



# State Bank of Travancore

**ACCOUNT OPENING FORM  
FOR NON RESIDENT INDIANS (NRE/FCNR)**

**The Branch Manager,  
State Bank of Travancore  
Branch .....**

A/c SB/TD/FCNR/Thrift No.

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Date.....

(For Branch Use)

**NAMES &  
ADDRESS**

(All applicants should be NRIs)

Please open an account as per details below: (in block letters)

1. First Applicant.....
2. Second Applicant .....
3. Third Applicant .....

**Overseas Address**

.....  
.....

Contact telephone Nos. ....

(Country code) (Telephone No)

(Country code) (Mobile No)

e-mail .....

**Indian Address**

.....  
.....

Phone No.....

Date of birth (in case of minor).....

**PASSPORT  
DETAILS**

	Passport No	Date & Place of Issue	Nationality	Present occupation
First Applicant				
Second Applicant				
Third Applicant				

**TYPES OF  
ACCOUNTS TO  
BE OPENED**

	Amount Specify Currency	Period
1. Foreign Currency(Non-Resident)Term Deposits A/c <input type="checkbox"/>		
2. F.C (N.R) Reinvestment Plan Deposit <input type="checkbox"/>		
3. Non-Resident (External) Rupee Term Deposit <input type="checkbox"/>		
4. Non-Resident(External Reinvestment Plan Deposit) <input type="checkbox"/>		
5. N.R.E Thrift Deposit/ Variable Deposit A/c <input type="checkbox"/>		
6. Non-Resident (External) Savings Bank A/c <input type="checkbox"/>		
7. Non-Resident (External) Current A/c <input type="checkbox"/>		
8. <input type="checkbox"/>		

**MODE OF  
OPERATION**

1. Single  2. Either or survivor of us  3. Former or survivor of us  
4. Latter or survivor of us  5. Both or survivor of us  6.....(please specify)

**MODE OF  
REMITTANCE**

1. Demand Draft No..... dt ..... for ..... amount (enclosed)
2. Mail Transfer/ Telegraphic Transfer/ Swift Transfer No..... dt..... for.....
3. Name and Address of the Remitting Bank .....

**INSTRUCTIONS  
REGARDING  
INTEREST  
PAYMENT etc**

1. Please keep term deposit receipt in safe custody and renew for similar period
2. Please remit interest by Draft
3. Credit interest to my S.B/C.A No..... with you
4. Please send deposit receipt/ S.B Cheque book/ Pass book to me/through the exchange company
5. .... (Please specify other instructions)

ACCOUNT OPENING FORM

**DECLARATIONS**

I/we hereby declare that I am/we are non-resident Indian(s) of Indian Origin. I/We understand that the above account will be opened on the basis of the statements/ delcarations 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.

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 Foregin Currency (Non-Resident) Account/Non Resident (External) Account Scheme. I/ We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival. I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by Reserve Bank of India this regard.

.....  
Signature of 1<sup>st</sup>applicant      Signature of 2<sup>nd</sup>applicant      Signature of 3<sup>rd</sup> applicant

**SPECIMEN SIGNATURES**

1. Mr./Mrs./Miss..... **Will sign thus\*** .....

2. Mr./Mrs./Miss..... **Will sign thus\*** .....

3. Mr./Mrs./Miss..... **Will sign thus\*** .....

**VERIFICATION OF SIGNATURES**

1. Authentication of signatures to be made by a Bank/Indian Embassy/High Commission/ Consulate/ Notary Public / Person known to the Bank.2.

2. Verification is not necessary if you have an account with this Branch .....  
Above signatures verified. (Give Account No.)

Name / Signature of Person Verifying with rubber stamp. (Where applicable)

**NOMINATION**

**NOMINATION FORM DA1**

Nomination under Sec..45ZA of the Banking Regulations Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of the bank deposits.

I/We.....

Name(s) & Address (es)

nominate the following person to whom in the event of my/our/minor's death the amount of the depsoit in the account, particulars whereof are given below, may be returned by State Bank of Travancore ..... Branch

Nature of Deposit	Distinguishing Number	Additional details, if any

**NOMINEE**

Name & Address	Relationship with Depositor, if any	Age	If nominee is a minor her/his date of birth

\* As the nominee is a minor on this date, I/We appoint .....  
(Name, address & age)

to receive the amount of the deposit in the account on behalf of the nominee in the event of my/ our / minor's death during the minority of the nominee.

\* .....  
Name, Signautre of witness & address      + Singature (s) of depositor (s)

Place.....      + 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

Strike out if nominee is not a minor

\* Date : .....

**FOR BRANCH USE ONLY**

Particulars of Form DA1 (if received) entered in Nomination Register Sl.No.....Dt.....

Customer advised on ..... and acknowledgement received on.....

Open ..... No.of Cheque Book/T.D.R. issued

Account opened Date ..... From.....

Chief / Branch Manager LEDG. KEEPER OFFICER To.....