountant 8.b.4. Engineer 8.b.5 Information Technology 8.b.6. Others (specify)	8.c.1. Pensioner 8.c.2. Retired Non pensioner 8.c.3. Home maker 8.c.4. Student 8.c.5. Farmer/Trader 8.c.6. Vendor/Business 8.c.7. Others (specify)

<p>FOR USE AT BRANCH: 1. Identify and verify genuineness of address as per instructions in force. 2. Remarks:</p> <p>Date: _____ Branch Seal _____ Name and signature of Authorised Officer _____</p>

Politically Exposed Person (PEP) include individuals entrusted with prominent public functions in a foreign country, their family members and close associates

MANDATE FORM

To
The Branch Manager
Indian Overseas Bank
Branch

Place
Date

Dear Sir

Referring to the NRE/NRO SB account number _____ and various term deposits/FCNR deposits going to be deposited with you in my/our name(s), I/We request and authorise you to honour all cheques drawn on the said account as well as for operating the term deposits both existing and future for local payments by..... whose signature(s) are hereunder written, notwithstanding such cheques may create or increase an overdraft to any extent and we authorise the said person on our behalf to make, draw, accept, endorse and negotiate cheques, hundies, bills and other negotiable instruments.

This authority shall continue in force until we have expressly revoked it by a notice in writing to be delivered to you.

Dated this _____ day of two thousand

Yours faithfully,

(Account Holder(s))

Specimen signature of
above mentioned

authorized to sign as

.....

.....

confirmed

(Account holder(s))