

NRO Account Opening Application



For Foreign Tourists Only

For Office Use only:	Application type:	New Up	date		
CIF		Acco	unt No:		Initials
C-KYC No				Documents Rece	
NPWK Docket ID:	ATM Card	I PPK No:	ATM PIN	PPK No:	Initials
INB Kit No: Account opened on: d d m		nd-delivered Di	spatched Emailed	INB Rights:	n View Initials Initials
Nomination form entered on:	d m m v v v v	Threshold (KY			
In-Person Verification carried out:	Yes No	Date: d d m m	y y y y Emp Na	me:	Signature:
	Emp Designation:		Br Code:		
Whether self-certification & docur only when certification is Yes):			ess have been verified and Remarks (If any):	found correct and reliable (Branc	h to proceed with opening of account
A/c opened by Computer Operato	or (Name):		Authorised Officer (Name	e & SS No)	AUTHORISED SIGNATORY
Important Note: Foreign tourist, who are minor, are not permitted to open the account Joint account is not permitted Mode of operation permitted to operate the account Power of Attorney (POA) will not be allowed to operate the account All correspondences will be sent to current address (Indian address) only If the account has been maintained for a period of six months or less than that, repatriation of funds to abroad is allowed without RBI approval. In all other case, account holder has to make an application to the concerned Regional Office of RBI for repatriation of balance on plain paper and submit the RBI's approved copy to the concerned SBI branch. Guidance for filling Account Opening Application: Please fill up in BLOCK letters only and use black ink for signature. Signature in capital letters are not acceptable. Please leave one box blank between two words. Name mentioned and signatures across all places in application (atA1, A2 & A3) and in your all future banking transactions with us Please affix a passport size photograph. Please also enclose another photograph for affixing on the Passbook If any of the proof for identification being given for KYC is in foreign language, then certified translated copy of same has to be given You should authenticate corrections/alterations if any with full signature in the account opening application Documents to be submitted along with Account Opening Application: One passport size photograph, which will be affixed on the Passbook Proofs for Status, Identity, Tax Residency and Current Address, as per Identification Documents table					
Please open an account at your:				(Please specify you	r preferred Branch Name, District & State)
Applicant's Personal Detail	s				
Senior Citizen: Yes	No				
Name (as mentioned in the pass	port):	Ms.	Mrs.	Other	
First Nam	e		Middle Name		ast Name / Surname
Maiden Name (If any):	First Name		Middle Name	I	ast Name / Surname
	First Name		Middle Name		
	FIFSUNAME		MIGUIE INSTITUTE	I	ast Name / Surname
Mother Maiden Name:					
Date of Birth: d d m m y	y y y Place of B	Sirth:		Country of Birth:	
Gender: Male Fema	le Transgender		Nationality:		
	Unmarried Others				
Spouse Name: First Na	me	Middle Name	I	ast Name / Surname	_(Required if Marital Status is Married)
Current Address (Indian Only)					
Address Type: Residentia	l or Business Resi	dential Busine	ss Registered Office	Unspecified	
City/Town/District:			State:		
•			Co		
PIN:			Country:		
Permanent Address (Oversea					
Address Type: Residentia	I or Business Resi	dential Busine	Registered Office	Unspecified	
City/Town/District:			State:		
Oity, IOWII/DISTRICT.			sidle:		
PIN:			Country:		
Please tick where you would like	o to rooiovo all correct	ndeness Com	nt Address Dorm	amont Address	

Contact Details							
Mob	. No.*	ISD NUM	BER Tel. No.(Res)	SD STD NUI	<u>M B E R</u>	Tel. No.(Off)	NUMBER
Fav	No. ISD	STD NUN	│			, ,	f Internet Banking is required,
· ux			Zinan Address			,	3 , ,
Pa	ssport Details	s					
	Passport No.		Issue Date	Place of Issue		Nationality	Valid upto
Vi	sa Details						
	Vis	a No.	Issue Date		Place of	Issue	Valid upto
5			ing details, if you are tax payer in any of Tax Identification Number (TIN)			e provide address, if S.No. 1 is filled	I in Taxation Details
N	o. Country of	residence for tax	or functional equivalent	nt The Issuing Country		ame as Current Address Same a	s Permanent Address
-	2				Other Address:		
;	3			City:City:		•	ntry:
ld	entification Do	ocuments (Please	e give certified translated copy of proo	f wherever it is in foreign la	nguage)		
ı	Proof of Identity	Proof of Status	Proof of Tax Resid	lency		Proof of Current Address (F	or Indian address only)
	Any one of the following: Document mentioning Tax Identification Number (TIN) or functional Self-declaration of address with positive confirmation by submitting copy of anyone of the following. Standard format can be downloaded.					rd format can be downloaded	
	equivalent equivalent equivalent Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Foreign Tourist NRO account of Self declaration of Indian address for Self dec						
	municipality, of the country of regridence Outility Bill (Electricity, Telephone, Gas)						
			report of the Government agency re	egulating the securities marke	et	Rent receiptAcknowledgment of corresponder	ice at the address
D	etails of Related	Person (If any):	Addition of Related Person D	eletion of Related Person			
	elated Person Ty		(Please fill Form DA-1 on page no 3)				
R	elated Person N		Ms. Mrs. Other	20.00		×	
First Name Middle Name Last Name / Surname							
Α	dditional Deta	ils (Please tick (√)	whichever applicable)				
In	come (In USD e	quivalent):	Monthly	Annually Asse	ts (In US	SD equivalent):	
Religion: Hindu Muslim Christian Sikh Others Category: General OBC SC ST							
Qualification: Non-Graduate Graduate Post-Graduate Others Designation / Profession:							
0	ccupation Type:		vate Sector	,	usiness	Not Categorized	
			oloosional Ocon Employed Orto	and Oriodowno Oo	ductity	Not odlogonzod	
c.	saaiman Signa	ature and Photog	nyan b				
اد	Jecimen Signa	ature and Photog	grapii				
	Paste a Pass Photogra	ph of					
	Applica	ant	gnature / Thumb impression of Applicant				
						Date: d d m m v v	V V
	Photograph s signed across by	the applicant	gnature & SS No of Verifying Officer			Place:	[J [J]

Туре	Amount & Currency
○ Savings ○ Current	
ount) Required Not Required	
3. SMS ALERTS: Required	Not Required
	Not Required
	5. CHEQUE BOOK: Required

Declarations Cum Undertakings

- 1. I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular No. RBI/2015-16/165 DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
- I understand and acknowledge that as per the provisions Income tax Act, Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and/or other
 criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government
 Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) and Common Reporting Standards (CRS) and or any other similar arrangements.
- 3. I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of my account as a U.S. Reportable Account or other reportable Account or other reportable.
- 4. Lundertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self- certification along with documentary evidence.
 5. I also agree that my failure to disclose any material fact known to me, now or in future, may invalidate me from transacting in the account and State Bank of India would be within its right to put
- 5. I also agree that my failure to disclose any material fact known to me, now or in future, may invalidate me from transacting in the account and State Bank of India would be within its right to put restrictions in the operations of my account or close it or report to any regulator and/or any authority designated by the Government of India (GOI)/RBI for the purpose or take any other action as may be deemed appropriate by State Bank of India, under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me within the stipulated period.
- 6. I also agree to furnish and intimate to State Bank of India any other particulars that are called upon me to provide on account of any change in law either in India or abroad in the subject matter herein.
- 7. I shall indemnify State Bank of India for any loss that may be caused to the State Bank of India on account of providing incorrect or incomplete information by me.
- 8. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- 9. My personal / KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS / Email on my registered number / email address.
- 10. At my request, you have opened 'Foreign Tourist NRO Account' in my name, under the rules framed by RBI. I understand that as per the account features and RBI guidelines, operations in my account will be stopped on the expiry of my VISA. I further understand that in case I have to maintain account beyond VISA expiry date, I will obtain approval from the Reserve Bank of India (RBI) and submit it to the Bank for making my account operative again. I also understand that I will require RBI's specific approval for repatriation of funds abroad from this account if such a request is made six months after the opening of account.
- 11. Account will not be credited with any local funds other than interest accrued on it i.e. source of funding will only be from foreign or interest earned in the account itself.
- 12. I hereby declare that the transaction(s) to be routed through my account does not involve and is not designed for the purpose of any contravention or evasion of the provisions of the PMLA or FEMA, 1999 or of any rule regulation, notification, direction or order made thereunder. I also hereby agree and undertake to give such information/documents before the Bank undertakes the transaction(s) and as may be required from time to time as will reasonably satisfy you about the transaction(s) in terms of the declaration. I also understand that if I refuse to comply with any such requirement or make unsatisfactory compliance therewith, the Bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention/evasion is contemplated by me and report the matter to Regulator / or otherwise also, as and when demanded by them.
- 13. I hereby declare that I am not resident of India and not residents of any country where opening or maintaining of the account is prohibited by the law and regulatory requirement of such country or by the applicable laws in India or by the Reserve Bank of India. I understand that the above account will be opened on the basis of the statements/declarations made by me and I agree that if any of the statements/declarations made herein is found to be incorrect in material particulars, I am not eligible for any interest on the deposit made by me and the account may be closed.
- 14. I have read and understood the rules and regulations of the product(s) / service(s) / facilities (internet banking, ATM etc.) opted for and agree to abide by the terms and conditions relating to the conduct thereof and also any change brought about therein from time to time.
- 15. I hereby agree that the transactions in the above account will be governed by the applicable laws in India and all disputes or differences arising out of or related to or connected with transaction or matters in relation to the above account shall be subject to exclusive 'Jurisdiction of Indian Courts'.
- 16. I undertake that the usage of the ATM cum Debit Card will be in accordance with the local regulations in force. I accept full responsibility for my ATM/Debit Card transactions and agree not to make any counter claims against the Bank in respect of these transactions.

	Date: d d m m y y y y
(A) Signature/Thumb impression of applicant	Place:

Form DA-1 (Nomination Form)	Required (Please fill following de	tails) Not Required				
Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits						
I/Wenominate the following person to whom in the event						
of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by State Bank of India,						
(Name and address of branch / office in which the deposit is held)						
Details of Deposit: Type	of deposit: Ac	count number:	Additional Details			
Details of the Nominee: Name	: First Name		Last Name / Surname			
Relationship with the depositor:	Relationship with the depositor:		Date of birth of nominee: d d m m y y y y			
Address:	Address: City:					
PIN: State:	Country:	Country: CIF No. of Nominee (to be filled by Bank):				
As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum age:						
Residing at						
	to recieve the amount of the deposit	t on behalf of the nominee in the event	t of my / our / minor's death during the minority of the nominee.			
Date: d d m m y y y y y						
Place:						
Signature/Thumb impression of applicant						
Nomination Serial No (to be filled by Bank)						
	Name:	 	Name:			
	Address:		Address:			
Signature/Thumb impression of 1" Witness**		Signature/Thumb impression of 2 rd W				