NRI ACCOUNT OPENING & RELATIONSHIP FORM

Documentation 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 law) /Self-Attestation.
- All Photocopies have to be signed by the applicant in full as “True Copies”.
- In case of self-attestation, any one of the following documents may be attached along with the self-attestation letter:
  - Copy of the latest statement of bank account or relevant sheets of passbook of your account in India / Abroad (for the last 6 months)
  - Copy of any letter received from your existing banker in India / Abroad (dated within last 3 months)
  - A Cheque drawn on your existing banker in India or on your bank account abroad
  - An original Cheque issued by you and paid by your banker outside India
- 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.
- Passport signed photographs (signed on front).
- Additional documents required for Minor Accounts:
  - Minor’s birth certificate.
  - Photocopy of guardian’s passport and guardian’s photograph (signed on the front).
- Additional documents for OCBs
  - 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 ____________________________________________________________________________Branch.

### PERSONAL DETAILS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>1ST APPLICANT</th>
<th>2ND APPLICANT</th>
<th>3RD APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Mr, Mrs, Ms, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRST NAME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIDDLE NAME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURNAME</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>MOTHER’S MAIDEN NAME (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(dd/mm/yy)</td>
<td>M / F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FATHER’S/SPOUSE NAME</th>
<th>MARITAL STATUS</th>
<th>PAN/GIR NUMBER</th>
<th>RELATIONSHIP WITH IST APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST APPLICANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2ND APPLICANT</td>
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</tr>
<tr>
<td>3RD APPLICANT</td>
<td></td>
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</tr>
</tbody>
</table>

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

---

### OVERSEAS ADDRESS

ZIP/POST CODE __________________________ COUNTRY __________

TELEPHONE: Residence __ Office __ Fax __

Mobile No: __ Email ID __

### INDIAN ADDRESS

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>PIN CODE</th>
<th>TELEPHONE</th>
<th>FAX</th>
</tr>
</thead>
</table>

### MAILING ADDRESS  

- OVERSEAS / INDIAN (Please tick as applicable). All correspondence will be sent on the mailing address.

### PASSPORT DETAILS

<table>
<thead>
<tr>
<th>Passport No.</th>
<th>Date of Issue</th>
<th>Place of Issue</th>
<th>Date of Expiry</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST APPLICANT</td>
<td></td>
<td></td>
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<tr>
<td>2ND APPLICANT</td>
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<tr>
<td>3RD APPLICANT</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### VISA DETAILS

<table>
<thead>
<tr>
<th>Visa No.</th>
<th>Date of Issue</th>
<th>Place of Issue</th>
<th>Date of Expiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST APPLICANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2ND APPLICANT</td>
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<td></td>
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</tr>
<tr>
<td>3RD APPLICANT</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### INTRODUCTION DETAILS

- Introduction by existing J&K Bank account holder
  - Name: Mr/Ms/Mrs. ____________________________
  - Address of Introducer _____________________________________________________________________________________

- Account No. __________ Customer Id ____________________________

- Branch ____________________________

I confirm that I am an account holder with J&K Bank for over six months. I confirm that I personally know the applicant/s detailed herein for more than six months and confirm his/her identify and address.

Signature __________________________________ Signature verified (for Bank use) ____________________________

Date ____________________________

- Self-Introduction: 
  - Account Number __________ (In case of existing customer of the bank).
  - Introduction by existing Banker (signature verification certificate required).
I/We would like to open following accounts with your bank.

### ACCOUNT DETAILS

<table>
<thead>
<tr>
<th>ACCOUNT No. (Bank use only)</th>
<th>Amount</th>
<th>Tenure</th>
<th>Rate of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NRE ACCOUNTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Savings Account.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Term Deposit</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Current Account</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Recurring Deposit Scheme</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>NRO ACCOUNTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Savings Account.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Term Deposit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Current Account</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FCNR (B) ACCOUNTS.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- USD</td>
<td></td>
<td></td>
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<tr>
<td>- GBP</td>
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<td></td>
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<td>- EURO</td>
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<td>- JPY</td>
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<tr>
<td>- AUD</td>
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<td></td>
<td></td>
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<tr>
<td>- CAD</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Value Date __________________ Signature of authorized officer _________________________________

**Name of authorized officer** _________________________________

**Code No.** ____________________________

---

### STATEMENT OF ACCOUNT/ CHEQUE BOOK.

<table>
<thead>
<tr>
<th>Statement Frequency</th>
<th>Savings Account</th>
<th>Current Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### INTEREST PAYMENT/RENEWAL INSTRUCTIONS.

- **Maturity Instructions for fixed Deposits.**
  - Renew Principal Only
  - Renew Principal plus Interest
  - Issue DD/Pay Order

- **Credit to Account No.**__________________________
- **Others (Specify)**__________________________

(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**__________________________
- **Transfer from FCNR/NRE (Fixed/Savings/Current) account No.**__________________________Rs

  DD/Cheque No__________________________ drawn on ______________________ Bank____________ Branch___________ Country________.

  Dated ________________________ for Rs /USD/GBP/EURO/______________________

  Inward TT reference No. ________________________ Date of Report ________________________ (To be completed by branch as per Statement date/Value date).
## Declaration

1. 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 in the name of Non Resident Indian(s) or persons of Indian Origin.

2. 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 in the name of Non Resident Indian(s) or persons of Indian Origin.

3. The account will be put into use only for bonafide transactions not involving any violations of the provisions of any Government/Exchange Control Regulations.

4. 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 interest on the deposits for any period after date/s of maturity of the deposits.

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

6. 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 Regulations as amended from time to time.

7. 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 instructions 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 losses and/or claims.

8. I/We confirm that all debits/credits to my/our account shall be in accordance with the Regulations and are covered either by general or specific permission of Reserve Bank of India.

9. I/We will be liable to comply with the rules of the Foreign Exchange Management Act, 1999 and the Regulations and amendments thereof in force from time to time and as stipulated by the Reserve Bank of India.

10. 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.

11. I/We agree that the Bank may debit my account for service charges as applicable from time to time.

12. I/We hereby declare that the information furnished in this form is true to the best of my/our knowledge and belief.

13. I/We hereby indemnify and forever keep indemnified the Bank and its successors and assigns of, from and against any and all claims, actions, penalties that may be made, suffered or incurred by the bank by reason of my/our non-compliance with the said Act and/or the Regulations as amended from time to time.

---

**MINOR ACCOUNT**

Name of the Parent/Guardian: _______________________________  Minor’s date of birth: _______________________________

Relationship with Minor:  [ ] Father  [ ] Mother  [ ] By court order (if yes, please affix a copy)

[ ] Single  [ ] jointly  [ ] Either or Survivor  [ ] Anyone or Survivor  [ ] 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 shall fully indemnify the bank against any claim of the above for any withdrawal/transaction made by me in his/her account.

---

**ACCOUNT OPERATION**

[ ] Single  [ ] jointly  [ ] Either or Survivor  [ ] Anyone or Survivor  [ ] Others (please specify) __________

---

**DECLARATION**

1. I am/ We are Non Resident Indian(s) or persons of Indian Origin.

2. 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 in the form and as per various Regulations framed under Foreign Exchange Management Act, 1999 and in particular, Foreign Exchange Management (Deposit) Regulations, 2000 as amended from time to time. 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 and to discontinue the service.

3. The account will be put into use only for bonafide transactions not involving any violations of the provisions of any Government/Exchange Control Regulation.

4. 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 interest on the deposits for any period after date/s of maturity of the deposits.

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

6. I/We authorize the Bank to automatically renew the deposit on due date for an identical period (unless otherwise specifically instructed before due date). The earlier receipt given to me will be treated as discharged receipt on due date. I/We understand that the interest applicable on renewals will be at the applicable routing rates on the date of maturity and the renewed receipt will be made available on my/presenting the duly discharged original receipt on the maturity date or later for payment. I/We further understand that the renewal will be in accordance with the prevailing stipulations laid down by the Reserve Bank of India & J&K Bank in this regard.

7. 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 instructions 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 losses and/or claims.

8. I/We confirm that all debits/credits to my/our account shall be in accordance with the Regulations and are covered either by general or specific permission of Reserve Bank of India.

9. I/We will be liable to comply with the rules of the Foreign Exchange Management Act, 1999 and the Regulations and amendments thereof in force from time to time and as stipulated by the Reserve Bank of India.

10. 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.

11. I/We agree that the Bank may debit my account for service charges as applicable from time to time.

12. I/We hereby declare that the information furnished in this form is true to the best of my/our knowledge and belief.

13. I/We hereby indemnify and forever keep indemnified the Bank and its successors and assigns of, from and against any and all claims, actions, penalties that may be made, suffered or incurred by the bank by reason of my/our non-compliance with the said Act and/or the Regulations as amended from time to time.

---

**Signature**

1st Applicant  
2nd Applicant  
3rd Applicant

(Applicants should sign across the photograph).

Name: ___________________________  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.

<table>
<thead>
<tr>
<th>Name of the verifying officer/s</th>
<th>Signature</th>
<th>Code No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. ___________________________</td>
<td>_____________________</td>
<td>___________________</td>
</tr>
<tr>
<td>II. __________________________</td>
<td>_____________________</td>
<td>__________________</td>
</tr>
<tr>
<td>III. __________________________</td>
<td>_____________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

NOMINATION FORM DA1
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.

I/We_________________________________  ____________________________________ _______________________________
(Name & Address (es) of depositors)                               (Name & Address (es) of depositors)                                 (Name & Address (es) of depositors)

______________________________
Country__________________ Zip /Post/Pin Code___________________________________

nominate the following person to whom in the event of my/our/minor’s death, the amount of deposit in the account(s) under Account No_____________________, may be returned by J&K Bank Ltd___________________Branch.

This nomination shall apply to all types of deposits and accounts made under this Account No. (which will be the distinguishing number for this Nomination Form) from time to time including renewals thereof.

NOMINEE

Name______________________________________________________________________________________________________

Parentage__________________________________________________________________________________________________

Address___________________________________________________________________________________________________

______________________________Country__________________ Zip /Post/Pin Code___________________________________

Relationship with depositor (if any)__________________________________________________________Age____________________________________________

Date of Birth (if nominee is a minor)_____________________________ (DD/MM/YYYY)

As the nominee is a minor on this date/We appoint Mr/Ms/Mrs._____________________________________________________

Age____________ S/O ,D/O___________________________________________________________________________________

Address___________________________________________________________________________________________________

______________________________Country__________________ Zip /Post/Pin Code___________________________________

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

Witness (es)

Name________________________________________             Name_________________________________________________

Signature_____________________________________            Signature______________________________________________

Address______________________________________            Address_______________________________________________

______________________________Country__________________ Zip /Post/Pin Code___________________________________

Place______________________________________                 Place__________________________________________________

Date_______________________________________                 Date___________________________________________________

Note:
*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 the minor.
*Thumb impression (s) shall be attested by two witnesses and signature will be attested by one witness.

Nomination Number (to be filled by the bank)____________________________________________________________________
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,

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)                                                                         (3)

Signature of Account Holder(s).

Signature of the Mandate Holder        ____________________________

Name & Address of Mandate Holder (Name)___________________________________________________________________________________________

Son/Daughter/Wife of

Resident of___________________________________________________________________________________________

Phone No (Residence) _________________________(Office)___________________________
(Mobile)_________________________

Above Signature of Mandate holder verified by account holder(s).

Signature of account holders. ________________ ________________ ________________
(1)                                                  (2)                                                    (3)
<table>
<thead>
<tr>
<th><strong>SUPPLEMENTARY INFORMATION (To be obtained for each applicant separately)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIRST APPLICANT</strong> (Tick mark the relevant)</td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
</tr>
<tr>
<td><strong>Nature Of Business:</strong></td>
</tr>
<tr>
<td><strong>Gross Annual Income:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Credit Card references, if any.</strong></td>
</tr>
<tr>
<td><strong>Existing Credit Facilities, Availed From Any Bank</strong></td>
</tr>
<tr>
<td><strong>Other Bank References</strong></td>
</tr>
<tr>
<td><strong>Brief Statement of Your Assets (Movable/Immovable)</strong></td>
</tr>
<tr>
<td><strong>Particulars of Family Members</strong></td>
</tr>
<tr>
<td><strong>Signature</strong></td>
</tr>
</tbody>
</table>

| **SECOND APPLICANT** (Tick mark the relevant) |
| **Occupation:** | Salaried | Self-Employed | Retired | Self-Employed | Professional |
| **Nature Of Business:** | Manufacturing | Service Provider | Agriculture | Stock Broker | Real Estate | Trader |
| **Gross Annual Income:** | (In Indian Rupees) | | | | | |
| | < 50,000 | 50,000-1,00,000 | 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. |
| **Credit Card references, if any.** | | | | | | | | |
| **Existing Credit Facilities, Availed From Any Bank** | | | | | | | | |
| **Other Bank References** | | | | | | | | |
| **Brief Statement of Your Assets (Movable/Immovable)** | | | | | | | | |
| **Particulars of Family Members** | | | | | | | | |
| **Signature** | | | | | | | | |

| **THIRD APPLICANT** (Tick mark the relevant) |
| **Occupation:** | Salaried | Self-Employed | Retired | Self-Employed | Professional |
| **Nature Of Business:** | Manufacturing | Service Provider | Agriculture | Stock Broker | Real Estate | Trader |
| **Gross Annual Income:** | (In Indian Rupees) | | | | | |
| | < 50,000 | 50,000-1,00,000 | 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. |
| **Credit Card references, if any.** | | | | | | | | |
| **Existing Credit Facilities, Availed From Any Bank** | | | | | | | | |
| **Other Bank References** | | | | | | | | |
| **Brief Statement of Your Assets (Movable/Immovable)** | | | | | | | | |
| **Particulars of Family Members** | | | | | | | | |
| **Signature** | | | | | | | | |
CHANNEL REGISTRATION FORM
FOR ACCOUNT HOLDER/S
Applicant 1.
Branch________________________________________                      Date____________________________________
Customer id__________________________________(for existing customers).
Please activate the following service(s) on my account (please tick).
☐ Internet Banking facility. ____________________________
☐ Mobile Banking services ____________________________
☐ Phone Banking ____________________________
☐ Receipt of Bank Statement by E-mail. ____________________________
E-mail address. _____________________________________________________________________________
Mobile Number. _____________________________________________________________________________
Applicant 2.
Branch________________________________________                      Date____________________________________
Customer id__________________________________(for existing customers).
Please activate the following service(s) on my account (please tick).
☐ Internet Banking facility. ____________________________
☐ Mobile Banking services ____________________________
☐ Phone Banking ____________________________
☐ Receipt of Bank Statement by E-mail. ____________________________
E-mail address. _____________________________________________________________________________
Mobile Number. _____________________________________________________________________________
Applicant 3.
Branch________________________________________                      Date____________________________________
Customer id__________________________________(for existing customers).
Please activate the following service(s) on my account (please tick).
☐ Internet Banking facility. ____________________________
☐ Mobile Banking services ____________________________
☐ Phone Banking ____________________________
☐ Receipt of Bank Statement by E-mail. ____________________________
E-mail address. _____________________________________________________________________________
Mobile Number. _____________________________________________________________________________
JK Bank Global Access Card
Primary Card
1st Applicant
Add on Cards
2nd Applicant
3rd Applicant.
Please Note:
• This facility is not available if the operating instructions are jointly by all.

Application Form For ATM Card For Mandate/Letter of Authority/Power of Attorney Holders on NRI Accounts.

Personal Details Of Mandate Holder

Full Name                                                             FIRST NAME       MIDDLE NAME       SURNAME
Customer ID No. ____________________________________________________

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 myself/ourselves 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 /limiting 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    ____________________  ____________________  ____________________
First account holder              Second account holder       Third account holder.
(All account holders on the NRI Savings & current a/c have to sign above).
Open the Account    Reject (Give Reasons).

Signature __________________                _________________                               ________________  
(Branch Manager)                      Manager (Accounts)                                 front Officer

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).

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) __________   __________   __________   __________

Risk Level (Third Applicant) __________   __________   __________   __________

Branch Manager/Authorized Officer  
Code No. ________________________________

Threshold Limit Rs ________________

Account transferred to ________________________________/Branch on ________________________________

Account Closed on _____________________________________________________________________

Signature of Authorized Officer  
Code No. ________________________________