

TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this form**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/312011Amended ☐**Part I Filer Information**

2 Type of Filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

154-11-7419If filer has no U.S. Identification
Number complete Item 4.

4 Foreign identification (Complete only if item 3 is not applicable.)

a Type: ☐ Passport ☐ Other _____

b Number _____

c Country of Issue _____

5 Individual's Date of Birth
MM/DD/YYYY04/05/1978

6 Last Name or Organization Name

BAL

7 First Name

GURPREET KOUR

8 Middle Initial

S

9 Address (Number, Street, and Apt. or Suite No.)

21 WOOD ACRES DRIVE

10 City

NORTH BRUNSWICK

11 State

NJ

12 Zip/Postal Code

08902

13 Country

USA

14 Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

☒ No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

RS 30,95,627.73 ON 04 JAN 201116 Type of account a ☒ Bank b ☐ Securities c ☐ Other—Enter type belowNRE Savings Bank acct

17 Name of Financial Institution in which account is held

ICICI BANK

18 Account number or other designation

003501081388

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

Glen Morgan Bldg, Veer Savarkar marg, Panchpakdi

20 City

Thane west

21 State, if known

Maharashtra

22 Zip/Postal Code, if known

400602

23 Country

INDIA**Signature**

44 Filer Signature

Gurpreet Kour

45 Filer Title, if not reporting a personal account

—

46 Date (MM/DD/YYYY)

06/26/2012

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. **See Instructions For Definitions.**

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Part II Continued—Information on Financial Account(s) Owned Separately

Form TD F 90-22.1

Page Number

2 of 8**Complete a Separate Block for Each Account Owned Separately**

This side can be copied as many times as necessary in order to provide information on all accounts.

| | | | |
|---|---|--|------------------------------------|
| 1 Filing for calendar year <u>2 0 1 1</u> | 3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>154-11-7419</u> | 6 Last Name or Organization Name <u>BAL</u> | |
| 15 Maximum value of account during calendar year reported <u>Rs 1,47,359 (ON 5 OCT 2011)</u> | | 16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below <u>Domestic Savings acct</u> | |
| 17 Name of Financial Institution in which account is held <u>SBI (State Bank of India), Thane main Branch</u> | | | |
| 18 Account number or other designation <u>00000030544097421</u> | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>Ayyari Cross lane, Tembhi Naka</u> | | |
| 20 City <u>Thane West</u> | 21 State, if known <u>Maharashtra</u> | 22 Zip/Postal Code, if known <u>400601</u> | 23 Country <u>India.</u> |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |

Part III Information on Financial Account(s) Owned Jointly

Form TD F 90-22.1

Page Number

3 of 5**Complete a Separate Block for Each Account Owned Jointly**

This side can be copied as many times as necessary in order to provide information on all accounts.

| | | | | | |
|--|--|--|---|--|---|
| 1 Filing for calendar year <u>2 0 1 1</u> | | 3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>154-11-7419</u> | | 6 Last Name or Organization Name <u>BAL</u> | |
| 15 Maximum value of account during calendar year reported <u>Rs. 16,47,092.05 (on 11 Nov 2011) (\$35075 approx)</u> | | 16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below <u>Domestic savings acct</u> | | | |
| 17 Name of Financial Institution in which account is held <u>SBI (State Bank of India), Thane main branch (Premature withdrawal of fixed deposit)</u> | | | | | |
| 18 Account number or other designation <u>0000011100676959</u> | | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>Agyari (Cross lane, Tembi Naka</u> | | | |
| 20 City <u>Thane west</u> | | 21 State, if known <u>Maharashtra</u> | | 22 Zip/Postal Code, if known <u>400601</u> | |
| 23 Country <u>India</u> | | | | | |
| 24 Number of joint owners for this account <u>1 (SPOUSE)</u> | | 25 Taxpayer Identification Number of principal joint owner, if known. See instructions. <u>176-80-0726</u> | | | |
| 26 Last Name or Organization Name of principal joint owner <u>GHUBADE</u> | | | 27 First Name of principal joint owner, if known <u>NILESH</u> | | 28 Middle initial, if known <u>M</u> |
| 29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known <u>21-WOOD ACRES DRIVE</u> | | | | | |
| 30 City, if known <u>NORTH BRUNSWICK</u> | | 31 State, if known <u>NJ</u> | | 32 Zip/Postal Code, if known <u>08902</u> | |
| 33 Country, if known <u>USA</u> | | | | | |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | | | |
| 17 Name of Financial Institution in which account is held | | | | | |
| 18 Account number or other designation | | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | | |
| 20 City | | 21 State, if known | | 22 Zip/Postal Code, if known | |
| 23 Country | | | | | |
| 24 Number of joint owners for this account | | 25 Taxpayer Identification Number of principal joint owner, if known. See instructions. | | | |
| 26 Last Name or Organization Name of principal joint owner | | | 27 First Name of principal joint owner, if known | | 28 Middle initial, if known |
| 29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known | | | | | |
| 30 City, if known | | 31 State, if known | | 32 Zip/Postal Code, if known | |
| 33 Country, if known | | | | | |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | | | |
| 17 Name of Financial Institution in which account is held | | | | | |
| 18 Account number or other designation | | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | | |
| 20 City | | 21 State, if known | | 22 Zip/Postal Code, if known | |
| 23 Country | | | | | |
| 24 Number of joint owners for this account | | 25 Taxpayer Identification Number of principal joint owner, if known. See instructions. | | | |
| 26 Last Name or Organization Name of principal joint owner | | | 27 First Name of principal joint owner, if known | | 28 Middle initial, if known |
| 29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known | | | | | |
| 30 City, if known | | 31 State, if known | | 32 Zip/Postal Code, if known | |
| 33 Country, if known | | | | | |

Part IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)

Form TD F 90-22.1

Page Number

____ of ____

Complete a Separate Block for Each Account

This side can be copied as many times as necessary in order to provide information on all accounts.

| | | | |
|--|--|---|---|
| 1 Filing for calendar year ____ | 3-4 Check appropriate Identification Number <input type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: | 6 Last Name or Organization Name | |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 34 Last Name or Organization Name of Account Owner | | | 35 Taxpayer Identification Number of Account Owner |
| 36 First Name | 37 Middle initial | 38 Address (Number, Street, and Apt. or Suite No.) | |
| 39 City | 40 State | 41 Zip/Postal Code | 42 Country |
| 43 Filer's Title with this Owner | | | |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 34 Last Name or Organization Name of Account Owner | | | 35 Taxpayer Identification Number of Account Owner |
| 36 First Name | 37 Middle initial | 38 Address (Number, Street, and Apt. or Suite No.) | |
| 39 City | 40 State | 41 Zip/Postal Code | 42 Country |
| 43 Filer's Title with this Owner | | | |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 34 Last Name or Organization Name of Account Owner | | | 35 Taxpayer Identification Number of Account Owner |
| 36 First Name | 37 Middle initial | 38 Address (Number, Street, and Apt. or Suite No.) | |
| 39 City | 40 State | 41 Zip/Postal Code | 42 Country |
| 43 Filer's Title with this Owner | | | |
| 15 Maximum value of account during calendar year reported | | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below | |
| 17 Name of Financial Institution in which account is held | | | |
| 18 Account number or other designation | 19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held | | |
| 20 City | 21 State, if known | 22 Zip/Postal Code, if known | 23 Country |
| 34 Last Name or Organization Name of Account Owner | | | 35 Taxpayer Identification Number of Account Owner |
| 36 First Name | 37 Middle initial | 38 Address (Number, Street, and Apt. or Suite No.) | |
| 39 City | 40 State | 41 Zip/Postal Code | 42 Country |
| 43 Filer's Title with this Owner | | | |