

APPLICATION FORM

The Manager,
United Bank of India
_____ Branch

Date _____
Account No. _____

Dear Sir,

Sub: Opening of NRE / FCNR / NRO / NRNR / RFC Account.

I/We enclose

- i. cheque drawn by me/us on _____
- ii. Draft no _____ issued by _____ on _____
in your favour of my/our account for _____ (indicate currency).

Please place in Savings/Current/Fixed Deposit account at a current rate of interest for a period of ____ months/years in my/our joint name(s).

Name	Nationality	Occupation	In case of minor, date of birth and name of the guardian indicating relationship
1.			
2.			
3.			
4.			

MAILING (PRESENT) ADDRESS

Account will be operated either by/both/any/all of us.

Special Instructions : (Mark ✓)

- Please retain the fixed deposit receipt(s) in your custody.
- Interest to be paid by cheque/by credit to account no. _____ with _____.
- Cheque Book and Passbook to be handed over to me/us/ mailed to above mentioned mailing address/local address mentioned below.
- Maturity proceeds are also to be remitted by cheque/by credit to above account.
- The fixed deposit receipt is to be issued under Reinvestment plan wherein interest is compounded every half year and paid on maturity.
- Any other instruction:

My/Our Local address in India is:

Name of the A/c Holder(s)	Specimen Signature
1.	
2.	
3.	
4.	

Introduced by/attested by:

(Introduction should be by a Bank/Indian Embassy/Notary Public/Person known to the Bank)

DECLARATION

I/We hereby declare that I am/we are non-resident Indian(s).

I/We agree to abide by the rules governing the Non-Resident Accounts.

I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival.

I/We agree that if premature withdrawal is permitted at my/our request, the payment of interest on deposit shall be allowed in accordance with the prevailing stipulations laid down by Reserve Bank of India and / or other Competent Authority in this regard.

I/We authorise the Bank to automatically renew the deposit on the due date for an identical period unless any instruction to the contrary from me/us is received by the Bank before maturity. I/We understand that the renewal will be made in accordance with the provisions of the Reserve Bank of India directives in force at the time of renewal.

Signature of Depositor(s)

- 1)
- 2)
- 3)
- 4)

Particulars of Passport of the applicant(s)

Name in Block Letter
(as appearing in PP)

PP No.

Date of issue of PP

Office of issue of PP

PP expiry date

Nationality

In case of foreign national,
Indicate if of Indian origin

[Note : In case of a joint account, furnish above information for each depositor].

**For Office use
Accepted**

Signature of Dy. Manager

Signature of Manager/O.C.