

A/c No Existing Customer Yes No Date

Customer ID 1 2 3 4 ACCOUNT TYPE NRI NR RI SB CA FD

C-KYC 1 C-KYC 2 C-KYC 3 C-KYC 4

Scheme Name Scheme Code Currency of Deposit Amount/Initial Deposit

Mode of Operation
 Single E or S Joint
 A or S F or S L or S

APPLICANT 1

Officially Valid Document
 Aadhaar Driving License
 NREGA Voters ID
 Passport
 Letter from National Population Register

Document No
issued on Valid Till
Visa Expiry Date
Visa/PIO/OCI Card No.
Seafarer
Yes No
Nationality

Full Name First Middle Last
Mr/Mrs/Ms

Maiden Name First Middle Last
(if any)

Father's Name Mother's Maiden Name
(Mandatory)

Marital Status Single Married Name of Spouse If Staff PF No

Date Of Birth Gender Male Female Transgender Country of Birth

PAN Aadhaar No Passport Number

Citizenship Residential Status Non Resident Indian Foreign National Person of Indian origin
Residence Address for Tax Purposes Overseas address Address in India Address Type Residential Business/ Office

Communication / Current Address Permanent Address / Address in India

COUNTRY STATE COUNTRY PIN CODE

I/We would like to opt Permanent Address Current Address as my/our address for communication

Mobile No (With Country Code) + Contact No (With STD Code) + Fax

Office Ph No (With Country Code) + Email ID

Occupation: Service { Private Public Government} Others { Professional Self Employed Retired House Wife Student} Business Not Categorized

Occupation Subcategory Media Judiciary Bureaucrat Statesman Financial Sector Entertainment Industry Professional Intermediaries
 Academicians Dealers in Arms & Armaments Dealers in Gems, Jewels and Precious Stones Dealers in Art and Antiques
 Real Estate Pawn Broker

Employer's Name & Address	Edu. Qualification	Job Position	Monthly Income (USD)	Asset Owned	Liabilities	Investments
<input type="text"/>	Under Graduate <input type="checkbox"/>	Clerical <input type="checkbox"/>	Less than 1000 <input type="checkbox"/>	House <input type="checkbox"/>	Loans <input type="checkbox"/>	Life Insurance <input type="checkbox"/>
<input type="text"/>	Graduate <input type="checkbox"/>	Junior Mngmnt <input type="checkbox"/>	1001 - 5000 <input type="checkbox"/>	Car <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Mutual Fund <input type="checkbox"/>
<input type="text"/>	P.G <input type="checkbox"/>	Middle Mngmnt <input type="checkbox"/>	5001 - 10000 <input type="checkbox"/>	2 wheeler <input type="checkbox"/>	Others..... <input type="checkbox"/>	Demat A/c <input type="checkbox"/>
<input type="text"/>	Professional <input type="checkbox"/>	Senior Mngmnt <input type="checkbox"/>	10001 - 25000 <input type="checkbox"/>	Others..... <input type="checkbox"/>	*Networth..... <input type="checkbox"/>	Bank Deposit <input type="checkbox"/>
<input type="text"/>	Others..... <input type="checkbox"/>	Others..... <input type="checkbox"/>	25001 - 50000 <input type="checkbox"/>			Private Funds <input type="checkbox"/>
<input type="text"/>			Above 50000 <input type="checkbox"/>			

Declaration (Please tick)

I hereby declare that..... is a Non-Resident Indian holding Indian Passport.

For PIO's:
I hereby declare that..... is a person of Indian origin holding.....(issuing country) Passport, satisfying one of the following conditions, for which proof is attached:
1. Held an Indian passport in the past. 2. Father/mother/grandfather/grandmother (name).....is/was a citizen of India by virtue of the constitution of India or the Citizenship Act 1955.

For Seafarer's:
I hereby declare and confirm that I am a Non-Resident Indian on contract with.....(name and address of the shipping company) registered in.....(Country).

For Accounts in the name of Minors:
I hereby certify that..... was born on..... and attains majority on..... and I am the natural guardian/legal guardian appointed by the court order dated..... Name of the guardian..... Relationship with Minor..... Nature of Account..... Account No.....

For Politically Exposed Persons:
I am a Politically Exposed Person who performs important functions for the State in the capacity as Senior Official of Govt, or Political Parties or closely related to Politically Exposed Persona/s by name.....

Positions Held	Name of the Party/Organisation	Designation	Period of Office
Political Party			
Government Organisation			

FATCA/CRS declaration - please tick any one, as applicable to you.
 I am a tax resident of India and not of any other country (If not holding Indian Passport, provide documentary evidence in support)*
 I am a tax resident of the country/ie mentioned in the table below

Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID Number below

Country #	Tax Identification Number %	Identification Type (TIN or Other%, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>

* Permissible documents are: Election ID/PAN Card/Driving License/UIDAI card/NREGA Job Card, # To also include USA, where the individual is a citizen/green card holder of USA, % In case Tax Identification Number is not available, kindly provide functional equivalent. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach to the form.

I,..... holder of passport number..... residing at..... hereby declare that I am neither a citizen of USA nor a resident of USA for tax purposes and I am not a tax resident of any country other than India even though a) My residence/ma/lin address is of a country other than India b) My telephone number is of a country other than India c) I have a standing instruction to an account maintained outside India, d) My place of birth is in USA

Certification
I have understood the FATCA/CRS terms and conditions and here by confirm that the information provided by me in this form is true, correct and complete. I also confirm that I have read and understood FATCA CRS rules notified by CBDT and here by accept the same. I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self certification along with documentary evidence.

My personal/ KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/ Email on my registered number/email address.

Full Name (First, Middle, Last), Maiden Name, Father's Name, Marital Status, Date Of Birth, Gender, PAN, Aadhaar No, Citizenship, Residential Status, Residence Address for Tax Purposes, Communication / Current Address, Permanent Address / Address in India.

Officially Valid Document (Aadhaar, Driving License, NREGA, Voters ID, Passport, Letter from National Population Register), Document No, issued on, Valid Till, Visa Expiry Date, Visa/PIO/OCI Card No., Seafarer, Nationality.

Citizenship, Residential Status, Residence Address for Tax Purposes, Address Type, Country of Birth, Passport Number.

Communication / Current Address, Permanent Address / Address in India, STATE, COUNTRY, PIN CODE.

I/We would like to opt Permanent Address / Current Address as my/our address for communication.

Mobile No, Contact No, Office Ph No, Email ID, Fax.

Occupation: Service (Private, Public, Government), Others (Professional, Self Employed, Retired, House Wife, Student), Business, Not Categorised. Occupation Subcategory: Media, Judiciary, Bureaucrat, Stateman, Financial Sector, Entertainment Industry, Professional Intermediaries, Academics, Dealers in Arms & Armaments, Dealers in Gems, Jewels and Precious Stones, Dealers in Art and Antiques, Real Estate, Pawn Broker.

Table with 6 columns: Employer's Name & Address, Edu. Qualification, Job Position, Monthly Income (USD), Asset Owned, Liabilities, Investments.

Declaration (Please tick)

I hereby declare that... is a Non-Resident Indian holding Indian Passport. For PIO's: I hereby declare that... is a person of Indian origin holding... (issuing country) Passport, satisfying one of the following conditions... For Seafarer's: I hereby declare and confirm that I am a Non-Resident Indian on contract with... For Accounts in the name of Minors: I hereby certify that... was born on... and attains majority on... For Politically Exposed Persons: I am a Politically Exposed Person who performs important functions for the State...

Table with 4 columns: Political Party, Government Organisation, Positions Held, Name of the Party/Organisation, Designation, Period of Office.

FATCA/CRS declaration - please tick any one, as applicable to you. 1 am a tax resident of India and not of any other country (If not holding Indian Passport, provide documentary evidence in support)* 1 am a tax resident of the country/ie mentioned in the table below

Table with 3 columns: Country #, Tax Identification Number %, Identification Type (TIN or Other%, please specify).

Permissible documents are: Election ID/PAN Card/Driving License/UIDAI card/NREGA Job Card, # To also include USA, where the individual is a citizen/green card holder of USA, % In case Tax Identification Number is not available, kindly provide functional equivalent. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach to the form.

I have understood the FATCA/CRS terms and conditions and here by confirm that the information provided by me in this form is true, correct and complete. I also confirm that I have read and understood FATCA CRS rules notified by CBDT and here by accept the same. I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self certification along with documentary evidence.

My personal/ KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/ Email on my registered number/email address.

Signature and Customer ID fields for Applicant 1 and Applicant 2. Includes instructions: Please paste Passport Size color Photograph here.

*Asset-Liabilities

Account Activity	Purpose of Opening the Account	Source of Fund	Expected Monthly Remittance	Expected Monthly Withdrawals
	Savings <input type="checkbox"/>	Salary <input type="checkbox"/>	Parents <input type="checkbox"/>	Up to USD10,000 <input type="checkbox"/>
Repayment of Loans <input type="checkbox"/>	Personal Savings <input type="checkbox"/>	Rental/Interest/Dividend/ Proceeds of Shares/Investment <input type="checkbox"/>	USD 10,001- 50,000 <input type="checkbox"/>	USD 10,001- 50,000 <input type="checkbox"/>
Collection of Instruments <input type="checkbox"/>	Others..... <input type="checkbox"/>	Others..... <input type="checkbox"/>	USD 50,001 - 1,00,000 <input type="checkbox"/>	USD 50,001 - 1,00,000 <input type="checkbox"/>
			USD 1,00,001-5,00,000 <input type="checkbox"/>	USD 1,00,001-5,00,000 <input type="checkbox"/>
			Above USD 5,00,000/- <input type="checkbox"/>	Above USD 5,00,000/ <input type="checkbox"/>

Annual Transactional Volume.....(For account opened through non face to face mode)

FORM NO. 60
[See second proviso to rule 114B]

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. First Name			Middle Name			Surname			2. Date of Birth/ Incorporation of declarant		
3. Father's Name (in case of individual)			Middle Name			Surname					
4. Flat/ Room No			5. Floor No.			6. Name of premises			7. Block Name/No		
8. Road/ Street/ Lane			9. Area/ Locality			10. Town/ City					
11. District			12. State			13. Pin Code					
14. Telephone Number (with STD code)			15. Mobile Number			16. Amount of transaction (Rs.)					
17. Date of Transaction)			18. In case of transaction in joint names, number of persons involved in the transaction			19. Mode of transaction			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Card <input type="checkbox"/> Draft/Banker's Cheque <input type="checkbox"/> Online transfer <input type="checkbox"/> Other		
20. Aadhaar Number issued by UIDAI (if available)			21. If applied for PAN and it is not yet generated enter date of application and acknowledgment number								
22. If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held						Agricultural income (Rs.)			Other than agricultural income (Rs.)		

23. Details of document being produced in support of identify in Column 1	Document code	Document identification number	Name and address of the authority issuing the document
24. Details of document being produced in support of address in Columns 4 to 13	Document code	Document identification number	Name and address of the authority issuing the document

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the _____ day of 20_____

Place _____

(Sign atu re of declarant)

Note: Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable, - (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine; (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine. 2. The person accepting the declaration shall not accept the declaration where the a mount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

ACKNOWLEDGMENT (ACCOUNT OPENING FORM)

To,	Branch.....
Shri/Smt.....(Primary A/c Holder)	Date.....
Shri/Smt.....(Joint A/c Holder)	Appl. No.....

Reg: Application for Opening NRE/NRO Savings/Current.....account with us

Ref: Your Application No.....Dated.....with initial remittance of.....

We acknowledge with thanks the receipt of your application for opening Account as referred to above

- Your pre-opened account will be activated within a maximum of 15 working days (subject to verification of documents)
- Your welcome kit (Applicable for Saving accounts only) will be sent to the communication address of the primary account holder within 15 working days (subject to verification of documents)

Yours Faithfully
Manager

For further queries relating to this application please call us at our Contact Center numbers +91484 2630994 or 2630995

For Term/Recurring Deposits: Period Periodicity Mly Qly Hly Yly On Maturity Interest Credit A/c.....

Standing Instruction(SI) for RD Debit Account (NRI CASA) Credit Account (RD)
 SI Frequency Mly Qly Hly Yly SI Debit Amount Period SI Execution Date

1. I/We hereby undertake:
 (A) To inform the bank immediately on my/our coming back to India for permanent settlement/residence. (B) To inform the bank immediately on any change occurring in my business/office/communication address/other contact details. (C) In respect of NRI/NR/RI accounts all the debits and credits will be carried out strictly as per IFSCA guidelines and FEMA regulations. (D) To pay any overdraft created in my/our account inadvertently together with applicable interest and without demur. (E) To inform the bank of the wrong credits in my/our account, pertaining to other customers and refund the same together with applicable interest and without demur.

2. I/We understand & declare that:
 (A) I/we have read and understood the terms and conditions (a copy of which I am in possession of) governing the opening and operation of NRI/NR/RI account under Savings/Current/Fixed deposit schemes of Federal Bank. I/We accept and agree to be bound by the said Terms and Conditions. I/ We agree that the Bank may debit my account for service charges as applicable from time to time. Apart from this the current Schedule of Charges has been received by me/us and I/we agree with the same. I/We further understand and agree that any subsequent changes in the tariffs/service charges shall be published by the Bank in its website and/or on the notice boards of its branches, which shall be sufficient notice to me/us regarding such change. (B) The above account will be opened on the basis of the statements/declarations 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 my/our deposits. (C) In the event of my NRI status is changed in future, I will intimate to Bank and account will be re-designated/closed as per the Bank's decision. (D) Rate of interest applicable, premature withdrawal of the deposit, premature termination of the deposit in the event of death of the depositors, TDS on interest earned and filing/renewal/cancellation of the nomination will be as per RBI/IBA/Income Tax/IFSCA/Bank's rules in force from time to time. (E) I/We will not make available to any person resident in India any foreign exchange against reimbursement in India in Rupees or otherwise. I/We understand that the bank may at any time and without notice to me/us combine and consolidate all or any of my/our accounts and set off or transfer any sum or sums standing to the credit of anyone or more of such accounts in or towards the satisfaction of any of my/our liabilities to the bank on any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint. Unless and until modified or cancelled by filing a fresh nomination form/request for cancellation, a nomination once filed will continue to be applicable to the deposit when renewed without any change in the name and constitution of the account. (F) I/We understand that there will be no interest paid in RI account and NRI/NR current accounts. (G) Term deposits shall be closed on maturity and the proceeds shall be credited to my/our account maintained with you or to my account in other Bank for which the details were provided by me while opening the account, if you have not received any fresh request for renewal from me/us. (H) I/we hereby declare that the above details are correct. (I) I/We wish to avail the add-on facility/facilities, as selected above, in my account. (J) For the purpose of availing the services in respect of joint accounts, I/we enclosing the mandate from the joint account holders. (K) In the cases of all types of joint accounts, name of the first person will be considered for all Income Tax purpose. (L) I/We will verify the account details/balances periodically (at least once in every 3 months) and ensure correctness of the same in order to avoid/curtail fraudulent transactions occurring in the account, irrespective of the reasonable care and caution exercised by the Bank. (M) Where Joint Deposits are made with mandate Former or Survivor/ Either or Survivor/ Anyone or Survivors/ Latter or Survivor, in the event of death of one of the Depositors, the Bank may allow premature termination of term deposit at the request of the Survivor(s) (N)-I/We have carefully read, understood and agreed to all the terms and conditions contained in the General Terms and Conditions - CASA document published in Federal Bank website (www.federalbank.co.in/general-terms-and-conditions) and I/We hereby undertake to abide by the same at all times. (O) I/We undertake and declare that I/We have understood the risks associated with maintaining deposit accounts with IBU/Gift City including that the deposits will not be covered under any deposit insurance. I/We further confirm that I/We have opened/propose to open the deposit accounts with IBU/Gift City fully understanding the above risks. (P) I/We confirm that the Standard Settlement Instructions (SSI) provided separately to the Bank are accurate and correct. I/We further understand and agree that I/We shall be solely responsible for any errors or omissions in the SSI furnished by me/us to the Bank at the time of opening the deposit account. I/We are fully aware that e-mail is an unsecured medium and issuance of instructions through e-mail carry certain inherent risks. I/We further declare that the Bank shall be discharged from all its obligations upon complying with our request for transfer of funds to my/our accounts specified in the SSI, submitted by me/us via e-mail or any other electronic medium. (Q)- In case of accounts without PAN/ Aadhaar or equivalent e-document or Form No.60 of I/We hereby authorize the Bank to either party or in full to freeze the account in the event of the PAN/Aadhaar or equivalent e-document not being furnished when called for by the bank.

3. For professional intermediaries opening accounts on behalf of their clients: I/We declare that
 The account is maintained on behalf of a single client and the KYC documents of the client are furnished.
 The amounts in the account are pooled funds held on behalf of several clients in my capacity as a professional intermediary and the KYC documents of the clients on whose behalf the account is held shall be made available as and when called for.

Date:..... Place:.....

Signature (s) **Applicant 1** **Applicant 2**

For Office Use:

Customer Risk Rating(Applicant 1) Low Medium High Customer Risk Rating(Applicant 2) Low Medium High

Address Proof Lead ID

ID Proof KYC Norms complied with Yes No

Photos

PAN CARD/ Form 60 Signature of introducer verified Yes No

Verified with the UN List and no matching details identified
 PAN Card _____ verified through online official link
Customer Search Made
 No Cust ID exists in the name of the applicant
 Existing Cust ID

Clerk PF No..... Asst. Manager SP No..... Principal Officer SP No.....

FORM DA 1

Nomination under Section 45 'ZA' of the Banking Regulations Act, 1949 and Rule 2(1) of Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

I/We..... (Name/s and address/es) nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars where of are given below, may be returned by The Federal Bank Ltd., Br.....

Deposit			Nominee				
Nature of deposit	Distinguishing No.	Additional details, if any	Name	Address	Relationship with depositor, if any	Age	If nominee is a minor, date of birth.

2. As the nominee is a minor on this date, I/We appoint Shri./Smt./Kum..... (name and address) aged..... years 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.

Place:..... Date:..... Name(s), signature(s) and address(es) of witness(es)@ *Signature(s) /Thumb impression(s) of depositor(s)

Place:..... I/We do not want to appoint a nominee in this account *Signature(s) /Thumb impression(s) of depositor(s)

Note: * 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. @ Thumb impression(s) shall be attested by two witnesses

ACKNOWLEDGMENT (ACCOUNT OPENING FORM)

FEDERAL BANK YOUR PERFECT BANKING PARTNER Branch..... Date.....

Shri./Smt./Ms..... Dear Sir/Madam, Reg: Nomination in respect of your Deposit Account No..... with us. Ref: Your application inform DA..... dated..... We acknowledge receipt of your letter of nomination dated..... nominating Shri/Smt./Ms..... Yours Faithfully, Manager