

Date: 30-06-2025

The Branch Manager

Branch

Dear Sir,

**Subject: Remittance / Release of Foreign Exchange for Private Visit / Medical Treatment / Emigrations / University Fee**

**Overseas Education / Employment / Other purposes** Transfer **(Please Specify) (Strike out whichever is not applicable).**

With reference to the above I request you to release foreign exchange for the purpose mentioned above and furnish the following details:

**1. Details of Applicant / Remitter**

Applicant Name: MUHAMMED GIFRIN Date of Birth: 17-06-2003

Address: KOTHAYIL HOUSE, VENGALLUR P O, THODUPUZHA, IDUKKI, KERALA, INDIA - 685608

City: Pin Code

State: Telephone No.: Mobile No.: 9532410074

Email ID.: muhammedgifrin0011@gmail.com Nationality: Indian

PAN No.: EXEPG9653L Residential Status: resident

Passport No: Date of Expiry: Place of Issue:

**2. Details of Person on whose behalf remittance is being made only under overseas education or Medical Treatment**

Student /Patient Name: Jameesh Passport No.: A91PX132

PAN No.: EXEPG9653L \*College/ University/Hospital:

Academic Year: City / Country: Date of Travel

\*\*Relationship with the Applicant / Remitter self Brother

Signature of the applicant

\*copy of the letter from overseas university to be attached.

\*\* Only Closed Relatives as per section VI of Companies Act are permitted in the case of remittance which are related to each other as Husband and wife, if they are members of HUF or they are related to each other as Father (including step Father), Mother (including step Mother), Brother (including step Brother), Sister (including step Sister), Son (including step son), Son's wife, Daughter (including step Daughter), Daughter's husband.

**3. Foreign exchange amount to be released / remitted (Please provide the exact split)**

Cash Currency & Amount	_____	Travellers Cheque Currency & Amount	_____
Card Currency & Amount	_____	Draft Currency & Amount	_____
TT Currency & Amount	_____		
Equivalent to Rs	Rs 122805.76	Equivalent to USD	USD 1408
Country of Travel / Remittance:	United States of America	Date of Travel:	_____
Source of Funds:	Personal Savings		

**In case of Demand Draft**

Source of Funds:	_____
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**In case of swift / Telegraphic transfer  
Beneficiary Details:**

Beneficiary Name	Flywire Payments Corporation		
Beneficiary Address	141 Tremont Street, 10th Floor, Boston, MA 02111		
Beneficiary Bank Account Number	30993074		
Beneficiary Bank Name and Address	CITIBANK NA	111 Wall Street, New York, NY 10043, USA	
Swift Code / Routing No.	CITIUS33		
ABA routing / BLZ / Sort Code / Bank Code:	021000089		
Id IBAN International:	_____		
Additional information to the beneficiary (if available)	PMH286577040, MUHAMMED GIFRIN, Applicant ID: 2541181		
Information to be sent with wire transfer, if any	_____		

Correspondent Bank Charges: Ours **(Strike out whichever is not applicable)**

4. # Details of the remittance made / transaction effected under the LRS in the current financial year. (April \_\_\_\_\_ March \_\_\_\_\_) (if needed attach additional sheets in the same format)

Sr. No.	Date	FCN & Amount	Equivalent to Rs.	Equivalent to USD	Name and address of AD branch/FFMC through which the transaction has been effected

# I, undertake that in case, if it is reported that I have breached the LRS limit, I will be my responsibility to bring back/surrender the amount purchased/remitted in excess of the LRS limit and thereafter I will approach RBI for compounding of contravention under FEMA 1999.

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**Signature of the applicant**

## Declaration cum undertaking

I, the undersigned, hereby declare that the total amount of foreign exchange purchased from or remitted through, all sources in India during the financial year as per item no. 4 of the Application, including the current transaction is within the overall limit of USD 250,000/- (USD Dollar Two Hundred and Fifty Thousand Only), which is the limit prescribed by the Reserve Bank of India for the said purpose. I certify that the source of funds for making the said remittance belongs to me and the foreign exchange shall not be used for prohibited purposes. The transaction details of which are mentioned above does not involve, and is not designed for the purpose of any contravention or evasion of the provisions of the FEMA, 1999 or of any Rule, Regulation, Notification, Direction or Order made there under. I also hereby agree and undertake to provide such information /documents as will reasonably satisfy you about this transaction in terms of this declaration. I shall be responsible and liable for any incorrect information provided by me. I agree that in the event the transaction is cancelled or revoked by me after submitting the request, any exchange losses incurred in this connection to be recovered from the refund amount. I further agree that once the funds remitted by me have been transmitted by ..... (through AD Bank) to the correspondent and/or beneficiary banks, ..... shall not be responsible for any delays in the disbursement of such funds including the withholding of such funds by the correspondent and/or beneficiary bank. I agree that once funds are remitted, intermediary bank charges may be levied by Correspondent and /or Beneficiary Banks, which may vary from Bank to Bank. I agree that in the event the transaction being rejected by the beneficiary bank because of incorrect information submitted by me, any charges levied by the beneficiary bank or exchange losses incurred in this connection, I will be liable to pay the same to ..... I further confirm that the foreign exchange released for the above mentioned purpose will be used within 60 days of purchase. In case it is not possible to use the foreign exchange within the period of 60 days, same will be surrendered to an authorized person. I am neither a politically Exposed Person (PEP), not related to any of the Pep's. I hereby give my consent for sharing details/documents/information provided by us regards to this transaction with the AD I bank thru which remittance will be processed and for the AD I bank to use, disclose, store and/or process such Information, including for undertaking any verification, checks, authentication etc. Also to share the information with Regulator or any Law Enforcing Agencies wherever asked for as per extent Law/Rules/directions/Guidelines. I hereby state and undertake that I have no objection in authenticating myself with Aadhaar based Authentication system and hereby by give my voluntary consent to ..... as required under the Aadhaar Act 2016 and all other applicable laws. In case of payment by cash I hereby declare that the aggregate value of foreign exchange purchased by me, including this particular transaction, during the last 30 days, including the present date, either from ..... or from any other Authorized Dealers, by making payment in Cash does not exceed Rs. 50,000/-.

I understand that it is mandatory for you to collect copy of my visa and ticket before release of foreign exchange and keep the same on record. In this case, the VISA will be on (i) stamped only after the endorsement of availing exchange; (ii) on arrival at the destination country; (iii) copy enclosed (strike off which is not applicable). I undertake to produce my passport to you any time after my return from trip as a proof of obtaining visa as well as undertaking the trip abroad.

Payment is made by Self \_\_\_\_\_ or \*\*Close Relative (Relation) \_\_\_\_\_ PAN \_\_\_\_\_

Payment mode: Cash / Cheque / DD / PO /Bank Transfer / RTGS / NEFT (strike off which is not applicable)

### Bank Details from which payment is made

Bank Account Holder Name: \_\_\_\_\_ Bank \_\_\_\_\_

Bank Branch \_\_\_\_\_ Account No. \_\_\_\_\_ IFSC \_\_\_\_\_

Cheque No./DD No/PO No./URT No./ Transfer No.: \_\_\_\_\_

Signature of the applicant \_\_\_\_\_ Signature of the natural guardian (if applicant is minor) \_\_\_\_\_

Name: \_\_\_\_\_ Name \_\_\_\_\_

Relationship with the Applicant: \_\_\_\_\_

### Certificate by the Authorized Dealer

This is to certify that the remittance is not being made by/ to ineligible entities and that the remittance is in conformity with the instructions issued by the Reserve Bank from time to time under the Scheme. I have verified KYC documents in original.

Name and designation of the authorized official:

Signature \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Stamp / seal \_\_\_\_\_