



# THE AHMEDABAD MERCANTILE CO-OP. BANK LTD

Multi State Scheduled Bank

Head Office : "AMCO HOUSE", Near Stadium Circle, Navrangpura, Ahmedabad - 380 009.

Phone : (079) 26426582/84/88 | Fax : (079) 26564863 | www.amcobank.com | E-mail : amcobankad1@rediffmail.co

## NRE/FCNR ACCOUNT OPENING FORM [FOR NON-RESIDENT INDIANS]

NRE/FCNR A/c No. \_\_\_\_\_

The Manager,

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Branch

### NAMES & ADDRESSES

Please open an account as per details below: (in block letters)

1. FIRST APPLICANT \_\_\_\_\_
  2. SECOND APPLICANT \_\_\_\_\_
  3. THIRD APPLICANT \_\_\_\_\_
- Overseas Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Indian Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email ID \_\_\_\_\_

### PASSPORT DETAILS

	Date of Birth	Passport No.	Date & Place of issue	Nationality	Occupation Social Security No.
First Applicant					
Second Applicant					
Third Applicant					

### MODE OF OPERATION

1. Single ☐
2. Either or Survivor of us ☐
3. Former or Survivor of us ☐
4. Any one of us or Survivors or Survivors ☐
5. \_\_\_\_\_ (Please Specify) ☐

### SPECIMEN SIGNATURES

Name (Please Indicate Mr./Mrs./Miss)	Specimen Signature	For Verification by Branch Officials
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### TYPE OF ACCOUNTS TO BE OPENED

	Amount (Specify Currency)	Period
1. Foreign Currency (Non-Resident Term Deposit A/c.) <input type="checkbox"/>		
2. Non-Resident (External) Rupee Term Deposit A/c. <input type="checkbox"/>		
3. Non-Resident(External)Reinvestment Plan DepositA/c <input type="checkbox"/>		
4. Non-Resident (External) Savings Bank A/c. <input type="checkbox"/>		
5. <input type="checkbox"/>		
6. <input type="checkbox"/>		

### DETAILS OF REMITTANCE

1. Cash/Cheque/DD/TT/MT/TC No. \_\_\_\_\_  
amount \_\_\_\_\_ dt. \_\_\_\_\_ Branch \_\_\_\_\_
2. Name and Address of the Remitting Bank \_\_\_\_\_  
Branch \_\_\_\_\_

**DECLARATION**

I/we hereby declare that I am/we are non-resident Indian/s of Indian Origin. I/We Understand that 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 the deposit/s made by me/us.

I/We agree that no claim will be made by me/us for any interest on the deposit/s for any period after the date/s of maturity of the deposit/s I/We agree to abide by the provisions of Foreign Currency (Non- Resident) Account/Non-Resident (External) Account Scheme. I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival.

I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by Reserve Bank of India in this regard. I/We authorise the Bank to automatically renew the deposit on the due date for an Identical Period unless the Instruction to the contrary from me/us is received by the bank before maturity. I/We understand that the renewal will be in accordance with the provisions of the Reserve Bank of India scheme in force at the time of renewal. I/We further understand that the interest applicable on renewals will be at the applicable ruling rates on the dates of maturity and that the renewal will be noted on the deposit receipt on my/our presenting the same on the maturity date or later of renewal payment.

1. All FCNR accounts opened will be under FCNR (Banks Scheme)  
2. No prepayment is allowed under this Scheme.



Signature of 1st applicant



Signature of 2nd applicant



Signature of 3rd applicant

(Please score off options not applicable)

**NOMINATION****NOMINATION FORM DA1**

Nomination under Sec 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nominations) Rules, 1985 in respect of Bank Deposits.

I/We

Name(s) &amp; address(es)

nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account, particulars whereof are given below, may be refunded.

(Name of branch where accounts is held)

**NOMINEE**

Name & Address	Relationship with Depositor, if any	Age	If nominee is a minor, his date of birth

\* As the nominee is a minor on this date, I/We appoint \_\_\_\_\_ to  
(Name, Address & Age)

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



Signature of witness



Signature(s) of depositor(s)

Name &amp; Address of witness

Place \_\_\_\_\_

+ 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.

Date : \_\_\_\_\_

\* Strike out if nominee is not a minor

**INSTRUCTIONS REGARDING INTEREST PAYMENT ETC.**1. Please keep term deposit in safe custody and renew for similar period on maturity. ☐2. Please remit interest by Draft. ☐3. Credit Interest to my NRE S.B./C.A. No. \_\_\_\_\_ with you ☐4. \_\_\_\_\_ ☐  
(Please specify other instruction)**VERIFICATION OF SIGNATURE**

1. Authentication of signatures to be made by a Bank / Indian Embassy / High Commission / Consulate / Notary Public / Person known to the Bank.

2. Verification is not necessary if you have an account with this Branch. \_\_\_\_\_  
(Give Account No.)  
Above Signature verified

Name / Signature of Person Verifying with rubber stamp (Where applicable)

Place: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BRANCH USE ONLY**

Particulars of Form DA1 (if received) Entered Nomination Register Sr. No. \_\_\_\_\_ Dt \_\_\_\_\_

Customer advised on

Acknowledgement received on \_\_\_\_\_

Open

Account opened

Date \_\_\_\_\_ 2000 No. of Cheque Book/T.D.R. issued from \_\_\_\_\_

Branch Manager

LDGE KEEPER

OFFICER

To \_\_\_\_\_





**HEAD OFFICE : "AMCO HOUSE" Near Stadium Circle, Navrangpura, Ahmedabad-380 009. Ph. : (079) 26426582/84/88 Fax : 079-26564863**

 Photo

Signature /Thumb  
Impression

[illegible]



**ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT\* (If Applicant is resident outside India for Tax purposes)**

<input type="checkbox"/> Same as Current / Permanent / Overseas Address details										<input type="checkbox"/> Same as Correspondence / Local Address details										
Line 1*																				
Line 2																				
Line 3											City / Town / Village :									
State / U.T.*						Pin / Post Code										ISO-3166 Country Code :				

**CONTACT DETAILS** (Communications will be done on provided Mobile no. and Email-ID)

Tel. (Off) :											Tel. (Res) :																				
FAX :											Email ID :																				
Mobile :																															

**DETAILS OF RELATED PERSON** (In case of additional related persons, Please fill 'Annexure B1' form)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number (if available)										
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Related Person Type : ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name\*

**PROOF OF IDENTITY (Pol)\* (Mandatory KYC number is not available. One Certified Copy of any one of the following Proof of Identity (Pol) needs to be submitted)**

<input type="checkbox"/> PAN											<input type="checkbox"/> UID (Aadhaar)										
<input type="checkbox"/> voter ID Card																					
<input type="checkbox"/> Passport Number :											Passport Expiry Date										
<input type="checkbox"/> Driving License :											Driving License Expiry Date										
<input type="checkbox"/> NREGA Job Card :																					
<input type="checkbox"/> Others (any Document Notified by)																					
(the Central government) :																					

**OTHER DETAILS**

Income Range	<input type="checkbox"/> Below 2.5 Lakh <input type="checkbox"/> 2.5 Lakh to 5 Lakh <input type="checkbox"/> 5 Lakh to 10 Lakh <input type="checkbox"/> 10 Lakh to 15 Lakh <input type="checkbox"/> 15 Lakh to 25 Lakh <input type="checkbox"/> 25 Lakh and above																				
Net Worth (in INR)											As On	DD - MM - YYYY									
Educational Qualification	<input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professional (CA, CS, CMA, Others)																				
Please Tick IF Applicable	<input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person																				
Any Other Information																					

**APPLICANT DECLARATION**

hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we are aware that I/we may be held liable for it. I/we would like to share my personal/KYC details with Central KYC Registry and I/we, give my consent to download my KYC records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry. I understand that my KYC Record includes my KYC Records / Personal information such as my name, address, date of birth, PAN number etc.

☐ Signature / Thumb Impression of Applicant

Signature / Thumb Impression of Applicant																				
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**ATTESTATION / FOR OFFICE USE ONLY**

Documents Received : ☐ Self - Certified ☐ True Copies ☐ Notary  
Risk Category : ☐ High ☐ Medium ☐ Low

**IN PERSON VERIFICATION DETAILS**

Date											<input type="checkbox"/> Identity Verification Done Signature  (Employee Signature)
Emp. Name											
Emp. Code											
Emp. Designation											
Emp. Branch											

**INSTITUTION DETAILS**

Name											Stamp  (Institution Stamp)
Code											

**FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor- To be obtained with Account Opening Form for Individuals)**

[illegible]**Details under FATCA and CRS (see instructions)**

*(Please consult your professional tax advisor for further guidance on your tax residency, if required)*

1. Tax residence declaration – tick any one, as applicable to you: (if b. is applicable then pl provide all other information .

a. ☐ I am a tax resident of India and not resident of any other country

Or

b. ☐ I am a tax resident of the country/ies mentioned in the table below

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other <sup>%</sup> , please specify)

<sup>#</sup> To also include USA, where the individual is a citizen/ green card holder of USA

<sup>%</sup> In case Tax Identification Number is not available, kindly provide functional equivalent<sup>\$</sup>

2. Name of the accountholder \_\_\_\_\_
3. Customer ID \_\_\_\_\_
4. Father's name \_\_\_\_\_ (mandatory )
5. Spouse's name \_\_\_\_\_ (optional)
6. Gender: \_\_\_\_\_ (Male, Female, Others)
7. PAN \_\_\_\_\_
8. Aadhaar number \_\_\_\_\_ (optional)
9. Identification Type and Identification Number (Documents<sup>1</sup> submitted as proof of identity of the individual): *Name of the document submitted* \_\_\_\_\_ *Identification number* \_\_\_\_\_
10. Occupation Type \_\_\_\_\_ (Service, Business, Others-please specify)
11. Date of birth \_\_\_\_\_ (in DD/MM/YYYY format)
12. Nationality \_\_\_\_\_
13. City of birth \_\_\_\_\_

<sup>1</sup> Permissible documents are:

- Passport
- Election ID Card
- PAN Card
- ID Card
- Driving License
- UIDAI Card
- NREGA Job Card
- Others

14. Country of birth \_\_\_\_\_
15. Residence address for tax purposes (include City, State, Country & Pin code)  
\_\_\_\_\_
16. Address Type: \_\_\_\_\_ (a)Residential or Business (b) Residential (c)Business (d) Registered Office

### Certification

I have understood the information requirements of this Form (read along with the *FATCA-CRS Instructions*) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA-CRS Terms and Conditions and hereby \_\_\_\_\_ accept \_\_\_\_\_ the \_\_\_\_\_ same.

Name:

Signature:

Date: \_\_/\_\_/\_\_

Place: \_\_\_\_\_

### FATCA-CRS Instructions

**Details under FATCA-CRS/Foreign Tax Laws:** Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

**If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.** Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

<sup>\$</sup>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 this to the form. Please note that you may receive more than one request for information if you have multiple relationships with ABC or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.



## Annexure 2

### FATCA CRS Declaration for Entities

Details of ultimate beneficial owner including additional FATCA & CRS information (please include other references for completeness sake)-To be obtained with Account Opening Form for Non-Individuals)

Account No.																			
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1. Please tick the applicable tax resident declaration:(Any one) (if b. is applicable, pl provide all other information .
- a. ☐ Entity is a tax resident of India and not resident of any other country
- OR**
- b. ☐ Entity is a tax resident of the country/ies mentioned in the table below

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other <sup>%</sup> , please specify)

<sup>%</sup> In case Tax Identification Number is not available, kindly provide functional equivalent<sup>\$</sup> or Company Identification Number or Global Entity Identification Number

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit Form W-9 and mention Entity's exemption code here: \_\_\_\_\_

2. Name of the entity: \_\_\_\_\_
3. Customer ID: \_\_\_\_\_
4. Residential address for tax purpose(including city, state, country and pin code) \_\_\_\_\_
5. Address Type: \_\_\_\_\_ (Business or Registered office)
6. Country of incorporation: \_\_\_\_\_
7. City of incorporation: \_\_\_\_\_
8. Entity Constitution Type: \_\_\_\_\_  
(A - Sole Proprietorship, B - Partnership Firm, C – HUF, D - Private Limited Company, E- Public Limited Company, F- Society, G- AOP/BOI, H – Trust, I – Liquidator, J – Limited Liability Partnership, K- Artificial Juridical Person, Z – Others specify \_\_\_\_\_)
9. Date of Incorporation: \_\_\_\_\_ (in DD/MM/YYYY format)(Mandatory if valid PAN is not reported)
10. PAN \_\_\_\_\_

**FATCA declaration** (Please consult your professional tax advisor for further guidance on FATCA classification)

Part A(to be filled by Financial Institutions or Direct Reporting NFFEs)			
1	We are a Financial institution <sup>2</sup> or Direct reporting NFE <sup>3</sup> (please tick as appropriate)	GIIN: _____  <i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below:</i>  Name of sponsoring entity: _____	GIIN not available (please tick as applicable):  <b>Applied for</b> Following options available only for Financial Institutions:  <b>Not required to apply for</b> (Please specify sub-category <sup>4</sup> _____) Please provide with Form WS-BEN-E, duly filled in  <b>Not obtained – Non-participating FFI</b>

<sup>2</sup> Refer1 of Part D

<sup>3</sup> Refer 3(vii) of Part D

<sup>4</sup>Refer 1A. of Part D

Part B (please fill any one as appropriate)		
1	Is the Entity a <i>publicly traded company</i> <sup>5</sup> (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes or <input type="checkbox"/> No _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded)  Name of the stock exchange _____
2	Is the Entity a <i>related entity of a publicly traded company</i> <sup>6</sup> - a company whose shares are regularly traded on an established securities market	<input type="checkbox"/> Yes or <input type="checkbox"/> No Name of the listed company, the stock of which is regularly traded _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded)  Name of the stock exchange _____ Nature of relation: Subsidiary of the listed company Controlled by a listed company
3	Is the Entity an <i>active NFE</i> <sup>7</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> or <input type="checkbox"/> No Nature of business _____  Please specify the sub-category of Active NFE: _____ (Mention code – refer 2c of Part D)
4	Is the Entity a <i>passive NFE</i> <sup>8</sup>	<input type="checkbox"/> Yes or <input type="checkbox"/> No Nature of business _____

Part C			
Please list below the details of each controlling person(s), confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):			
<i>Owner-documented FFI's<sup>9</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form WS BEN E</i>			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
# Name			
# Country of tax residency*			
Address & contact details (include City State, Country & Pin code)			
Telephone/mobile number with ISD code			
# Tax identification number (or functional equivalent) for each country identified in relation to each person <sup>10</sup>			
# Identification Type (TIN or Other, please specify)			
% of beneficial interest			
# Controlling person type code <sup>10</sup>			

<sup>5</sup>Refer 2a of Part D

<sup>6</sup>Refer 2b of Part D

<sup>7</sup> Refer 2c of Part D

<sup>8</sup>Refer 3(ii) of Part D

<sup>9</sup> Refer 3(vi) of Part D

<sup>10</sup> Refer 3(iv) (A) of Part D



Additional details to be filled below by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card holders:			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
Customer ID (if allotted)			
Gender (Male, Female, Other)			
City of Birth			
Country of birth			
Occupation Type (Service, Business, Others)			
Nationality			
Father's Name (if PAN not available)			
Birth Date			
PAN			
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)			
Identification Type (Documents submitted as proof of identity of the individual) <sup>@</sup>			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)			

\*To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent<sup>s</sup>

# These details are mandatory for passive NFEs as per the FATCA declaration

@ Permissible values are:

- Passport
- Election ID card
- PAN Card
- ID Card
- Driving License
- UIDAI Letter
- NREGA Job card
- Others

### FATCA CRS Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

**If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with the US Tax Identification Number.**

<sup>s</sup>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 this to the form.

Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

### Certification

I /we have understood the information requirements of this Form (read along with the *FATCA-CRS Instructions & Definitions under Part D*) and hereby confirm that the information provided by us on this Form is True, Correct, and Complete. I/we also confirm that I /we have read and understood the FATCA-CRS Terms and Conditions above and hereby accept the same.

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature:

Date: \_\_/\_\_/\_\_

Place: \_\_\_\_\_