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	elease of Foreign Exchange for Pri	vate Visit /Medical Treatment / Emigi	ations /		
	nployment / Other purposes outwhichever is not applicable).				
With reference to the abov following details:	e I request you to release foreign exch	ange for the purpose mentioned above a	nd furnish the		
1. Details of Applicant /	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:			
2. Details of Person on v Treatment	whose behalf remittance is being (nade only under overseas education	or Medical		
Student /Patient Name:		Passport No.:			
PAN No.:	*College/ University/Hospital:				
Academic Year:	City / Country:	Date of Travel			
**Relationship with the Ap	pplicant / Remitter self				
		Signature of the app	licant		

*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 C	furrency &
Card Currer	ncy & Amoui	nt		Draft Currency & Amou	unt
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		egraphic transfe	r		
Beneficiary	Name				
Beneficiary	Address				
Beneficiary	Bank Accou	ınt Number			
Beneficiary	Bank Name	and Address			
Swift Code No.	/ Routing				
ABA routing	g / BLZ / Sort	t Code / Bank Code	e:		
Id IBAN Inte	ernational:				
Additional i	nformation t	to the beneficiary	(if available)		
	of the remit		saction effected u		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					