

ID -1701(Revised)

C O R P O R A T I O N B A N K
(A Premier Public Sector Bank)
ACCOUNT OPENING FORM FOR NRIs
(NRO / NRE / FCNR(B) SCHEMES)

Branch Code

Account No.

Branch.....

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I / We request you to open NRI account in my/our joint name/s (strike which is not applicable).

Customer Information					
Individual Details	First Name	Middle Name	Surname		
1 st Applicant Mr./Mrs./Ms					
2 nd Applicant Mr./Mrs./Ms					
3 rd Applicant Mr./Mrs./Ms					
	DATE OF BIRTH	Parent /Natural Guardian	Present Occupation	PAN/GIR No. (if an assessee)	
1 st Applicant					
2 nd Applicant					
3 rd Applicant					
Name of Parent / Natural Guardian (In case any of the applicant is a minor)					
Overseas Address (Compulsory)			Indian Address		
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.....				
.....			PIN CODE		
Tel.Res.....Office.....			Tel.Res.....Office.....		
Fax.....Mobile.....			Fax.....Mobile.....		
Email ID.....			EmailID		
(Please tick the address to which the mails is to be sent) <input type="checkbox"/> Overseas <input type="checkbox"/> Indian					
If already banking with us, please quote your account No. & Branch:					
Passport Details					
	Applicants Name	Passport No.	Date & Place of issue	Date of expiry	Nationality
1 st					
2 nd					
3 rd					
Account Details					
Types of Account to be opened			Amount (Specify Currency in case of FCNR)	Period	
<input type="checkbox"/> Non- Resident (Ordinary) Savings Bank A/c / Current A/c					
<input type="checkbox"/> Non- Resident (Ordinary) Term Deposit A/c (FD) / Reinvestment Deposit A/c (KCC)					
<input type="checkbox"/> Non- Resident (External) Savings Bank A/c / Current A/c					
<input type="checkbox"/> Non- Resident (External) FD / KCC					
<input type="checkbox"/> Foreign Currency (Non- Resident) FD / KCC					
Mode of Operation / Repayment (Please tick appropriate box)					
<input type="checkbox"/> Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Both or Survivor <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Latter or Survivor <input type="checkbox"/> Others (Please specify)					
Details of Remittance					
1. Cheque / Demand Draft No. dated for (Currency& Amount) is enclosed					
2. Wire Transfer No. dated for (Currency & Amount) through (Name & Address of remitting bank).....					
3. Others (Please specify)					
Custody of Deposit Receipt (Please Tick appropriate box)			Interest Payment (in case of FDs) (Please Tick appropriate box)		
1. To be held in safe custody with the Bank <input type="checkbox"/>			1. Quarterly/Monthly interest to be credited to my/our SB/Current A/c No. <input type="checkbox"/>		
2. To be mailed to me/us to the overseas address <input type="checkbox"/>			2. Remit Quarterly / Monthly interest by DD to my / our address <input type="checkbox"/>		
3. Others (Please specify) <input type="checkbox"/>			3. Others (Please specify) <input type="checkbox"/>		
Renewal Instructions (Interest / Principal) [Please tick appropriate box]			Standing Instructions		
1. Renew for.....months along with interest/Principal only					
2. Credit to my/our Account No.....with you.					
3. Remit to me / us by DD/TT					
4. Others (Please specify)					

Further, I request you to provide me/us the following facilities (Please tick)
 Corp Convenience Corpnet - Internet Banking Corp Billpay Any Other Corp Product (Please Specify)

Corpnet Facility (Customers other than individuals (single or joint) should use separate form for Corpnet facility)

User ID preference	1 st Choice										2 nd Choice										3 rd Choice									

(Please specify 3 choices, minimum 6 letters & or numbers and maximum 16 letters &or numbers. Use only small letters)

Kindly approve the following beneficiaries for effecting Funds Transfer under CorpNet Banking facility:				I	II	III	IV
Beneficiary Name							
Beneficiary Bank & Branch Name							
Beneficiary Account Type & Number							
Beneficiary Code (for easy identification), if required							

Corp Convenience Debit Card

Name to be printed on the card (Not to exceed 24 characters, leave one box blank after every initials / surname / first name / middle name)

																								Mother's Maiden Name
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For Additional Card: (for joint account holders and where operation clause is "any one of us")

Name in full (Use block letters) as to be embossed on the card (not to exceed 24 characters, leave one box blank after every initials/surname/first name/middle name)

1																									Mother's Maiden Name
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2																									Mother's Maiden Name
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Other Instructions for Corp Convenience Card and Corp Net

- The password Mailer and personal Identification No. may please be mailed to my / our address No. 1 / 2 provided above at my /our risk and responsibility.
- For Insurance benefits under Corp Convenience Card to me, I nominate..... who is(relationship)

Corp Bill Pay *(Please attach copy/ies of the previous bill/s for verification and return) * available at select branches

Name of the Biller	Name of the customer / consumer	Identification No.	Reference No. with Biller	Other information	Auto Pay	Auto pay limit Rs.
Telephone		Telephone No.....	Customer A/c No.....		Yes/No	Rs.....
Electricity		Consumer No.....	Process Cycle No.....	Billing Unit No.....	Yes/ No	Rs.....
Mobile		Mobile No.....	Account No.....	<input type="checkbox"/> SMS Pay	Yes / No	Rs.....
Credit Card		Card No.....	Online Pay ID.....		Yes / No	Rs.....
Insurance		Policy No.....			Yes / No	Rs.....
Depository		DP ID.....	Client ID		Yes / No	Rs.....
GAS		Consumer No.....		Bill Group.....	yes / No	Rs.....

Specimen Signature/s

	Name	Specimen Signature	Specimen Signature
1			
2			
3			

Photo 1 st Applicant (Please sign in black ink. Photographs should be signed across by the applicants)	Photo 2 nd Applicant (Please sign in black ink. Photographs should be signed across by the applicants)	Photo 3 rd Applicant (Please sign in black ink. Photographs should be signed across by the applicants)
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