

4. CONTACT DETAILS

All communications will be sent on mobile no./email id. If email id is provided, email statements will be provided to the customer.

OFFICE	*Country Code	<input type="text"/>	*STD Code	<input type="text"/>	*Tel.	<input type="text"/>
RESIDENCE	*Country Code	<input type="text"/>	*STD Code	<input type="text"/>	*Tel.	<input type="text"/>
*MOBILE	*Country Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-case Mobile number is not provided, you will not receive timely information on important notification and transaction alerts in your account from Bank.						
FAX Number	*Country Code	<input type="text"/>	*STD Code	<input type="text"/>	*Tel.	<input type="text"/>
	*Email ID	<input type="text"/>				

Please provide your e-mail address for receiving e-statements

5. KNOW YOUR CUSTOMER (KYC) DOCUMENTS

*Identity document	Passport Number	<input type="text"/>	Expiry Date	<input type="text"/>	Issue Date	<input type="text"/>
	Place of Issue	<input type="text"/>				
Visa type/Residence Permit <small>(Not applicable for PIOs)</small>	Type of Visa :	<input type="checkbox"/> Temporary <input type="checkbox"/> Long term <input type="checkbox"/> Work <input type="checkbox"/> Student <input type="checkbox"/> Immigrant <input type="checkbox"/> Dependent				
	Resident Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa/Residence permit expiry date	<input type="text"/>	In case of temporary visa, fill in declaration	
*PAN Card	<input type="text"/>	OR	Form 60	<input type="checkbox"/> Yes	If PAN not available	
*Proof of Address	<input type="checkbox"/> Passport <input type="checkbox"/> Voter ID card <input type="checkbox"/> Driving Licence					
	<input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Simplified Measures					
	Document Type	<input type="text"/>				(Applicable for Simplified Measures)
	*Document Identification number	<input type="text"/>				
	Document Issue Date	<input type="text"/>	*Document Expiry Date	<input type="text"/>	(Mandatory only for Passport / Driving Licence)	

6. CUSTOMER PROFILER

*Educational Qualification	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others _____	Please Specify
*Employment Type	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Politician <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Others _____	Please Specify
If Salaried, Employed with	<input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Private Ltd <input type="checkbox"/> Proprietorship <input type="checkbox"/> Public Ltd <input type="checkbox"/> Public Sector <input type="checkbox"/> Others _____	Please Specify
*Occupation	<input type="checkbox"/> Doctor <input type="checkbox"/> CA/CS <input type="checkbox"/> Lawyer <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Consultant <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____	Please Specify
*Source of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____	Please Specify
*Gross Annual Income	<input type="checkbox"/> <= 60K <input type="checkbox"/> 60K-1.2 Lakh <input type="checkbox"/> 1.2 - 2 Lakh <input type="checkbox"/> 2-3 Lakh <input type="checkbox"/> 3-5 Lakh <input type="checkbox"/> 5-10 Lakh <input type="checkbox"/> 10-50 Lakh <input type="checkbox"/> >50 Lakh _____	
Type of Company <small>(Other than Salaried)</small>	<input type="checkbox"/> Partnership <input type="checkbox"/> Private Ltd <input type="checkbox"/> Proprietorship <input type="checkbox"/> Public Ltd <input type="checkbox"/> Public Sector <input type="checkbox"/> Others _____	Please Specify
Industry Type <small>(Self employee Businessman)</small>	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> NBFC <input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Micro Enterprises <input type="checkbox"/> Others _____	Please Specify

7. DIRECT BANKING CHANNELS

<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Mobile Banking	<ul style="list-style-type: none">EMV Card will be issuedThese facilities are provide only for accounts where mode of operations is singly or either or survivorOnly domestic debit cards will be issued to NRO AccountsDebit Card will not be issued to mandate holderNo Net banking access will be provided to the mandate holderNo Net banking access will be provided to the survivor in case of MoP former or survivor
*Type of Card <input type="checkbox"/> Domestic	<input type="checkbox"/> International	
<input type="checkbox"/> Classic/Titanium <input type="checkbox"/> Platinum <input type="checkbox"/> Others _____		

Domestic Debit card isn't applicable to NRE R-Kit.
Default card will be issued if no category is mentioned.

8. GUARDIAN DETAILS FOR MINOR (Mandatory Only If Applicant is Minor)

Name of Parent/Guardian _____	Customer ID	<input type="text"/>
I hereby declare that the date of birth of the minor, who is my <input type="text"/> is <input type="text"/> and I am his/her natural or lawful guardian appointed by the court order dated <input type="text"/> (copy enclosed). I shall represent the said minor in all transaction of any description in the above account until the said minor attains majority. I agree to indemnify RBL Bank against all claims of the minor or any person claiming through him/her for withdrawal/transactions made by me in his/her account.		
		Guardian's Signature _____

9. DECLARATION

I/We am / are non-residents of India. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I under take 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. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I/We, the undersigned have read and understood and agree to abide and be bound by all the provisions of the Terms & Conditions published on the bank's website www.rblbank.com governing the opening and operation of the accounts of all my / our accounts, present and future with RBL Bank and those relating to various services including but not limited to ATMs/Debit Card/Mobile Banking/Internet Banking/Phone Banking/Bill Payment Facility etc. I/We understand that the Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me/us. I agree that the Bank may debit my account for service charges as applicable from time to time. I/We authorize the Bank or its agents to make references/enquiries as may be necessary and to exchange/share/part with any/all information with credit bureaus/statutory bodies/other agencies as may be deemed necessary or appropriate. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I hereby authorize RBL Bank to upload the details provided by me on the Central KYC Registry. I also authorize RBL Bank to download my KYC details from the Central KYC Registry basis the KYC number submitted by me.

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. In relevant cases, information will have to be reported to tax authorities/appointed agencies. 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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.

Do Not Disturb Consent : I/We consent do not consent to receive information/service etc for marketing purposes through Telephone/Mobile/SMS/Email by the Bank/its agents. I/We am/are aware that post registration I/We may receive a call from the Bank to verify the Correctness of request for registration

10. CUSTOMER SIGNATURE (Sign within the box and use black ink for Signature)

<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;">Please affix recent Passport Size Photo Please Sign across the Photograph</div>
Signature	

Name _____

Date

Place _____

ACCOUNT OPENING FORM
(For Non Resident Individual)

Tick boxes as applicable.

(Please fill the form in BLOCK LETTERS only. THIS IS A MACHINE READABLE FORM AND WILL PASS THROUGH A SCANNER)



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I/we hereby request RBL Bank to open my/our Account at your _____ branch and Branch Code : _____

12. *APPLICANT(S) FULL NAME (Fill separate CIF form for each Account Holder)

1st Applicant	F I R S T	M I D D L E
	L A S T	
2nd Applicant	F I R S T	M I D D L E
	L A S T	
3rd Applicant	F I R S T	M I D D L E
	L A S T	

13. CUSTOMER ID NO. (If existing)

1st Appl.	_____
2nd Appl.	_____
3rd Appl.	_____

14. *NATURE OF ACCOUNT(S) to be open

<input type="checkbox"/> Saving Account _____ <small>Scheme Name</small>	<input type="checkbox"/> Current Account _____ <small>Scheme Name</small>
<input type="checkbox"/> Fixed Deposit _____ <small>Scheme Name</small>	<input type="checkbox"/> Flexi Fixed Deposit _____ <small>Scheme Name</small>
<input type="checkbox"/> Recurring Deposit _____ <small>Scheme Name</small>	*AMB ₹ _____ <small>(Average Monthly Balance)</small>

15. *MODE OF OPERATION

Singly
 Jointly (No Net Banking or No Debit Card will be issued)
 Either or Survivor
 Former or Survivor (No transactional rights will be provided to survivor)
 Anyone or Survivor
 Others _____

16. *MODE OF FUNDING

Initial Amount _____ In Words _____

Remittance from remitting bank _____ bank address _____
_____ of currency _____ and amount _____

Cash Amount Cheque No. _____ Date DDMMYYYY Drawn on _____
_____ Branch

Debit my RBL Bank Account Number _____ Branch Code _____

Note: If the Initial amount of NRO account opening is in cash then customer should visit the branch in person and obtain official receipt.

<p>Cheque Book <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Debit Card <input type="checkbox"/> 1st Appl. <input type="checkbox"/> 2nd Appl. <input type="checkbox"/> 3rd Appl. <small>(Not Applicable for FD/RD)</small></p>	<p><input type="checkbox"/> SMS ALERT <input type="checkbox"/> EMAIL ALERT</p> <p>You will be registered for e-mail/SMS alerts and the following alerts: Credit/Debit transactions greater than Rs 5000 for current account and Rs 2000 for saving account. For applicable charges, visit your nearest branch or www.rblbank.com</p> <p><small>Please provide your e-mail address for receiving e-statements</small></p>
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17. FIXED DEPOSIT DETAILS

Amount _____ Currency _____ Months _____ Days _____ Interest Rate _____ % p.a.

Amount in Words _____

Remittance from remitting bank _____ bank address _____
_____ of currency _____ and amount _____

Cheque No. _____ Date DDMMYYYY Drawn on _____
_____ Branch Debit to my RBL Bank A/c _____ Branch Code _____

Note: If the Initial amount of NRO account opening is in cash then customer should visit the branch in person and obtain official receipt.

<p>Interest Payout Frequency:</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <small>Applicable only for FCNR deposits</small></p> <p><input type="checkbox"/> At Maturity</p>	<p><input type="checkbox"/> Calendar <input type="checkbox"/> Anniversary</p> <p><small>If calendar selected, interest payout will be as per calendar days. If anniversary selected, interest payout will be as per deposit anniversary</small></p>
<p>Maturity Instructions</p> <p><input type="checkbox"/> Renew Principal & Interest <input type="checkbox"/> Renew Principal & Repay Interest <input type="checkbox"/> Do not Renew</p>	<p>Interest/Maturity payment to</p> <p><input type="checkbox"/> Account Number _____ OR <input type="checkbox"/> DD/PO</p> <p>Branch Code _____</p>
<p>Remit to Bank account No. _____</p>	<p>SWIFT Code/ IBAN _____</p>
<p>Bank Name & Address _____</p>	

Sweep-In Instruction

Sweep-in is the facility of linking Savings / Current Account with Term Deposit Account. In case of insufficient balance, the linked Term Deposit shall be broken prematurely on Last In First Out basis (in the order of set-up of Sweep in instructions) and the required amount shall be transferred to the Saving / Current Account. This facility is allowed if First account holder is common in the Saving / Current Account and Fixed Deposit Account. In case of the Saving/Current Account enjoying OD facility against FD, then Sweep-in facility will not be allowed.

Savings / Current Account No. _____ Branch Code _____

Note: In case if we do not receive specific instruction from you before maturity of the Fixed Deposit, we will renew the Fixed Deposit for the original term as of the Fixed Deposit, at the applicable rate of interest prevailing on the day of maturity/ renewal of Deposit. If you have been issued FD receipt against your deposit and your maturity instruction is "Do Not Renew" you would be required to surrender the discharge FD receipt to the branch after which the maturity proceed will be handed over to you / credited to your Account.

18. RECURRING DEPOSIT DETAILS

Monthly Installment Amount ₹ <input type="text" value=""/> Amount in Words _____ Tenure: <input type="text" value=""/> Months	MATURITY INSTRUCTIONS <small>(Auto renewal not supported)</small> (Payment of Deposit on Maturity by) <input type="checkbox"/> Transfer to Account No. <input type="text" value=""/> Branch Code <input type="text" value=""/> OR <input type="checkbox"/> DD/PO
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Standing Instruction For Recurring Deposit

I/We authorise RBL Bank to debit Monthly Installment of ₹ from

from my/our Operative Account No. Branch Code

In case of Fixed Deposits & recurring Deposits having mode of operations as 'Either or Survivor' or 'Former or Survivor' Account holders can mandate premature withdrawal by one of the joint depositors on the death of other. Please select Yes No

*In case of 'Yes' Permit the bank to allow premature withdrawal of the deposit by the surviving joint depositor(s) on the death of any one or more of the joint depositors.

Standing Instruction date will be same as Recurring deposit value date

19. NOMINATION FORM DA1 (Please choose one of the available option)

- I/We require nomination facility.
 I/We hereby confirm that I/We do not require any nomination facility.

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.

As per RBI guidelines, I/We confirm that I/we have been explained about the benefits of nomination facility to my/our bank account by the RBL Bank official. However, I/we state that in spite of the explanation of the said benefits; I/we do not wish to nominate any person to the above mentioned Bank Account. Request you to kindly process my / our account opening form without the nomination facility.

I/We _____ whom in the event of my/our/minor's death the amount of deposit in the account may be returned by RBL Bank Ltd.

I agree/ do not agree for the name of my nominee to be displayed on Fixed Deposit Advice/Statement of Account and/or other documents/letters.

Details of Deposits		Nominee				
Nature of Deposit & Distinguishing No.	Additional details, if any	Name	Address	Relationship with Depositor, if any	Age	Date of Birth of Nominee

**As the nominee is a minor on this date, I/We appoint _____ 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 nominee

*Signature of 1st Applicant	*Signature of 2nd Applicant	*Signature of 3rd Applicant

Witness(es)-Required only if the depositor is giving thumb impression and not signature.

Name _____ Signature*** _____ Address _____ Date <input type="text" value="DDMMYYYY"/> Place _____	Name _____ Signature*** _____ Address _____ Date <input type="text" value="DDMMYYYY"/> Place _____
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***Thumb impression(s) to be attested by two witness

**Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of minor

20. FOR CORPORATE SALARY ACCOUNTS/SEAFARER ACCOUNTS

Company Name <input type="text" value=""/>	Company Code <input type="text" value=""/>
Employee Code <input type="text" value=""/>	Designation <input type="text" value=""/>
Designated officer's Name <input type="text" value=""/>	Date <input type="text" value="DDMMYYYY"/>
Designated officer's Signature	Company Seal

21. FOR OFFICE USE ONLY

Saving Account <input type="text" value=""/> <input type="text" value="30"/> <input type="text" value=""/> <small>Scheme Code Prefix Preferred/R-KIT Account Number</small>	Current Account <input type="text" value=""/> <input type="text" value="40"/> <input type="text" value=""/> <small>Scheme Code Prefix Preferred/R-KIT Account Number</small>
Fixed Deposit <input type="text" value=""/> <input type="text" value="70"/> <input type="text" value=""/> <small>Scheme Code Prefix</small>	Recurring Deposit <input type="text" value=""/> <input type="text" value="75"/> <input type="text" value=""/> <small>Scheme Code Prefix</small>
*Branch Code <input type="text" value=""/>	*LC Code <input type="text" value=""/> Sourcing Code
	LG Code <input type="text" value=""/> Lead Generator
*Funds Parked at Account <input type="text" value=""/>	*Funds Branch Code <input type="text" value=""/>
Transaction ID <input type="text" value=""/>	
*Value Date <input type="text" value="DDMMYYYY"/>	Promo Code <input type="text" value=""/>
Risk Categorization <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	MIS Code.5 <input type="text" value=""/>
	MIS Code.6 <input type="text" value=""/>
Sourced By Sign & EID	
Checked By Sign & EID	

22. DECLARATIONS

- THE PERSON OF INDIAN ORIGIN (PIO) DECLARATION (IF APPLICABLE) (Proof is Mandatory)
I hereby declare that I am a person of Indian origin and I satisfy one of the following conditions. Please select as applicable to you:
- I held an Indian passport in the past.
- My father/ mother/ grandfather/ grandmother (name) _____ is/ was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955.
- I am the spouse of an Indian citizen The father/ mother / grandfather/ grandmother (name) _____ of my spouse is/was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955.

- SEAFARERS ACCOUNT OPENING DECLARATION (if Applicable)
- I hereby declare and confirm that I am a Non-Resident Indian and I am presently on contract with company _____ registered in _____ (address of the principal). I request you to open a NRE/NRO Savings Account in my name on the basis of the submitted documents.
- I also confirm that I will inform the Bank, in case I do not renew my contract or choose to go on a new contract OR I am unable to proceed on a new contract or in any case in the event that my status of Non-Resident Indian is altered.
- Accordingly, I will have the Non-Resident accounts opened in my name redesignated to Resident accounts.

Temporary Visa Declarations. Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To, The Branch Manager, Branch _____

I/We have submitted the bank my/our temporary visas work/Residence dated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 expiring on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

. I/We hereby agree to furnish the bank with copies of my/our regular visa/s immediately on issuance and confirm that I/We donot have any objections if the bank freezes transactions in the account or closes the account if I/We donot submit copies of regular visas within 3 months form the date of expiry of Visa.

*Signature of 1st Applicant	*Signature of 2nd Applicant	*Signature of 3rd Applicant

1. I/We hereby declare that I am/ We are non-resident Indians or Persons of Indian 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 any of the statements/declarations made herein is found to be not correct in material particulars; The account will be put into use for bonafide transactions not involving any violations of the provisions of any Government/FEMA.
2. I/We agree that no claim will be made by me/us for any interest on the deposit/s for any period after date/s of maturity of the deposit/s. I/We agree to abide by the provisions of the Foreign Currency (Non-Resident) A/c, Non-Resident (External) Account scheme, Non-Resident (Ordinary) Account scheme as per stipulations laid down by the Reserve Bank of India in this regard from time to time.
3. I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival.
4. I/We shall not make available to any person resident in India, foreign currency against reimbursement in Rupees or any other manner in India.
5. I/We would confirm that all debits to my/our accounts for the purpose of investment in India and credits representing sale proceeds of investments in India are covered either by general or special permission of the Reserve Bank of India.
6. The Bank is authorised to arrange a correspondent bank/agentfor realising the proceeds of foreign currency cheque(s)/Drafts.
7. The Bank will not be responsible for any loss or damage due to loss or miscarriage of the foreign currency cheque(s)/Drafts or for any delay in collection, transmission and otherwise of any remittance howsoever caused.
8. If the foreign currency cheque(s)/Drafts for collection is/are returned unpaid at any time, the returning and other charges may be debited to my/our account or recovered from my deposit amount.
9. If any foreign currency cheque(s)/Drafts credited to my/our account provisionally prior to final realisation under your cheque collection services is returned unpaid, the amount may be recovered from my/our account/deposit account at the appropriate exchange rate along with interest applicable at such rates as may be decided by you. I/We undertake to refund the amount, if already drawn by me/us, immediately on demand if our account does not have sufficient balance to recover the amount with interest and/or any other charges.
10. I/We further unconditionally and irrevocably authorize RBL Bank to debit my/our Account annually with an amount equivalent to the fee and charge for use of the debit card. I/We confirm that the attached photograph(s) is/are the present true identities of me/us. I/We accept full responsibility to my/our debit card and agree not to make any claims against RBL Bank in respect thereto. This condition applies in addition to the Terms and Conditions of the Debit Card Member Agreement as updated on www.rblbank.com and governs the use of my card(s).
11. The Interest rates offered on FCNR deposits are linked to LIBOR, hence in certain scenarios, Interest rates offered may be less than the premature penalty levied. Please ask the Branch staff for more details.
12. I/We declare, confirm, agree:
 - a. That all the particulars and information given in the Application Form are true, correct, complete and up to date in all respects and I/we have not with-held any information.
 - b. That I/we have had no insolvency initiated against me/us nor have I/we ever been adjudicated insolvent.

*Signature of 1st Applicant	*Signature of 2nd Applicant	*Signature of 3rd Applicant

Name _____ Name _____ Name _____

25. ACKNOWLEDGMENT

Received application for Saving Current Fixed Deposit Recurring Deposit Account Ref No.

Initial Payment Details

Initial Amount ₹ In words _____

Cheque No Date Drawn on _____ Bank _____ Branch _____

Debit to my RBL Bank A/c Branch Code Cash Amount ₹ _____

Note: If the Initial amount of NRO account opening is in cash then customer should visit the branch in person and obtain official receipt. DD/PO/Cheque subject to clearance

Remittance from remitting bank _____ Bank Address _____

_____ Currency _____ and Amount _____

Amount _____ Tenure _____ Interest Rate _____ % p.a.

Only for FD or RD - Monthly Installment

Received duly completed Nomination FORM DA1 Yes No Emp. ID

Name of Bank Official (Checked by) _____ Signature of Bank Official Date

Please Quote your reference No. for any communication

Customer Service:
1800 123 8040 (Toll Free when in India)
(91-22) 61156300/99

Email us at:
 nrifbanking@rblbank.com

Website:
 www.rblbank.com

SMS Banking:
 Type **HELP** & send to **9223366333**

Internet Banking:
 To apply visit nearest branch

Debit Card:
 Best in class features & benefits