

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 माह
Months दिन
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

Name of the Guardian/PA holder/Legal Representative

Customer ID. Title First Name Middle Name Last Name Relationship ☐☐ Father☐ Mother☐ PA holder☐ Court Appointed☐ Other (Specify) State Pin Email ID

Declaration by Guardian : I hereby declare that the date of birth of minor who is my _____ is ____/____/____ and I am his 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 Further, I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.

Signature of Guardian

2. Communication Address:

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

3. Introduction by Existing Union Bank Customer/Overseas Relationship Manager:

Introducer's Name

Title First Name Middle Name Last Name Account No. Customer ID

☐ I confirm that I am an account holder with Union Bank of India for over six months. I confirm that I know the applicant/s detailed above for _____ years _____ months and confirm his/her/their identity, occupation & address as stated in the application.

☐ I/we hereby authenticate signature/s of the above named account holder/s

Date Signature of Introducer

FOR BANK USE :Signature of introducer verified by

Name Signature Place

Note: Authentication of Signature to be made by a Bank/Indian Embassy/High Commission/Consulate/Notary Public/Person Known to the Bank

4. Payment Details For Opening Account:

Cash: USD / GBP / EURO / Other (Specify) Debit Account No. Cheque/DD No. Amount drawn on Bank Branch

5. Facilities Required:

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

- ☐ Cheque Book ☐ SMS Banking Alert 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.

6. 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 for availing TDS as per DTAA on interest on NRO accounts.

Name of Account

Account No

Branch

Mode of Operation of Account ☐ Single ☐ Any one/Former or Survivor ☐ Jointly ☐ Others

Name :

Paste your passport size photograph and sign across the photograph and also in the box provided below

Primary Applicant

Paste your passport size photograph and sign across the photograph and also in the box provided below

Joint Applicant 1

Paste your passport size photograph and sign across the photograph and also in the box provided below

Joint Applicant 2

Date

Place

Sign of Admitting officer

Sign of Approving officer

For Bank Use Only.

No. of enclosures :

Name of the official in whose presence the application

Name:

Emp.No.:

Designation:

Date: Signature:

I hereby declare that this account opening form is complete in all respects and relevant documents have been obtained and verified.

Name:

Emp.No.:

Date: Branch Head/Operations Head

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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.

1. Applicant Details:

Title

First Name

Middle Name

Last Name

S/o / D/o / W/o

Aadhar Card No.

Title

First Name

Middle Name

Last Name

Mother's Name

Date of Birth

Gender

Married

*PAN No.

Occupation Code

D D

M M

Y Y

Y Y

M F

Y N

Education

Code

Religion

Code

Caste

Code

Annual Income

<10Lacs

10Lacs-<50Lacs

50Lacs-<1Cr

1Cr-<5Cr

5Cr-<10Cr

10Cr-<25Cr

25Cr-<50Cr

50Cr-<100Cr

>100Cr

Networth

<10Lacs

10Lacs-<1Cr

1Cr-<5Cr

>5Cr

Country of Residence

Remit Country

Country Code

Source of Income

Salary/Pension

House Property/Rental

Business/Profession

Investments

Others

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

2. Overseas Address:

City

Country

Pin

Phone No.

+

Mobile No.

+

Email ID.

3. Address in India:

Village Code

City / District

State

Pin

Phone No.

Mobile No.

E-Mail ID

4. Status of Origin:

☐ Indian National ☐ Held Indian Passport ☐ Persons of Indian Origin (PIO) ☐ Spouse is NRI by Origin

5. Passport Details:

Passport No.

Place of Issue

Nationality

Date of Issue

Valid Upto

D D

M M

Y Y

Y Y

D D

M M

Y Y

Y Y

6. Declaration:

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

Signature of Applicant

Politically Exposed

Y N

Is the list of OFAC/UN Scanned

Y N

Signature of Branch Head/Authorized Officer

NOMINATION (NOMINATION FORM DA-1):

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.

I/We _____

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.

Nature of Deposit _____ Account No. _____

Name of Nominee

Title _____ First Name _____ Middle Name _____ Last Name _____

Relationship with depositor _____ Age _____

Address _____

City/District _____ State _____

Pin _____ Phone No. _____ Mobile No. _____

E-Mail ID _____

Date of birth in case of minor @

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

Title _____ First Name _____ Middle Name _____ Last Name _____

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.

Insurance (Death due to accident)

☐ Nomination for Primary Debit Card

Name _____ Relation _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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☐ Nomination for Add-on Debit Card

Name _____ Relation _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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*Signature(s)/thumb Impression of Depositor(s)

*Signature(s)/thumb Impression of Depositor(s)

*Signature(s)/thumb Impression of Depositor(s)

Name of Primary Depositor

Name of Joint Depositor1

Name of Joint Depositor2

Name of Witness/es

Name & Address of Witness 1

Name & Address of Witness 2

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Witness 1

Signature of Witness 2

Place _____

*Thumb impression(s) shall be attested by two Witnesses

Acknowledgment for Nomination

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

(Name of deposit holder/s)

(Name of the Account)

Deposit Account No. _____

Nomination Registration No. _____

Date

D	D	M	M	Y	Y	Y	Y
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For Union Bank of India

Authorised Signatory