

AD CODE:

Office use only:

Remittance Ref. No.:		Originating Branch Code:	
FCC Contract Ref. No.:		Customer ID:	

**FORM A2**  
**APPLICATION FOR REMITTANCE ABROAD**

I/We \_\_\_\_\_  
(Name of applicant remitter)

PAN No. \_\_\_\_\_  
(For remittances exceeding USD 25,000 and for all capital account transactions)

Address \_\_\_\_\_

authorize \_\_\_\_\_

(Name of AD branch)

To debit my Savings Bank/ Current/ RFC/ EEFC A/c. No. \_\_\_\_\_  
together with their charges and

\* a) Issue a draft : Beneficiary's Name \_\_\_\_\_  
Address \_\_\_\_\_

\* b) Effect the foreign exchange remittance directly -  
1) Beneficiary's Name \_\_\_\_\_  
2) Name and address of the bank \_\_\_\_\_  
3) Account No. \_\_\_\_\_

\* c) Issue travelers cheques for \_\_\_\_\_

\* d) Issue foreign currency notes for \_\_\_\_\_  
Amount (specify currency) \_\_\_\_\_

\* (Strike out whichever is not applicable) for the purpose/s indicated below

Sr. No.	Whether under LRS (Yes/No)*	Purpose Code	Description

(Remitter should put a tick (✓) against an appropriate purpose code. In case of doubt/ difficulty, the AD bank should be consulted).

**Note - (\*) If Yes under LRS, please submit additional details as per Annexure.**

(Signature of the Applicant)

**Declaration  
(Under FEMA 1999)**

1. # I, .....(Name), hereby declare that the total amount of foreign exchange purchased from or remitted through, all sources in India during the financial year including this application is within the overall limit of the Liberalised Remittance Scheme prescribed by the Reserve Bank of India and certify that the source of funds for making the said remittance belongs to me and the foreign exchange will not be used for prohibited purposes.

**Details of the remittances made/transactions effected under the Liberalised Remittance Scheme in the current financial year (April- March) .....**

<b>Sl. No</b>	<b>Date</b>	<b>Amount</b>	<b>Name and address of AD branch/FFMC through which the transaction has been effected</b>

2. # The total amount of foreign exchange purchased from or remitted through, all sources in India during this calendar year including this application is within USD \_\_\_\_\_ (USD \_\_\_\_\_) the annual limit prescribed by Reserve Bank of India for the said purpose.

3. # Foreign exchange purchased from you is for the purpose indicated above.

# (Strike out whichever is not applicable)

Signature of the applicant

(Name)

Date:

**Certificate by the Authorised 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.

Name and designation of the authorised official:

Stamp and seal

Signature:

Date:

Place:

**ANNEXURE TO FORM A2**  
**(To be submitted only in case of LRS)**

**OUTWARD REMITTANCE APPLICATION FOR RESIDENT INDIVIDUALS**

(To be completed by the applicant)

**I. DETAILS OF THE APPLICANT**

(TO BE WRITTEN IN CAPITALS & LEGIBLE)

<b>NAME OF THE APPLICANT</b>				
<b>FULL ADDRESS</b>				
<b>CONTACT DETAILS</b>	<b>TEL. NO.</b>		<b>MOB. NO.</b>	
	<b>E-MAIL</b>			
<b>PAN NO. (^)</b>				

(^) – Mandatory for remittance exceeding USD 25,000 and for all capital account transactions irrespective of the amount)

**II. DETAILS OF THE FOREIGN EXCHANGE REQUIRED (Choose applicable option A or B)**

**A. For remittance of fixed amount of Foreign Currency**

(All Remittance charge & Taxes Extra)

<b>Foreign Currency</b>		<b>FC Amount in Words</b>	
<b>FC Amount in figures</b>			

**B. For remittance in Foreign Currency equivalent of Fixed Rupee Amount (All Remittance charge & Taxes Extra)**

<b>Foreign Currency</b>		<b>INR Amount in Words</b>	
<b>INR Amount in figures</b>			

(Signature of the Applicant)

(CONT ...2)

**C. Purpose of Remittance under LRS (Select the correct purpose and Code from the list)**

SL	PURPOSE		FETERS CODE	SL	PURPOSE		FETERS CODE
1	INVESTMENT ABROAD IN	Equity Capital (shares) [Portfolio Investment]	S0001	6	TRAVEL	Business	S0301
		Debt Securities	S0002			Pilgrimage	S0303
		Joint Venture*	S0003			Medical Treatment	S0304
		Branches and wholly owned subsidiaries (WOS)*	S0004			Education(Incl. Fee, Hostel Exp etc)	S0305
		ESOP	S0021			Holiday Trip, Settlement of Cards	S0306
		IDRs	S0022				
2	GIFT		S1302	7	HEALTH SERVICES	Other Health Services	S1108
3	DONATIONS		S1303	8	STUDIES ABROAD	E.g. fees for correspondence courses abroad	S1107
4	MAINTENANCE OF CLOSE RELATIVE		S1301	9	EMIGRATION		S1307
5	OPENING OF FOREIGN CURRENCY ACCOUNT ABROAD		S0023	10	OTHERS	LOAN TO NRI CLOSE RELATIVE	S0011
6	PURCHASE OF IMMOVABLE PROPERTY ABROAD		S0005			HEALTH INSURANCE	S0603
PURPOSE:						FETERS CODE:	
SOURCE OF FUNDS							

(\*) – ODI form Part-I and Indian Party Particulars to be submitted along with this form. Branch to submit ODI form Part-II.

If the purpose selected is one of the below then it is mandatory to furnish the details sought for

MAINTENANCE OF CLOSE RELATIVE	Relationship of beneficiary	
PURCHASE OF IMMOVABLE PROPERTY ABROAD (#)	The location of property being purchased	STATE :  COUNTRY:
INVESTMENT ABROAD (#)	Equity Shares, Mutual Funds, VC Fund Debt Instrument  Others: (Furnish details )	NAME OF THE COMPANY :  LISTED / UN -LISTED

(#) – If eligibility of more than one individual is clubbed, investment should be in joint names.

**III. NATURE OF INSTRUMENT (SELECT THE MODE OF PAYMENT- TICK MARK)**

WIRE TRANSFER SWIFT		DEMAND DRAFT		TRAVELERS CHEQUE		FOREIGN CURRENCY NOTES		ISSUE TRAVEL CARD / RE-LOAD	
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(Signature of the Applicant)

**IV. DETAILS OF THE BENEFICIARY**

<b>BENEFICIARY NAME *</b>	
<b>BENEFICIARY FULL ADDRESS *</b>	
<b>ACCOUNT NUMBER *</b>	
<b>IBAN*</b> (Compulsory for remittance to UK, Europe, Gulf countries and other countries implemented IBAN)	
<b>BSB *</b> : ( For Australia) <b>TRANSIT CODE* :</b> ( For Canada)	
<b>BENEFICIARY BANK NAME &amp; ADDRESS*</b>	
<b>SWIFT /BIC</b>	
SWIFT / BIC OF <b>INTERMEDIARY BANK</b> , IF ANY & <b>BENEFICIARY BANK ACCOUNT NO.</b> WITH INTERMEDIARY BANK	

(\* Mandatory for WIRE transfer through SWIFT)

**V. REMITTER ACCOUNT DETAILS: (Mandatory)**

<b>NAME</b>	<b>ACCOUNT NO.</b>	<b>BRANCH NAME</b>	<b>DPCODE:</b>

This is to authorize you to debit my/our above mentioned account together with all charges & taxes and affect the foreign exchange remittance through **SWIFT / issue Demand Draft /TCs / FCNs/ Issue or Reload of Travel Card** as detailed above. (Strike out whichever is not applicable).

**VI. DETAILS OF THE REMITTANCE MADE/TRANSACTIONS EFFECTED UNDER THE SCHEME IN THE CURRENT FINANCIAL YEAR (APRIL- MARCH)**

SL NO.	DATE	CURRENCY	AMOUNT	NAME & ADDRESS OF AD BRANCH /FFMC THROUGH WHICH THE TRANSACTION HAS BEEN EFFECTED
1				
2				
3				
		TOTAL		(EQUI. IN USD)

(Signature of the Applicant)