

## ACCOUNT OPENING FORM FOR NRI (Single / Joint Accounts)

|                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|
| <b>Instructions:</b> 1.PNB 1228 (CUSTOMER MASTER FORM / KNOW YOUR CUSTOMER (KYC) /CKYCR FORM FOR INDIVIDUALS) must be taken (where KYC NUMBER is not existing) with this form for new accounts as well as for KYC update request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |
| <b>Branch</b>                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>SOL ID</b> |  |  |  |  |  |  |

**1. TYPE OF ACCOUNT:** I/We wish to open the following type of account (select one) . (Please indicate by tick mark)

| Tick                     | Nature of Deposit                                 | Type of Deposit* | Amount<br>(Specify Currency) | Period<br>(For Fixed Deposit) |
|--------------------------|---------------------------------------------------|------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> | Foreign Currency<br>(Non-Resident) Account (FCNR) |                  |                              |                               |
| <input type="checkbox"/> | Non-Resident (External) Account (NRE)             |                  |                              |                               |
| <input type="checkbox"/> | Non-Resident Ordinary Account (NRO)               |                  |                              |                               |

\*Please specify the desired option such as Saving / Current / Fixed Deposit

**2. FULL NAME IN CAPITAL LETTER: Mr./Mrs./Ms** (Leaving a space between First, Middle and Last name)

\*(Same as given in ID proof)

|                           | Prefix | First Name | Middle Name | Last Name |
|---------------------------|--------|------------|-------------|-----------|
| 1 <sup>st</sup> Applicant |        |            |             |           |
| 2 <sup>nd</sup> Applicant |        |            |             |           |
| 3 <sup>rd</sup> Applicant |        |            |             |           |

**3. MAIDEN NAME (If any)\* For Married Women\*** (Same as given in ID Proof)

|                           | Prefix | First Name | Middle Name | Last Name |
|---------------------------|--------|------------|-------------|-----------|
| 1 <sup>st</sup> Applicant |        |            |             |           |
| 2 <sup>nd</sup> Applicant |        |            |             |           |
| 3 <sup>rd</sup> Applicant |        |            |             |           |

|                                                                         |                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Affix photo of 1 <sup>st</sup> Applicant<br>with signature across photo | Affix photo of 2 <sup>nd</sup> Applicant<br>with signature across photo | Affix photo of 3 <sup>rd</sup> Applicant<br>with signature across photo |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                   |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |
|-----------------------------------|--|-------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--------------------|--|--|----------------------------------------------------------------------------------------------------------|
| <b>Account Number</b>             |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  | (For official use) |  |  |                                                                                                          |
| <b>1. Signature 1st Applicant</b> |  | Specimen Signature Impression |  |  |  |  |  |  |  |  |  | Specimen Signature Impression |  |  |  |  |  |  |                    |  |  | <b>Signature verified</b><br><br><b>Signature of official</b><br>GBPA/PF NO:<br><br>Name :<br><br>Date : |
| Customer Id 1st Applicant         |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |
|                                   |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |
|                                   |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |
| <b>2. Signature 2nd Applicant</b> |  | Specimen Signature Impression |  |  |  |  |  |  |  |  |  | Specimen Signature Impression |  |  |  |  |  |  |                    |  |  |                                                                                                          |
| Customer Id 2nd Applicant         |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |
|                                   |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |
|                                   |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |
| <b>3. Signature 3rd Applicant</b> |  | Specimen Signature Impression |  |  |  |  |  |  |  |  |  | Specimen Signature Impression |  |  |  |  |  |  |                    |  |  |                                                                                                          |
| Customer Id 3rd Applicant         |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |
|                                   |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |
|                                   |  |                               |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |                    |  |  |                                                                                                          |

**4. MODE OF OPERATION** (Tick whichever is Applicable)

|      |                          |                    |                          |                    |                          |         |                          |                              |                          |                    |                          |
|------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|---------|--------------------------|------------------------------|--------------------------|--------------------|--------------------------|
| Self | <input type="checkbox"/> | Either or Survivor | <input type="checkbox"/> | Former or Survivor | <input type="checkbox"/> | Jointly | <input type="checkbox"/> | Any one of us or Survivor(s) | <input type="checkbox"/> | Any Other Specify) | <input type="checkbox"/> |
|------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|---------|--------------------------|------------------------------|--------------------------|--------------------|--------------------------|

**5. INSTRUCTION FOR AUTO RENEWAL :** Auto Renewal Required : YES ☐ NO ☐

|        |                                                                       |                |         |                                                    |                                                 |
|--------|-----------------------------------------------------------------------|----------------|---------|----------------------------------------------------|-------------------------------------------------|
| If Yes | RENEW FOR                                                             |                |         | Period for which Auto renewal is required<br>..... | Number of times Auto renewal required.<br>..... |
|        | Principal & Interest                                                  | Principal only | For Rs. |                                                    |                                                 |
| If No  | <b>Payment instructions are as under</b>                              |                |         |                                                    |                                                 |
|        | <b>Credit proceeds on maturity to my/our Account No.....with.....</b> |                |         |                                                    |                                                 |

**6. DEBIT CARD** - I/We may please be issued with a Debit Card - **Personalized/Non-Personalized/Classic/Platinum/Other (Specify).....** I/we have read the terms and conditions governing the use of DEBIT card. In case of **Personalized** Debit Card is issued, Names on the Card be printed as follows

|                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of 1st Cardholder |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of 2nd Cardholder |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(i) Nomination For Card Holder Accident Insurance:-

I/We hereby nominate Mr./Mrs/Ms.....to receive money payable by the Insurance Company in the event of my/our death .I/We hereby declare that his/her receipt shall be sufficient discharge to the Bank.

(ii)As the nominee is minor on this date, I/We appoint Mr./Mrs/Ms. ....son/daughter/wife of Mr.....Resident of .....aged.....years to receive money on behalf of nominee during his /her minority.

**7. INTERNET BANKING SERVICES-**

I/We have gone through the Internet Banking Services guidelines and agree to abide by terms and conditions governing its use and availment by me/all of us. Please provide me / us this facility.

|                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Facility to be provided to |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**8. NOMINATION**

Nomination required Yes ☐ No ☐ If yes, please fill in the following particulars

Form DA-1-Nomination under section 45ZA of the Banking Regulation Act 1949 and rule 2(1) of the Banking Companies (Nomination) Rules1985 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 deposit, particulars whereof, are given below, may be returned by.....(name and address of branch / office in which deposit is held).

| Deposit       |                    |                            |      | Nominee |                                     |     |                                               |
|---------------|--------------------|----------------------------|------|---------|-------------------------------------|-----|-----------------------------------------------|
| Nature of A/c | Distinguishing No. | Additional details, if any | Name | Address | Relationship with depositor, if any | Age | If nominee is a minor, his/ her date of birth |
|               |                    |                            |      |         |                                     |     |                                               |

As the nominee is a minor on this date, I/We appoint Mr./Mrs./Ms..... (name, address and age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee. @ Where the deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Name of nominee to be printed on Passbook & Statement Yes ☐ No ☐

➡ **SIGNATURE(s) /Thumb Impression** .....

**WITNESSES for nomination (for thumb Impression only)**

|                                       |                                    |
|---------------------------------------|------------------------------------|
| Name & Signature of the First witness | Name & Signature of Second witness |
| Name                                  | Name :                             |
| Address:                              | Address:                           |

**9. FATCA/CRS SELF CERTIFICATION / DECLARATION FOR INDIVIDUALS\* (only for existing customers( Cust Id), New customers fill up with PNB 1228)**

**A) Are you a tax resident of any country other than India?**

☐ Yes

☐ No

**If yes, please fill the details below: at 9(a) & Sign below at 9(b)**

**If No, please sign the declaration Certification below at 9(b)**

**9.(a)(Please indicate all countries in which you are resident for tax purposes and associated details)**

| 1.Country/ (ies) of Tax residency # | ISO 3166 Country code of jurisdiction of residence* | Tax Identification Number (TIN)% or Equivalent | Identification Type (TIN or Other%, please specify) | Residence Address for Tax purpose (including City, State, Country and Pin code) | Address Type:<br>1- Residential or Business,<br>2- Residential,<br>3- -Business,<br>4- -Registered Office |
|-------------------------------------|-----------------------------------------------------|------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1 <sup>st</sup> Applicant           |                                                     |                                                |                                                     |                                                                                 |                                                                                                           |
| 2 <sup>nd</sup> Applicant           |                                                     |                                                |                                                     |                                                                                 |                                                                                                           |
| 3 <sup>rd</sup> Applicant           |                                                     |                                                |                                                     |                                                                                 |                                                                                                           |

  

| Place/City of Birth*      |  |  |  |  |  |  |  |  |  |  |  |  |  | ISO 3166 Country code of Birth |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------|--|
| 1 <sup>st</sup> Applicant |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |
| 2 <sup>nd</sup> Applicant |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |
| 3 <sup>rd</sup> Applicant |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |

\* 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\*

**9(b) Certification**

Under penalty of perjury, I/we certify that: I understand that Punjab National Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. Punjab National Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I shall seek advice from professional tax advisor for any tax questions.

I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

I /We agree that as may be required by domestic regulators/tax authorities, Punjab National Bank may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.

I /We 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 including the taxpayer identification number is true, correct, and complete. I also confirm that I /We have read and understood the FATCA/CRS Terms and Conditions and hereby accept the same.



.....

**Signature(s) / Thumb Impression of Applicant**

**10. INSTRUCTIONS/ DECLARATIONS**

**10.1-**I/We confirm that all the information given in this application form including PNB 1228 (**CUSTOMER MASTER FORM / KNOW YOUR CUSTOMER (KYC) /CKYCR FORM FOR INDIVIDUALS** ) is true, correct, complete and up-to-date in all respect and I/We have not withheld any information. I/We shall be held responsible for the same at the same at all times if it is found incorrect. I/We confirm having read and understood the Rules and Regulations of the Bank including Bank's tariff regarding the conduct of the account/ deposits and pertaining to the phone banking, Debit Cards, Internet Banking and Electronic Banking facilities (Collectively called the said banking facilities) and agree to be bound and abide by them/ any other rules that may be in force from time to time. It is my/our responsibility to obtain the terms and conditions from your bank and read the same. I/ We confirm my/ our residential status as per Indian Income Tax Act 1962, is Non Resident Indian and I/We agree and undertake to inform the Bank in writing of any change in residential status. I/We undertake to operate and use the account/ deposit as well as the said banking facilities strictly in accordance with the Exchange Control Regulation as laid down by the Reserve Bank of India from time to time. All communications will be sent on provided registered mobile No & registered E-mail id.

**10.2-**Declaration under section 10(5) of FEMA 1999 :I/We declare that all foreign exchange transactions as are being entrusted and may be entrusted by me/us to the Bank from time to time do not / will not involve and are not / will not be designed for the purpose of

**10.3 (a) Please issue me/ dispatch a cheque book/ Pass Book (in case of NRE/ NRO account).**

Diagram illustrating a queue structure with three slots. An arrow points to the first slot, which is labeled "1<sup>st</sup> Applicant". The second slot is labeled "2<sup>nd</sup> Applicant" and the third slot is labeled "3<sup>rd</sup> Applicant".

Signature(s) /Thumb Impression -

**Date :** .....

**Place :** .....

I hereby declare that the date of birth of the minor is \_\_\_\_/\_\_\_\_/\_\_\_\_ who is my (relationship)\_\_\_\_  
and I am his/her natural guardian/lawful guardian appointed vide court order dated \_\_\_\_\_ ( copy enclosed).  
I /We have read and agree to be additionally bound by terms & conditions in Annexure II- Section© for guardian of minors.

Signature(s) /Thumb Impression of Guardian

Risk Category: High Risk ☐ Medium Risk ☐ Low Risk ☐

|                                                                                                                                                                                                                | <i>Name</i> | <i>GBPA/ PF NO</i> | <i>Signature</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|------------------|
| 1. In person verification carried out by/ Identity Verification by                                                                                                                                             |             |                    |                  |
| 2. Account opening Authorized, copies of documents (POI & POA and others) obtained & verified, Photo verified, Customers name checked with the barred list and Risk category verified & due diligence done by. |             |                    |                  |
| 3. Information entered in the system by                                                                                                                                                                        |             |                    |                  |
| 4. Entered information Verified by                                                                                                                                                                             |             |                    |                  |
| 5. Signature scanned by                                                                                                                                                                                        |             |                    |                  |

|                                                |                       |                                           |                                                        |
|------------------------------------------------|-----------------------|-------------------------------------------|--------------------------------------------------------|
|                                                | <i>Debit Card no.</i> | <i>Internet Issued<br/>(Mention User)</i> | <i>Cheque Book Issued No.<br/>From :            to</i> |
| <i>Date of Issue</i>                           |                       |                                           |                                                        |
| <i>Issued by (Signature with GBPA/SPA no.)</i> |                       |                                           |                                                        |

## TERMS & CONDITIONS AND INSTRUCTIONS

### Annexure -1.

#### **FATCA/CRS TERMS AND CONDITIONS**

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. Towards compliance, we may 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.

Please note that you may receive more than one request for information if you have multiple relationships with the Bank 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 INSTRUCTIONS**

If you have any questions about your tax residency, please contact your tax advisor. **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.** <sup>9</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.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant *Curing Documents* as mentioned below:

| <b>FATCA/ CRS Indicia observed (ticked)</b>                                                                                                                                                                                                                                  | <b>Documentation required for Cure of FATCA/ CRS indicia</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                              | <b>If customer does not agree to be Specified U.S. person/ reportable person status</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| U.S. place of birth                                                                                                                                                                                                                                                          | <ol style="list-style-type: none"><li>1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes ;</li><li>2. Non-US passport or any non-US government issued document <b>evidencing nationality or citizenship</b> (refer list below);<br/><b>AND</b></li><li>3. <b>Any one</b> of the following documents:<ol style="list-style-type: none"><li>a. Certified Copy of "Certificate of Loss of Nationality or</li><li>b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; <b>or</b></li></ol>Reason the customer did not obtain U.S. citizenship at birth</li></ol> |
| Residence/ mailing address in a country other than India <b>or</b><br>Telephone number in a country other than India (and no telephone number in India provided) <b>or</b><br>Standing instructions to transfer funds to an account maintained in a country other than India | <ol style="list-style-type: none"><li>1. Self-certification (in attached format) that the account holder is not resident for tax purposes in that country; <b>and</b></li><li>2. Documentary evidence (refer list below)</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body\*
2. Valid identification issued by an authorized government body\*(e.g. Passport, National Identity card, etc.)

\*Government or agency thereof or a municipality of the country or territory in which the applicant claims to be a resident.

#### **Annexure 3. Section (c) Guardian in case of a minor account:**

I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I will indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his / her account.

## ACKNOWLEDGMENT

PUNJAB NATIONAL BANK BO : .....

D.N.

**Registration of Nomination:** The nomination is registered at serial no \_\_\_\_\_ in respect of (Type of Account.....)

Deposit Account Number.....

Date.....

**For Punjab National Bank**

**(Authorized Official)** GBPA No.....

**Name :** .....