FORM A2 and Application cum Declaration for purchase of foreign exchange under Liberalized Remittance Scheme (LRS) as amended by RBI

vide Master Direction-LRS dated June 20, 2018 for **INDIAN PASSPORT HOLDER** (To be completed by the applicant in BLOCK letters)

Date:				
The Branch Manager				
Branch				
Dear Sir,				
Subject: Remittance / Re	ease of Foreign Exchange for Pr	vate Visit /Medical Treatment / sity Fee	Emigrations /	
Overseas Education / Em whichever is not applicat	ployment / Other purposes <u>Transf</u>		) (Strike out	
With reference to the above following details:	I request you to release foreign exch	ange for the purpose mentioned a	pove and furnish the	
1. Details of Applicant / R	Remitter			
Applicant Name:		Date of Birth:		
Address:				
	City:	Pin Code		
State:	Telephone No.:	Mobile No.:		
Email ID.:		Nationality:		
PAN No. :	Residential Status:			
Passport No:	Date of Expiry:	Place of Issue:	Place of Issue:	
2. Details of Person on w Treatment	hose behalf remittance is being	made only under overseas educ	ation or Medical	
Student /Patient Name:		Passport No.:		
PAN No.:		llege/ versity/Hospital:		
Academic Year:	City / Country:	City / Country: Date of Travel		
**Relationship with the App	licant / Remitter			
		Signature of the	ne 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.

Cash Curre	ncy & Amou	nt 		Travellers Cheque Co Amount	urrency &				
Card Currer	ncy & Amour	nt		Draft Currency & Amou	nt				
TT Currency Amount	y &								
Equivalent	to Rs			Equivalent to USD					
Country of	Travel / Rem	ittance:		Date of Travel:					
Source of F	unds:								
In case of	Demand D	raft							
Source of F	unds:								
In case of Beneficiar		graphic transfer							
Beneficiary	Name								
Beneficiary	Address								
Beneficiary	Bank Accou	nt Number							
Beneficiary	Bank Name	and Address							
Swift Code No.	/ Routing								
ABA routing	g / BLZ / Sort	Code / Bank Code	2:						
Id IBAN Inte	ernational:								
Additional i	nformation t	to the beneficiary (	if available)						
Information	to be sent v	with wire transfer,	if any _						
Correspond	ent Bank Ch	arges: Ours <b>(Strik</b>	ce out whichever	r is not applicable)					
4. # Details March		tance made / trans ed attach addition			ent financial year. (April				
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				

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

# 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.

## **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 promided 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								
Payment is made by Self	or **Close Relative (Re	lation) PAN						
Payment mode: Cash / Chequ  Bank Details from which pa  Bank Account Holder Name:		RTGS / NEFT (strike off	which is not applicable)					
Bank Branch	Account No.	IF	SC					
Cheque No./DD No/PO No./UR								
No.:	T No./ Transfer							
·		e natural guardian (if a	pplicant is minor)					
No.:		e natural guardian (if a	pplicant is minor)					
No.: Signature of the applicant	Signature of th		pplicant is minor)					
No.: Signature of the applicant	Signature of th Name Relationship v Applicant:	with the	pplicant is minor)					
No.:  Signature of the applicant  Name:  This is to certify that the remi	Signature of th  Name  Relationship v Applicant:  Certificate by the strance is not being made by	with the  ne Authorized Dealer  y/ to ineligible entities a						
No.:  Signature of the applicant  Name:  This is to certify that the remi conformity with the instructio	Signature of the Name  Relationship of Applicant:  Certificate by the strange is not being made by the Reserve Bases	with the  ne Authorized Dealer  y/ to ineligible entities a	and that the remittance is in					