

**TERM DEPOSIT/ RECURRING DEPOSIT ACCOUNT
OPENING FORM FOR EXISTING NRI CUSTOMERS**
(For fully KYC complied existing account)

For Office use only

Deposit A/c No : Date:

Dear Sir/ Madam,

I/ We request you to open a NRE/NRO/FCNR(B) deposit account in my/ our name/s in accordance with the rules of the bank, on the following terms and conditions and issue me /us a Deposit receipt/ pass book.

Personal Details:	Name	Account Number (Active)	Customer ID
I Account Holder Name (Mr./Ms./ M/s/Master/Miss)			
II Account Holder Name (Mr./Ms./ M/s/Master/Miss)			
III Account Holder Name (Mr./Ms./ M/s/Master/Miss)			

Category of Deposit: Fixed Deposit: (FDR) Kamdhenu Deposit: (KDR) NRE/NRO Recurring Deposit: (RD)

Type of Deposit	NRE	NRO	FCNR(B)
Amount	₹	₹	<input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AUD <input type="checkbox"/> CAD Amount: _____
Debit Instructions	<input type="checkbox"/> Debit my NRE Account No: _____	<input type="checkbox"/> Debit my NRO Account No: _____	<input type="checkbox"/> Debit my NRE Account No: _____ <input type="checkbox"/> Wire Transfer Ref No: _____
Period of Deposit	_____ (Minimum period is 1Year)	_____ (Minimum period is 7 Days)	_____ (Minimum period is 1 Year)
Interest Rate			
Interest Payment Instruction	Transfer to NRE account <input type="checkbox"/> Re- Invest <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly	Transfer to NRO account <input type="checkbox"/> Re- Invest <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly	Interest earned on FCNR(B) deposit is re-invested and paid on maturity along with principle
Maturity Instructions	<input type="checkbox"/> Auto Renew (Only once) <input type="checkbox"/> Renew only principle & Pay Interest to my NRE A/c on maturity <input type="checkbox"/> Do not renew	<input type="checkbox"/> Auto Renew (Only once) <input type="checkbox"/> Renew only principle & Pay Interest to my NRO A/c on maturity <input type="checkbox"/> Do not renew	<input type="checkbox"/> Auto Renew (Only once) <input type="checkbox"/> Issue a DD on maturity in INR/USD/GBP/AUD/CAD/EUR <input type="checkbox"/> Do not renew <input type="checkbox"/> Transfer to NRE Account

Deposit Instructions (available only for NRE/NRO Recurring accounts only)

▶▶ Account to be debited: _____

▶▶ Monthly Installment Amount in Rs.: _____

Date of Debit: _____

RD Account Type: NRE NRO

Total Number of Installment in Months:
(Tenure range: NRE RD 12-120 months; NRO RD 6-120 months)

Interest Rate: _____

Nomination form DA1: Required Not required (In case nomination is not required depositor have to tick 'Not required' along with signature)

Nomination under Section 45ZA of the banking Regulation Act 1949 and rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank Deposits. I/ We..... (Name/s & Address)
nominate the following person to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be returned by Canara Bank

Nominee details:

Name and address	Relationship with the depositor, if any	Age	If nominee is minor, his/ her date of birth

As the nominee is minor on this date, I/ we appoint..... (Name/s and Address/es) to receive the amount of the deposit in the account, on behalf of the nominee, in the event of my death, during the minority of the nominee. I have also noted that repatriation of funds in these accounts to Non Resident Nominees is subject RBI approval / Foreign Exchange Regulations.

Name, Signature & Address of Witness**

1. _____

2. _____

Place.....

Date.....

*Signature (s) of Depositor (s)

* If deposit is in the Name of minor, nomination form should be signed by guardian or person lawfully entitled to act on behalf of minor, ** In case of depositor has made thumb impression, form should be witnessed by two persons along with mentioned details.

Declaration:

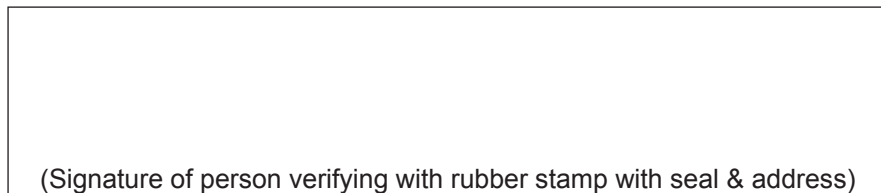
1. I/we hereby declare that I/ we are a Non Resident Indian of India origin. I/we understand that the above account will be opened on the basis of the statements / declarations made by me/us and I/we also agree that if any of the statements / declarations made herein is found to be not correct in material particulars you are not bound to pay any interest on the deposit made by me/us.
2. 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 the Foreign Currency Non-Resident Account (Banks) Scheme/Non Resident (External) Account / Non Resident (Ordinary) Account Schemes. I/we hereby undertake to intimate you about my return to India for permanent residence immediately on arrival.
3. I/we agree that if the premature withdrawal is permitted of my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by the Bank in this regard.
4. I/We hereby confirm that non-callable deposits will not have auto renewal, part withdrawal and sweep in & sweep out facilities and premature withdrawal facility.
5. I/We hereby confirm that a penalty of 1% will be lived on premature withdrawal of NRE/NRO/FCNR(B) deposit for period 1 year and above. Where NRE/FCNR(B) deposit is to be closed before maturity before completion of 1 year from the effective date of deposit, no interest shall be payable on such premature closure.
6. I/We hereby confirm that the interest on FCNR deposits should be paid on the basis of 360 days to a year. Interest on FCNR (B) deposit is calculated and paid at intervals of 180 days each and thereafter for the remaining actual number of days.
7. I/We hereby confirm that NRE and NRO deposits will not have auto renewal facility. Depositor have to provide their residential status proof at the time of maturity of deposit for subsequent renewal.
8. I confirm that in case my account is not KYC complied, auto renewal of term deposits will not take place and it's my duty to regularly do re-KYC of my account.
9. I/we agree to comply with and to be bound by the Banks for the time being in force for the conduct of such accounts. I/we declare that the rules in force have been read by me/us.
10. I/we further understand that the rate of interest applicable on the deposit renewed shall be at the appropriate rate of interest for the period of renewal as prevailing on the date of maturity or on the date of renewal whichever is lower and that the renewal will be noted on the deposit receipt on my/our presenting the same on the maturity date or later for renewal/payment, I/we also understand that the overdue deposit or a portion thereof can be renewed from the date of maturity provided the overdue period does not exceed 14 days.
11. I/we hereby declare that all forex transactions, as may be entrusted by us to the Bank from time to time will be in strict conformity with the prevailing provision of FEMA 1999 at the time of transactions are put through.
12. I accept, confirm, authorize and permit Canara Bank to use, share and disclose all of my registered communication contacts and address for the purpose of receiving information from bank, bank authorized service providers, any kind of promotional/ research/ feedback based exercise about the bank products/services and API based authentication where my details are being auto fetched/ populated to process my banking requests/applications on/through the bank web applications/systems.


Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant**Verification Of Signatures:**

Authentication of signature by: Authorized official of Canara Bank
 Notary Public
 Indian Embassy or High Commission or Consulate

Above signature verified:


(Signature of person verifying with rubber stamp with seal & address)

Accepted & Countersigned at: _____ Country/Place/State**For Office Use:**

1. We hereby confirm that customer account is fully KYC complied for the purpose of opening deposit account.
2. Permitted to open account: _____
3. Nomination accepted & Registered vide Regn. No: _____

Supervisor**Manager**