Toll free Helpline 1800 425 001			•	IF (GEN) 1845				
	केनरा बैंक	Canara Ba	nk 🖈					
www.canarabank.com		सिंडिकेट Syndicate	हिंदी प्रति हेतू, कृपया शाखा प्र	बंधक से सम्पर्क करें ।				
For Office use only (To be f	illed in by the branch	's officials):	Account No					
KYC No.:			Customer ID:					
KYC No.:			Customer ID:					
KYC No.:			Customer ID:					
A	CCOUNT OPENIN	G FORM FOR NON I	RESIDENT INDIANS					
To: The Manager/ Senior Manag	er, CANARA BANK	, Branch	Date:					
Please open an account as								
			EX- STAFF \Box ; If staff, staff N					
			CA KDR FDR R					
			The second secon					
		ship Partnership I please spec	Firm Doint Stock Company Dify					
Please note to enclose memorandum of association/ Article of Association and Certificate of incorporation in case of Joint stock companies and partnership deed for partnership firms along with overseas auditor/ Chartered Accountant/ Certified Public Accountant certificate in FORM OAC where ownership/ beneficial interest is directly held by NRI and OAC1 where it is held indirectly.								
	Capital Letter) FIRST		MIDDLE NAME	SURNAME				
1ST APPLICANT: Mr/Mrs								
2ND APPLICANT: Mr/Mrs								
3RD APPLICAN I: Mr/Mrs	S/MS							
	DATE OF BIRTH	SEX	SHORT NAME					
1ST APPLICANT]						
2ND APPLICANT] M / F / T						
3RD APPLICANT] M / F / T						
FATHER'S NAME	МО	THER'S NAME	SPOUSE'S NAME					
1ST APPLICANT								
3RD APPLICANT								
(In case the applicant is a	a Minor), Name of P	Parent/ Natural Guardia	ın					
Date of Birth	Rel	ation:	(Please Spec	ify)				

ADDRESS FOR CORRESPONDENCE: Indian Address Overseas Address (if not ticked, default address would be Indian Address).

INDIAN ADDRESS:

	First Applicant	Second Applicant	Third Applicant
Flat No./ Bldg.			
Name			
Street/ Road & Area/ Locality			
City and District			
State			
Pin Code			
Tel No./ Fax No.			

OVERSEAS ADDRESS:

	First Applicant	Second Applicant	Third Applicant
Flat No./ Bldg Name			
Street/ Road & Area/ Locality			
City and District			
Country			
ZIP/ Post Code			
Tel No./ Fax No.			

Place of		City	Country	City	Country	City	Country	
Birth								
Particulars	First Applicant		ant	Second Applicant		Third Ap	oplicant	
Mobile No								
Email id								
Resident Statu	s #							
Married/ Singl	le/							
Others (specify)	@							

Resident/ Foreign National/ Non-Resident/ Overseas Citizen of India etc. @ Others: Divorced/ Separated/ Widow/ Widower

(Please pick the details from below):

Particulars	Occupation*	Educational Qualification**	Monthly Income***	Relationship with 1 st Applicant
1ST APPLICANT				
2ND APPLICANT				
3RD APPLICANT				

* Occupation:	Servi	ice	Priva	te Sector		Public S	ector	Govt S	Sector	Self –	employ	yed	Reti	red	
	Busi	ness	House wife			Student		Professional		Not –	Not -categor	ry	othe	rs	
** Education:		Non m	atric	SSC/ H	ISC	Gra	duate	Ро	st-Gra	aduate		Others			
***Monthly Income		Upto	5,000)/- 5	5,001-10,000		10,00	1-20,000	-20,000 20,001-50,000		50,	50,001-1 lac At		Above	1 lac
PASSPORT DI	ETAII	LS:													
Particulars		Pass	port N	0.	I	Place of 1	lssue	Date of i	ssue	Expiry I	Date	Na	tiona	lity	
1ST APPLICANT															
2ND APPLICANT															

VALID VISA DETAILS:

3RD APPLICANT

Particulars	Country of Visa	Visa No.	Place of Issue	Date of issue	Expiry Date
1ST APPLICANT					
2ND APPLICANT					
3RD APPLICANT					

Atleast ONE of the following Officially Valid Documents (OVD) should be produced:

Particulars	First Applicant	Second Applicant	Third Applicant
PAN No			
UID (Aadhaar) No.			
Voter Id			
Driving Licence (with date of expiry)			
Other			

TAX RESIDENCE DECLARATION

Particulars	First Applicant*	Second Applicant*	Third Applicant*					
Status of Tax Residency#	Tax resident of India \Box	Tax resident of India	Tax resident of India \Box					
Status of Tax Residency#	Other country	Other country	Other country					
Country of Tax								
ISO 3166 Country code of Jurisdiction of residence								
Tax Identification Number (TIN) Or Equivalent ##								
Complete address in the Jurisdiction details, where applicant is Resident outside India for tax purposes. (<i>Proof of address to be submitted</i>)								
Place/ City of Birth								
ISO 3166 Country Code of Birth								
 * Mandatory for NRI. # To also include USA, where the individual is a citizen/ Green card holder of US. ## In case TIN is not available, kindly provide functional equivalents. Functional Equivalent of TIN (issued by authorized government body abroad) and includes the following: Social security/ Insurance number, Citizen/ Personal identification/ Services code/ National identification number, A resident / Population registration number, Alien card number, etc. 								
Other details, if any								
Details of Related Person (if an	ny):							
Addition Deletion	on 🗌 KYC No.:							
Related Person Type: Guardian of Minor 🗌 Nominee 🗌 Assignee 🗌 Authorised Representative 🗌 Beneficial Owner 🗌								

Name of the Related Person: Proof of Identity of Related Person/ (Officially Valid Document Number): Address:

TYPE OF ACCOUNT TO BE OPENED

	Please tick box (es)	Currency & Amount	Period
1	Foreign Currency (Non Resident) Term Deposit Account (Banks Scheme) Simple Interest (FCNR-B-FDR)		
2	Foreign currency (Non Resident) Term Deposit Account (Banks Scheme) – Compounded Interest half yearly rests (FCNR-B-KDR)		
3	Non Resident External (Re-investment Plan) deposit – Simple Interest – Quarterly in Rs. (NRE-FDR)		
4	Non Resident External (Re-Investment Plan) Deposit – Compound Interest Quarterly In Rs. (NRE-KDR)		
5	Non Resident (External) Recurring Deposit In Rs. (NRE-RD)		
6	Non Resident (Ordinary) Savings Bank Account/ Current Account/ Term Deposit Account (FDR) (Simple Interest Only) in Rs. (NRO SB NRO CA NRO FDR)		
7	Non Resident (External) Savings Bank A/c Current A/c in Rs. (NRE-CA)		

	DETAILS OF REM	IITTANCE							
2.	DEMAND Draft No RTGS/ NEFT/ SWIFT CODE Name and Address of the remitting Bank	Dt	for	(Amount) enclosed					
	INSTRUCTIONS REGARDING INTEREST PAYMENT / RENEWAL ETC								
1. 2.	Please keep Term Deposit Receipt in Safe Custody and Please remit interest by draft to me	renew for	similar period o	on maturity					

- 3. Credit interest to my SB / CA Account No..... with Canara Bank.....
- 4. Swift details (in case the interest amount is eligible for repatriation subject to compliance of RBI guidelines).
- 5. Please specify other instructions:

ATM / DEBIT CARD

Please issue me/us debit Card/s @	$\Box Y$	□ N, if yes, Name of Applicant/s:							
Internet Banking Facility Required	$\Box \mathbf{Y}$	□ N, if yes, Any instruction:							
Mobile Banking Facilities Required	$\Box Y$	□ N, if yes, Mobile No.:							
SMS Request Facility	$\Box \mathbf{Y}$	□ N, Transaction Alerts:	$\Box \mathbf{Y}$	\square N					
Transaction alerts facility on email	$\Box \mathbf{Y}$	\Box N,							
@available only with opening of SB / CA NRE / NRO Accounts									
Place note that if Alart Eagility/ice are onted. Min transaction amount should be Rs. 10.000/									

Please note that if Alert Facility/ies are opted, Min transaction amount should be Rs. 10,000/-.

DECLARATION

- 1. I/we hereby declare that I/ we are a Non Resident Indian of India origin. I/we understand that the above account will be opened on the basis of the statements / declarations made by me/us and I/we also agree that if any of the statements / declarations made herein is found to be not correct in material particulars you are not bound to pay any interest on the deposit made by me/us.
- 2. I/we agree that no claim will be made by me/us for any interest on the deposit(s) for any period after the date(s) of maturity of the deposit(s). I/we agree to abide by the provisions of the Foreign Currency Non-Resident Account (Banks) Scheme/Non Resident (External) Account / Non Resident (Ordinary) Account Schemes. I/we hereby undertake to intimate you about my return to India for permanent residence immediately on arrival.
- 3. I/we agree that if the premature withdrawal is permitted of my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by the Bank in this regard.
- 4. I/we request and authorize you to honour all cheques or other orders drawn by me/us on the said account and I/we request you to debit such cheques to the said account whether such account be for the time being in credit / overdrawn.
- 5. I/we in the matter of cheques lodged by me/us with you from time to time for collection or negotiation where the cheques payable at place where you have not established branches, I/we request you to collect them through any bank entirely at my /our risk and responsibility. Where such drafts / cheques are negotiated by and the same are lost in transit or otherwise, I/we hereby agree to reimburse to you the full amount of such drafts, cheques on demand.
- 6. I/we agree to comply with and to be bound by the Banks for the time being in force for the conduct of such accounts. I/we declare that the rules in force have been read by me/us.
- 7. I/we authorise the Bank to automatically renew the deposit on the due date for identical period unless the instruction to the contrary from me/us is received by the Bank before maturity, I/we understand that the renewal will be in accordance with provisions of the Reserve Bank of India guidelines / directives in force at the time of renewal.
- 8. I/we further understand that the rate of interest applicable on the deposit renewed shall be at the appropriate rate of interest for the period of renewal as prevailing on the date of maturity or on the date of renewal whichever is lower and that the renewal will be noted on the deposit receipt on my/our presenting the same on the maturity date or later for renewal/payment, I/we also understand that the overdue deposit or a portion thereof can be renewed from the date of maturity provided the overdue period does not exceed 14 days.
- 9. I/we hereby declare that all forex transactions, as may be entrusted by us to the Bank from time to time will be in strict conformity with the prevailing provision of FEMA 1999 at the time of transactions are put through.
- 10. I/we undertake to utilize the debit card strictly in accordance with the exchange control regulations and understand that in the event of my failure to do so, would be liable for action under FEMA guidelines issues from time to time and will also be debarred from international Card facility at the instant of Reserve Bank of India or Canara Bank.
- 11. I/we declare that I/we have read and understood the document containing the terms and conditions and disclaimer governing Canara Bank's Internet and Mobile Banking Services as provided in the Bank's Internet Banking Website <u>www.canarabank.in</u> and I/we accept the same. Further, I also agree that the transactions and requests executed in the above mentioned accounts through internet, Mobile Banking under my user ID and password will be legally binding on me and I am responsible for maintenance of secrecy and confidentiality of the information passed on to me by the Bank through internet/ mobile/ email. I have the mandate from the other joint holders to view/ enquire/ operate the joint accounts mentioned above.
- 12. No interest will be paid on premature closure of NR-TD & FCNR, closed before one year.

CERTIFICATION

Under penalty of perjury, I certify that;

- 1. I/we understand that Canara Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/ CRS. Canara Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder.
- 2. I/we agree to submit a new detail/ form within 30 days if any information or certification on this form becomes incorrect.
- 3. I/we agree that as may be required by domestic regulators/tax authorities, Canara Bank may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.
- 4. I/we have understood the information requirements of this Form (read along with the FATCA/ CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct and complete. I/we also confirm that I/we have read and understood the FATCA/ CRS Terms and Conditions and hereby accept the same
- 5. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.
- 6. My/our personal/ KYC details may be shared with Central KYC Registry
- 7. I/we hereby consent to receiving information from Central KYC Registry through SMS/email on the above registered number/email address.

PHOTO & SIGNATURE:

PHOTO OF 1 st APPLICANT	PHOTO OF 2 nd APPLICANT	PHOTO OF 3 rd APPLICANT
------------------------------------	------------------------------------	------------------------------------

Place: Date:

Signature of 1 st Applicant	Signature of 2 nd Applicant	Signature of 3 rd Applicant
	INTRODUCTION	
I know the applicant personally for a period of	Years and confirm his/ her/ the	ir address/ occupation as stated above
NAME MR/MRS./MS		

ADDRESS_____PIN CODE ____

SIGNATURE OF INTRODUCER

VERIFICATION OF SIGNATURES

Authentication of signature by a Bank/ Indian Embassy/ High Commission/ Consulate.....

Above signature verified Signature of person verifying with rubber stamp and/or seal & address Accepted at ______

& Countersigned

For Canara Bank

SUPERVISOR	MANAGER						
FOR OFFICE USE ONLY							
Documents received : Self Certified True copies Notary	Risk Category: 🗌 High 🗌 Medium 🗌 Low						
IN PERSON VERIFICATION CARRIED OUT BY Identification Verification Done on date Employee Name/ Designation: Employee Branch & Code:							
SIGNATURE OF EMPLOYEE	SEAL OF BANK/ BRANCH						

यह फार्म हिंदी में भी उपलब्ध है, हिंदी प्रति हेतू, कृपया शाखा प्रबंधक से सम्पर्क करें ।

5

ANNEXURE: NOMINATION TO BE FILLED IN ONLY IF THE FACILITY IS REQUIRED BY THE DEPOSITOR

Nomination Required **UYES NO.** If yes provide details

Nomination under Section 45ZA of the banking Regulation Act 1949 and rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank Deposits.

I/ We......(Name/s & Address) nominate the following person to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be returned by Canara Bank

N	01	mi	in	ee	d	et	a	ils	5:		
	NТ				1	1	1	1			

1

Name and address	Relationship with the depositor, if any	Age	If nominee is minor, his/ her date of birth	

As the nominee is minor on this date, I/ we appoint..... (Name/s and Address/es) to receive the amount of the deposit in the account, on behalf of the nominee, in the event of my death, during the minority of the nominee. I have also noted that repatriation of funds in these accounts to Non Resident Nominees is subject RBI approval / Foreign Exchange Regulations.

Name, Signature & Address of Witness*

1	
	Signature (s) of Depositor (s)
2.	Where deposit is made in the name of minor, the
	Nomination should be signed by a person lawfully
Place	Entitled to act on behalf of the minor
Date	

Nomination accepted and registered Vide Regn. No......dated.....dated.....

For CANARA BANK

SUPERVISOR

* strike out if nominee is not a minor & LTI, if any to be attested by 2 witnesses.

FATCA-CRS Terms & Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Please note that you may receive more than one request for information if you have multiple relationships with Canara Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. **FATCA-CRS Instructions**

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or a green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below

FATCA & CRS Indicia	Documentation required for Cure of FATCA/ CRS indicia
observed (ticked)	
U.S. place of birth	If customer does not agree to be specified US person / reportable person status
	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;
	2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND
	3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or
	b. reasonable explanation of why the customer does not have such a certificate despite renouncing US
	citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax
other than India If no Indian	resident of any country other than India; and 2. Documentary evidence (refer list below)
telephone number is provided	
Standing instructions to transfer	1. Self-certification in the attached format that the account holder is not resident for tax purpose in that
funds to an account maintained	country
in a country other than India	2. Documentary evidence (refer list below)
[:f].].].]	dance needed to establish the residence(s) for tax purpose:

List of acceptable documentary evidence needed to establish the residence(s) for tax purpose;

1. Certificate of residence issued by an authorized government body.

2. Valid identification issued by an authorized government body (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the applicant claims to be a resident.

MANAGER

Specimen Signature Card* (in case the application is downloaded from website/ when no separate card is available)

CANARA BANK	(branch)	
Name of A/C	; A/c No	РНОТО
Mr./ Mrs/ Miss	(Name of Applicant*)	
I will sign as:		
1		
2		
Date:	Countersigned by	

Countersigned/ Authentication of signature by a Bank/ Indian Embassy/ High Commission/ Consulate etc.

* Each Individual applicant should provide separate card for him/ her.