

NRO Account Opening Application



For Foreign Tourists Only

PIN: Country:	For Office Use only:	Application type:	New Upda	ate				
NPWK Dodes D	CIF		Accoun	t No:		Initials		
No Ri No	C-KYC No.				Documents Re	ceived: Self-Certified Notary		
ACCOURT Spend on the control of the	NPWK Docket ID:	ATM Card	PPK No:	ATM PIN	PPK No:	Initials		
Non-mission from moneror on la	INB Kit No:	Hand	d-delivered Disp	atched Emailed	INB Rights:	ion View Initials		
In Prescon Verification carried out	Account opened on: d d m	m y y y y	TM Card data transmit	ted on: d d m m y	у у у	Initials		
Entry Code.	Nomination form entered on:	d m m y y y y	Threshold (KYC) limit (₹):				
whether self-conflictation is documents received a part of account opening process have been weeked and found correct and reliable (planet) to proceed with opening of account opening of any time of the process of the	In-Person Verification carried ou	t: Yes No	Date: d d m m y	y y y Emp Na	me:	Signature:		
only who confidence in Yes we will not be considered to Name Authorised Officer Name & 88 No. Authorised SINNOTORY Important Nate: - Posing hubit projection (Name Name of permitted bodyon the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers on permitted to open the account Self-city - Power officers officers on permitted Self-city - Power officers officers officers officers officers officers - Power officers officers officers officers officers officers - Power officers officers officers officers officers officers - Power officers officer	Emp Code:	Emp Designation:		Br Code:				
Authorised Officer pamo & Sid No					found correct and reliable (Brai	nch to proceed with opening of account		
Important Notes	· ·				e & SS No)	AUTHODISED SIGNATORY		
Maiden Name (if any): First Name	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 is 'Self' only 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 in application and all Identification Documents should be legible and same Please use uniform signatures across all places in application (at A1, 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 your preferred Branch Name, District & State) Applicant's Personal Details Senior Citizen: Yes No							
Maiden Name (if any): First Name	First Non	200		Iiddla Nama		Last Nama / Surnama		
Father Name: Birch Name Birch Name			N			Last Name / Surname		
Mother Maiden Name: Date of Birth:	Maiden Name (If any):	First Name		Middle Name		Last Name / Surname		
Date of Birth: d d m y y y y y Place of Birth: Country of Birth: Gender: Male Female Transgender Nationality: Married Unmarried Others Spouse Name: First Name Middle Name Last Name / Narranne (Required if Marital Status is Married) Current Address (Indian Only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: PIN: Country: Permanent Address (Overseas only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: PIN: Country: State: PIN: Country: State: City/Town/District: State:	Father Name:	First Name		fiddle Name		Last Name / Surname		
Gender: Maile Female Transgender Nationality: Marital Status: Married Unmarried Others Spouse Name: First Name Middle Name Last Name / Surname (Required if Marital Status is Married) Current Address (Indian Only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: PIN: Country: Permanent Address (Overseas only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: City/Town/District: State: PIN: Country: City/Town/District: State: City/Town/Distr	Mother Maiden Name:							
Marital Status: Married Unmarried Others Spouse Name: First Name Middle Name Last Name/Nurname (Required if Merital Status is Married) Current Address (Indian Only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: Permanent Address (Overseas only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: City/Town/District: State: City/Town/District: State:	Date of Birth: d d m m y	y y y Place of Bir	rth:		Country of Birth:			
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Spouse Name: First Name Middle Name Last Name / Surname (Required if Marital Status is Married) Current Address (Indian Only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: PIN: Country: Permanent Address (Overseas only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: PIN: Country: City/Town/District: State: City/Town/District: State:	Gender. Male Fem	ale Hallsgelidel	IN.	ationality				
Current Address (Indian Only) Address Type:	Marital Status: Married	Unmarried Others						
Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: PIN: Country: Permanent Address (Overseas only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: PIN: Country:	Spouse Name: First N	ame	Middle Name		ast Name / Surname	(Required if Marital Status is Married)		
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PIN:	Address Type: Residentia	al or Business Reside	ential Business	Registered Office	Unspecified			
Permanent Address (Overseas only) Address Type: Residential or Business Residential Business Registered Office Unspecified City/Town/District: State: PIN: Country:	City/Town/District:			State:				
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PIN: Country:	Address Type: Residentia	ai oi businessKesidi	eriuai Business	Registered Office	Unspecified			
PIN: Country:								
PIN: Country:								
	City/Town/District:			State:				
	PIN:			Country:				
		ke to recieve all correspor	ndences - Curren		anent Address			

Contact Details							
Mob. No.*	ISD NUM	BER Tel. No.(Res)	SD STD NUI	MBEF	R Tel. No.(Off) ISD STD	NUMBER	
ax. No. ISD	STD NUN	BER Email Address*:			(*Mandatory i	f Internet Banking is required	
Passport Details	;						
Passp	oort No.	Issue Date	Place of Issue		Nationality	Valid upto	
Visa Details	- N-			D.	•	Volidunto	
VISa	a No.	Issue Date	Place		f Issue	Valid upto	
						1	
Taxation Details	s (Please fill follow	ing details, if you are tax payer in any o	of the country or multiple or	ountries)			
S. Country of re	esidence for tax	Tax Identification Number (TIN)	TIN issuing Country		se provide address, if S.No. 1 is filled	I in Taxation Details	
No. 1		or functional equivalent			Same as Current Address Other Address:		
2							
3				State	e: PIN: Cou	ntry:	
Identification Do	cuments (Pleas	e give certified translated copy of proo	f wherever it is in foreign la	nguage)			
Proof of Identity	Proof of Status	Proof of Tax Resid	lency		Proof of Current Address (F	•	
		Any one of the following: Document mentioning Tax Identification Number (TIN) or functional equivalent equivalent Self-declaration of address with positive confirmation by submit copy of anyone of the following. Standard format can be download from 'Download Forms' page of our website or please sign and				ird format can be downloaded	
Relevant pages of Passport	☐ Valid Visa	"Self declaration of Indian address for Foreign Tourist NPO account				Foreign Tourist NRO account	
	municipality, of the country or territory of residence Any financial statement, third-party credit report, bankruptcy filing, or a Bent receipt Rent receipt				Gas)		
		report of the Government agency regulating the securities market Acknowledgment of correspondence at the address					
Details of Related			eletion of Related Person				
Related Person Na		(Please fill Form DA-1 on page no 3) Ms. Mrs. Other					
First Name		Middle Name			Last Name / Surname		
Additional Detai		whichever applicable) Monthly	Annually A sse	ots (In US	SD equivalent):		
	indu Muslim		Others	,		DBC SC ST	
Qualification: Non-Graduate Post-Graduate Others Designation / Profession:							
Occupation Type:	Service (Pri	vate Sector OPublic Sector OGo	vernment Sector)	usiness			
	Others (Pr	ofessional Self Employed Ref	tired OHousewife OS	tudent)	Not Categorized		
Specimen Signa	ture and Photog	graph					
Paste a Passp							
Photograp Applica	nt 🏻 💆	gnature / Thumb impression of Applicant					
		о просоно острушени					
Photograph sh					Date: d d m m y y	уу	
signed across by the	ne appneant Si	gnature & SS No of Verifying Officer			Place:		

Please Open (Tick (/) the account type you wish to open)	Time	A10 Q					
Account Non Resident Ordinary (NRO) Account	Type Osavings Current	Amount & Currency					
, , , , , , , , , , , , , , , , , , , ,							
Services Required							
ATM-CUM-DEBIT Card: (International card will not be issued for	r NRO Account) Required Not Required						
2. INTERNET BANKING: Viewing rights Transaction rights	,	Not Required					
4. EMAIL ALERTS: Required Not Required	5. CHEQUE BOOK: Require						
Declarations Cum Undertakings							
I hereby certify that I have declared my status as per the rules applica							
S.O. 2155(E) dated 7 August 2015 and RBI Circular No. RBI/2015-16/ 2. I understand and acknowledge that as per the provisions Income tax A							
criteria stipulated therein, the Bank may have to report the details in Agencies to comply with the obligations as per the Inter-Governmenta							
I certify that the information provided by me above as applicable to m correct and complete and that I have not withheld any material information.	e and signed by me as well as in the documentary evidence prov	ided by me is, to the best of my knowledge and belief, true,					
otherwise.	,						
 I undertake the responsibility to declare and disclose within 30 days evidence provided by me or if any certification becomes incorrect and t 	o provide fresh and valid self- certification along with documentary	evidence.					
 I also agree that my failure to disclose any material fact known to me restrictions in the operations of my account or close it or report to any re 	egulator and/or any authority designated by the Government of Indi	ia (GOI) /RBI for the purpose or take any other action as may					
be deemed appropriate by State Bank of India, under the guidelines is: 6. I also agree to furnish and intimate to State Bank of India any other part		· · · · · · · · · · · · · · · · · · ·					
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 incomp	lete 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.						
My personal / KYC details may be shared with Central KYC Registry address.	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						
10. At my request, you have opened 'Foreign Tourist NRO Account' in m	acutess. 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 und months after the opening of account.							
11. Account will not be credited with any local funds other than interest acc	rued 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,							
and as may be required from time to time as will reasonably satisfy yo	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 nerein 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					
Signature/Thumb impression of applicant		Place:					
Form DA-1 (Nomination Form) Required (Please fill	following details) Not Required						
Nomination under section 45ZA of the Banking Regulation Act, 1949	and Rule 2(1) of the Banking Companies (Nomination) R	ules, 1985 in respect of bank deposits					
I/We		nominate the following person to whom in the event					
of my/our/minor's death the amount of the deposit, particulars when		a,					
Details of Deposit: Type of deposit:							
		Additional Details					
Details of the Nominee: Name: First Nam		Last Name / Surname					
Relationship with the depositor:	Age:	Date of birth of nominee: d d m m y y y y y					
Address: State: Country	CIE No. of Nominee	(to be filled by Bank):					
As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum Residing at		age: years					
	f the deposit on behalf of the nominee in the event of my /	our / minor's death during the minority of the nominee.					
		J					

*Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. ** Thumb impression(s) shall be attested by two persons.