NRI

A/C No.							
Cust.id 1							
Cust.id 2							
Cust.id 3							

## ACCOUNT OPENING & RELATIONSHIP FORM

Do	cumentation required for opening Non-Resident Account.
	Photocopy of relevant pages of the current passport where name, address date of birth, date & place of issue, expiry date, photograph, signature & stamp regarding stay outside India appear.
	Photocopy of valid work permit/employment visa (in case of expired visas, duly acknowledged petitions made to the Visa authorities for renewal of visas will be accepted as a valid document).
	Proof of Indian Origin (in case of foreign passport holder)
	All Photocopies must be attested by any one of the following - Banker / Indian Embassy / Notary (or equivalent of notary as per applicable la /Self-Attestation.
	All Photocopies have to be signed by the applicant in full as "True Copies".
	<ul> <li>In case of self-attestation, any one of the following documents may be attached along with the self-attestation letter:</li> <li>Copy of the latest statement of bank account or relevant sheets of passbook of your account in India / Abroad (for the last 6 months)</li> <li>Copy of any letter received from your existing banker in India / Abroad (dated within last 3 months)</li> <li>A Cheque drawn on your existing banker in India or on your bank account abroad</li> <li>An original Cheque issued by you and paid by your banker outside India</li> </ul>
	At least one of the following address proofs (for first applicant only if the applicants are closely related as can be inferred from the account opening form): Utility Bills, Driving license, Rent Receipt, Credit Card Bills, Residence Permit (Govt. Issued identity Card), Latest Overseas Bank Statement in Original.
Ado	Passport signed photographs (signed on front). Iitional documents required for Minor Accounts:
	Minor's birth certificate.
Ado	Photocopy of guardian's passport and guardian's photograph (signed on the front). <b>litional documents for OCBs</b>
	RBI form OAC or OAC1 certified by an overseas Auditor/CA/Certified Public Analyst.
_	Documents for proof of Entity/ Identity.



Please open my NRI account at your \_

FRONAL DETAILS

Branch.

PERSONAL DETAILS								
	TITLE	FIRST NAME	MIDDLE NAME	SURNAME.				
	(Mr, Mrs, Ms, etc).							
3 <sup>RD</sup> APPLICANT								

	DATE OF BIRTH (dd/mm/yy)	SEX	MOTHER'S MAIDEN NAME (if required)
		M / F	
		M / F	
3 <sup>ra</sup> APPLICANT		M / F	

	FATHER'S/SPOUSE NAME	MARITAL STATUS	PAN/GIR NUMBER.	RELATIONSHIP WITH IST APPLICANT
1 <sup>ST</sup> APPLICANT				*****
2 <sup>ND</sup> APPLICANT				
3 <sup>RD</sup> APPLICANT				

Name of Parent/Natural Guardian (In case the applicant is minor)	
OVERSEAS	ADDRESS

ADDRESS	• • • • • • • • • • • • • • • • • • • •						
ZIP/POST CODE			COUNTR	Y			
TELEPHONE: Resid	lence	Office		Fax			
Mobile No:		E-MAIL ID					
			ADDRES	S			
ADDRESS							
	TELE		<u>.</u> .			STA	TE
PIN CODE	TELE	PHONE	FA	XX			
MAILING ADDRESS		S / UINDIAN (Please t PASSPOR	T DET A	ICADIE). All CORRE	espondence will b	e sent or	n the mailing address).
	Passport No.	Date of Issue.		e of Issue.	Date of Ex	nin	Nationality
	Fassport No.	Date of issue.	Flace	e of issue.	Date of Ex	рпу	Nationality
3 <sup>RD</sup> APPLICANT							
O AITEIOAIT		VISA D	DETAILS				
	Visa No.	Date of Issu		1	of Issue.		Date of Expiry
2 <sup>ND</sup> APPLICANT							
3 <sup>RD</sup> APPLICANT							
		INTRODUCT	TION DET	AILS			
	existing J&K Bank accou	unt holder					
Name: Mr/Ms/N	lrs		<u> </u>				
		FIRST NAME		MIDDLE	NAME		SURNAME
Address of Intro	ducer						
Account No.		Customer le	d				
Branch							
I confirm that I a	m an account holder wi	th J&K Bank for over s	ix months	. I confirm tha	t I personally kn	low the	applicant/s detailed
herein for more	than six months and co	nfirm his/her identify ar	nd addres	S.			
Cignoture		Cignoture	wified (fo	r Donk upp)			
Signature		Signature \	vermeu (it	n Dank use)			
Date							
□ Self-Introductio	on:						
Account Numbe	r	(In case of	of existing	customer of t	he bank).		
□ Introduction by e	existing Banker (signatu	re verification certificat	e required	d).	,		

I/We would like to open following accounts with your bank.

			T DETAILS				
		ACCOUNT No. (Bank use only)	Amount	Tenure	Rate of Interest		
NRE A	CCOUNTS						
	Savings Account.			*****	******		
	Term Deposit						
	Current Account			******	*****		
	Recurring Deposit Scheme						
NRO A	CCOUNTS						
	Savings Account.			*****	*****		
	Term Deposit						
	Current Account			*****	*****		
FCNR	(B) ACCOUNTS.						
	USD						
	GBP	-					
	EURO						
	JPY						
	AUD						
	CAD						
Value I	Date	Name of author Code No.	thorized officer rized officer OUNT/ CHEQUE BOOK.				
Saving	Statement Frequency     Savings Account     Quarterly     Monthly       Current Account     Quarterly     Monthly     Weekly						
			ENEWAL INSTRUCTIONS. Is for fixed De <u>p</u> osits.				
🗆 Re	new Principal Only	Renew Principal plus Int		/Pay Order			
Cr	edit to Account No		Others (Spec	cify)			
(Kindly note that in absence of instructions, the deposit will be renewed for the same period for which the extant deposit has already run or for 1 year, whichever is less.) Interest payment Instructions (fill only in case of monthly/quarterly interest payout and on maturity if the interest is not to be renewed with the principal)							
Credit to Account No Issue DD/Pay order.							
INITIAL PAYMENT DETAILS							
Cash (Foreign Currency) Amount							
Transfe	er from FCNR/NRE (Fixed	d/Savings/Current) account No					
DD/Che	eque No	drawn on	BankB	ranchC	Country		
Dated_		for Rs /USD/GBP/EURO/					
	TT reference No	Date of Repo	rt	(To be complete	ed by branch as		

ACCOUNT OPERATION								
Single jointly Either or Survivor Anyone or Survivor Others (please Specify)								
MINOR ACCOUNT								
Name of the Parent/GuardianMinor's date of birth Relationship with Minor Father Mother By court order (if yes, please affix a copy) Others (Please specify). I shall represent the minor in all future transactions of any description in the above account till the said minor attains majority. I s fully indemnify the bank against any claim of the above for any withdrawal/transaction made by me in his/her account.	shall							
<ul> <li>DECLARATION <ol> <li>I am/ We are Non Resident India(s) or persons of Indian Origin.</li> <li>I/ We understand that the above account will be opened on the basis of the statements /declarations made by me /us and will be opened form and as per various Regulations framed under Foreign Exchange Management Act. 1999 and in particular, Foreign Exchange Management Made by me/us and to discontinue the service.</li> <li>The account will be put into use only for bonafide transactions not involving any violations of the provisions of any Government/Exchange Regulation.</li> <li>I/We agree that the rate and the manner of interest to be paid shall be as per the Regulations and no claim will be made by me/us for any on the deposits for any period after date/s of maturity of the deposits.</li> <li>I/We agree to abide by the provisions of the FCNR/NRE/NRO Accounts scheme laid down by the RBI and as per the said act and the Regu as amended from time to time.</li> <li>I/We authorize the Bank to automatically renew the deposit on due date for an identical period (unless otherwise specifically instructed befor date). The earlier receipt given to me will be trated as discharged receipt on due date. I/We understand that the interest applicable or my/our presenting th discharged arguing rates on the date of maturity and the renewal receipt will be made available to may person resident in India fore permeval.</li> <li>I/We agree that if premature withdrawal is permitted at my/our request the payment of interest on the deposit may be allowed in accordance v provisions of the Reserve Bank of India scheme in force at the terme or nemeval.</li> <li>I/We agree that if peremature withdrawal is</li></ol></li></ul>	gement d to be Control interest ulations ore due newals ne duly vith the ce with ndia. specific in force me/us. same is nge the com the e bank,							
<ol> <li>I/We hereby agree and confirm to bear any losses or claims that may arise directly/indirectly on account of the Bank acting on any instr received by it by fax or any electronic media given by me/us or on my /our behalf and agree to keep the Bank indemnified from any such loss /or claims.</li> <li>I/We do hereby declare that the information furnished in this form is true to the best of my/our knowledge and belief.</li> <li>I/We hereby indemnify and forever keep indemnified the Bank and its successors and assigns of, from and against any and all claims, a</li> </ol>								
1 <sup>st</sup> Applicant Photo.     2nd Applicant Photo.     3rd Applicant Photo.								
Signature       Signature       Signature         1 <sup>st</sup> Applicant       2 <sup>nd</sup> Applicant       3 <sup>rd</sup> Applicant         (Applicants should sign across the photograph).       Name       Name								

## To be filled in by the Bank

I/We certify the particulars of the applicant/s on the basis of passport/\_\_\_\_\_ and am/are satisfied with the non-resident status of the applicant/s. I certify I have met the customer/spoken to him/her.

I.	Signatu	ıre	Code No
I II			
III			
	MINATION FORM DA1		
Iomination under Section 45ZA of the banking Regulation respect of bank deposits.		anking Companies (I	Nomination) Rules 198
We (Name & Address (es) of depositors) (Name	ne & Address (es) of depositors)	(Name & Addr	ess (es) of depositors)
ominate the following person to whom in the event of m lo, may be returned by J&K B his nomination shall apply to all types of deposits and a or this Nomination Form) from time to time including ren	y/our/minor's death, the amount of ank LtdBra ccounts made under this Account	deposit in the accou	Int(s) under Account
lame			
Parentage			
Address			
Country	Zip /Post/Pin Code		
Relationship with depositor (if any)	Age		
Date of Birth (if nominee is a minor)	/MM/YYYY) r/Ms/Mrs		
.geS/O ,D/O			
	nominee in the event of my/our/	minor's death durir	a the minority of the
o receive the amount of the deposit on behalf of the			<b>3</b>
o receive the amount of the deposit on behalf of the ominee.			f Account holder(s).
o receive the amount of the deposit on behalf of the cominee. Vitness (es)	Signature(s)/ thun	nb impression (s) o	f Account holder(s).
o receive the amount of the deposit on behalf of the ominee. Vitness (es) lame	Signature(s)/ thun Name	nb impression (s) o	f Account holder(s).
o receive the amount of the deposit on behalf of the ominee. Vitness (es) lame	Signature(s)/ thun Name Signature	nb impression (s) o	f Account holder(s).
Address	Signature(s)/ thun Name Signature	nb impression (s) o	f Account holder(s).

Nomination Number (to be filled by the bank)\_

Mandate Letter/Letter of Authority
For NRI Account Holders.

Date: \_\_\_

The Branch Manager,

The J&K bank Ltd.

\_\_\_ Branch.

Sub: Mandate/Letter of Authority to Operate NRI Savings Bank/Current Account No\_

of\_

Dear Sir.

(Name of account holder/s).

I/We hereby request you to take this letter as standing instructions/mandate/Authority for honouring all Cheques/Orders drawn on the subject account and instructions for Local Disbursements to the extent of the amount lying in the said account and no overdraft to be permitted, under the signatures only of Mr./Ms.\_\_\_\_\_

Son/Daughter/Wife of \_\_\_\_

resident of\_

I/We authorize the said person on my /our behalf to make, draw, endorse, accept or otherwise sign any Bills of Exchange, Promissory Notes or other Negotiable Instruments and to make, draw, endorse or sign Cheques or any other negotiable instrument of any description for investment in shares, debentures, fixed deposits, bonds, units and operate the account for making necessary investment, provided such investments are covered by the Regulations and are made in the manner provided in the Regulations.

The Mandate/Authority holder shall however, while acting/operating under this mandate, ensure that he/she acts in accordance with the instructions and directions that may be issued from time to time by the Reserve Bank of India or the Government of India or any other body or authority.

I/We hereby ratify and bind myself/ourselves and confirm to all and whatever instructions the said person has given on my/our behalf. I/We agree to bear any losses or claims that may arise directly or indirectly on account of the Bank acting on this instruction/ mandate and the instruction given thereof by the said person. I/We also indemnify and keep the Bank indemnified from and against all suits, claims, actions, damages or losses that may be suffered or incurred by the Bank in respect of any act, deed, matter or thing done by the Mandate/Authority holder in furtherance of the Mandate/Authority.

The specimen signature of the Mandate/Authority Holder, who has been authorized to operate upon the account, is given below and the same has been duly verified by me/us.

This authority/mandate shall continue in force until I/We expressly revoke it by a notice in writing and the same is received by you.

Yours Sincerely,

	(1)		(2) Signature of Account Holder(s).	(3)
Signature of	the Mandate H	older		
Name & Add	ress of Mandat	e Holder (Name)		
Son/Daughte	er /Wife of			
Resident of				
Phone (Mobile)	No	(Residence)	(Office	)
Above Signa	ture of Mandat	e holder verified by ac	count holder(s).	
Signature of	account holde	rs(1)	(2)	(3)

Latest Photograph of mandate holder, to be attested by any of the account holders/Branch Manager.

	Information (To be obtained for each applied	cant separately)
FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
(Tick mark the relevant)	(Tick mark the relevant)	(Tick mark the relevant)
Occupation :	Occupation :	Occupation :
Salaried Self-Employed Retired	Salaried Self-Employed Retired	Salaried Self-Employed Retired
Self-Employed Professional	Self-Employed Professional	Self-Employed Professional
Housewife Student Unemployed	Housewife Student Unemployed	Housewife Student Unemployed
Student Unemployed Others (Pls Specify)	Others (Pls Specify)	Student Unemployed Others (PIs Specify)
If Salaried,Employed With:	If Salaried, Employed With:	If Salaried, Employed With:
Private Ltd Partnership Proprietorship	Private Ltd Partnership Proprietorship	Private Ltd Partnership Proprietorship
Public Limited Public Sector Government	Public Limited Public Sector Government	Public Limited Public Sector Government
Multinational	Multinational	Multinational
Others (Pls Specify)	Others (Pls Specify)	Others (PIs Specify)
Employed Since:	Employed Since:	Employed Since:
YearsMonths	YearsMonths	YearsMonths
Nature Of Business:	Nature Of Business:	Nature Of Business:
Manufacturing Service Provider	Manufacturing Service Provider	Manufacturing Service Provider
Agriculture Stock Broker	Agriculture Stock Broker	Agriculture Stock Broker
Real Estate Trader Others (Pls Specify)	Real Estate Trader Others (Pls Specify)	Real Estate Trader Others (Pls Specify)
Date Of Incorporation	Date Of Incorporation	Date Of Incorporation
Type Of Company:	Type Of Company:	Type Of Company:
Sole Proprietorship Partnership	Sole Proprietorship Partnership	Sole Proprietorship Partnership
Public Limited Co. Private Limited Co.	Public Limited Co. Private Limited Co.	Public Limited Co. Private Limited Co.
Others (Pls Specify)	Others (Pls Specify)	Others (Pls Specify)
Self Employed Professional:	Self Employed Professional:	Self Employed Professional:
Doctor CA/CS Lawyer	Doctor CA/CS Lawyer	Doctor CA/CS Lawyer
Architect IT Consultant	Architect IT Consultant	Architect IT Consultant
Others (Pls Specify)	Others (Pls Specify)	Others (Pls Specify)
Gross Annual Income:	Gross Annual Income:	Gross Annual Income:
(In Indian Rupees)	(In Indian Rupees)	(In Indian Rupees)
< 50,000 50,000-1,00,000	< 50,000 50,000-1,00,000	< 50,000 50,000-1,00,000
1,00,000-3,00,000 3,00,000 -5,00,000	1,00,000-3,00,000 3,00,000 -5,00,000	1,00,000-3,00,000 3,00,000 -5,00,000
5,00,000-7,50,000 7,50,000-10,00,000 10,00,000-15,00,000 >15,00,000.	5,00,000-7,50,000 7,50,000-10,00,000 10,00,000-15,00,000 >15,00,000	5,00,000-7,50,000 7,50,000-10,00,000 10,00,000-15,00,000 >15,00,000.
Credit Card references, if any	Credit Card references, if any	Credit Card references, if any
Existing Credit Facilities, Availed From Any	Existing Credit Facilities, Availed From Any	Existing Credit Facilities, Availed From Any
Bank	Bank	Bank
_	Other Bank References	Other Bank References
Other Bank References		
		Brief
	Brief Statement of Your Assets	Statement of Your Assets
	(Movable/Immovable)	(Movable/Immovable)
Brief Statement of Your Assets		
(Movable/Immovable)		
	Particulars of Family Members	Particulars of Family Members
Particulars of Family Members		
Signature	Signature	Signature

	CHANNEL REGISTRATION FORM	FOR ACCOUNT HOLDER/S						
	<b>cant 1.</b>	Date						
Custorr Please	ner id activate the following service(s) on my acco Internet Banking facility	unt (please tick).						
	Mobile Banking services Phone Banking Receipt of Bank Statement by E-mail	E-mail address.						
	Applicant 2. anch Date							
Custom Please	ner id activate the following service(s) on my acco Internet Banking facility	unt (please tick).						
	Mobile Banking services Phone Banking Receipt of Bank Statement by E-mail	E-mail address.						
	icant 3.	E-mail address.						
Custom Please	ner id activate the following service(s) on my acco Internet Banking facility.	· · · ·						
	Mobile Banking services Phone Banking Receipt of Bank Statement by E-mail. (E	E-mail address.						
Primary 1 <sup>st</sup> App	/ Card licant	JK Bank Global Access Card						
Add on 2 <sup>nd</sup> App								
3 <sup>rd</sup> App								
	This facility is not available if the operating ation Form For ATM Card For Mandate/ <b>Pers</b>	instructions are jointly by all. .etter of Authority/Power of Attorney Holders on NRI Accounts. onal Details Of Mandate Holder						
Full N								
Custo	FIRST NAME	MIDDLE NAME SURNAME						
Application From Account Holder:         I/We request you to kindly issue an ATM Card TO Mr./Ms         The mandate /power of Attorney on my NRI Savings/current a/c number         I/We hereby ratify and bind mysl/ourself and confirm to all and whatever instructions the said person has given on my /our behalf. This authority granted vide the letter of mandate /power of Attorney shall continue in force until I/We shall have expressly revoke it by a notice in writing delivered to you and till as may be required by you to cancel the ATM Card.         I/We understand and agree that the operation of the ATM Card issued to the mandate /attorney whose authority has been drawn is stopped within a period of 3 working days (three working days) from receipt of my/our intimation in the form acceptable to you. I/We acknowledge that I/We shall be responsible for all risk and consequences of use of the ATM card in the interim period till the same is stopped. You shall not be liable for any loss caused by the use of the ATM card. I acknowledge of being advised by you and agree to ensure that the ATM card is in my possession prior to intimating you about the withdrawal of authority.         I/We have read and understood the terms and conditions 9a copy of which I am in possession of) relating to opening of an account and various services including but not limited to the ATM facility. I accept and agree to be bound by the same terms and conditions including those excluding //imiting the banks liability. I/We understand that the bank may at its absolute 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/We confirm that I/We am/are non -resident Indians.         Signature								

For Office Use Only								
Open	Open the Account			R	eject (Give Reaso	ns).		
Signature (Branch Manager)	Manag	er (Acco	unts)		front Offic	er		
Account Opened on Date Internet /Tele Banking ID dispatched on JK Bank Global Access Card No, dispatched on (Facility available for operating instructions: Single, Either or Survivor only).								
(Facility available for operating instructions: Single, Either or Survivor only). Letter of thanks sent to customer/s on & to introducer on Acknowledgement received from customer/s on & from introducer on Nomination form entered in register & its Serial No								
Risk Level (First Applicant)					]			
Risk Level (Second Applicant)	<b>I</b>	<b>II</b>	<b>III</b>	IV	]			
	I	II	Ш	IV				
Risk Level (Third Applicant)					]			
Branch Manager/Authorized Officer Code No Threshold Limit Rs	1			IV				
Account transferred to/Branch on Account Closed on								
						Signature of Authorized Officer Code No		