



Karur Vysya Bank

TECHNOLOGICAL SERVICES AT AFFORDABLE PRICE

Smart way to bank

FOR NON-RESIDENT INDIVIDUAL

Account Opening Form

(CASA AND TERM DEPOSITS)

BRANCH

FOR NRI/PIO Account (When you meet the Bank Official in the Branch of KVB)	FOR NRI/PIO Account (When you have not met the Bank Official in the Branch of KVB)
<p><u>In case you are a NRI (Non-Resident Indian)</u></p> <p>a. Photocopy of the relevant pages of your current passport where your name, address, date of birth, date and place of issue, expiry date, photograph, signature & stamp regarding stay outside India appear.</p> <p>b. Photocopy of valid work permit / employment visa (in case of expired visa, duly acknowledged petition made to the Visa Authorities for renewal of visa will be accepted as valid document.)</p> <p><u>In case you're a PIO (Person of Indian Origin)</u></p> <p>a. Photocopy of the relevant pages of your current passport.</p> <p>b. <u>Any one of the following:</u></p> <p>Copy of PIO card</p> <p>OR Copy of past Indian passport of self / parent / Grand-parent along with a self-declaration about Indian origin.</p> <p>OR Self-declaration for PIO as given on page 4 of this Account Opening Form.</p> <p>ADDRESS PROOF: (At least one of the following address proofs outside India required for the first applicant only)</p> <p>a. Utility Bill</p> <p>b. Driving License</p> <p>c. Residence Permit (Govt. issued identity card)</p> <p>d. Credit Card Bills</p> <p>e. Overseas/Indian Bank Statement</p> <p>The address proof must match with the communication address given by you on Page 2 of the Account opening form.</p>	<p><u>In case you are a NRI (Non-Resident Indian)</u></p> <p>a. Photocopy of the relevant pages of your current passport where your name, address, date of birth, date and place of issue, expiry date, photograph, signature & stamp regarding stay outside India appear.</p> <p>b. Photocopy of valid work permit / employment visa (in case of expired visa, duly acknowledged petition made to the Visa Authorities for renewal of visa will be accepted as valid document)</p> <p>c. Attestation of the photocopies of all the above documents to be done by any one of the following: Banker / Indian Embassy / Notary or equivalent of notary as per applicable law OR</p> <p>Any of the following 4 documents:</p> <ol style="list-style-type: none"> 1. Copy of the latest statement of bank account or relevant sheets of pass book of your account in India/Abroad (for the last 6 months) 2. Copy of any letter received from your existing banker in India/Abroad (dated within last 3 months) 3. A Cheque drawn on an existing banker in India or on your bank account Abroad. 4. An original cheque issued by you and paid by your banker outside India. <p><u>In case you are a PIO (Person of Indian Origin)</u></p> <p>Copy of the relevant pages of your current passport. Copy of PIO Card, OR Copy of past Indian passport of self / parent / grand-parent along with a self-declaration about Indian origin, OR Self-declaration for PIO as given in Page 4 of this form. Attestation on the photocopies of all the above documents to be done by any of the following: Banker/Indian Embassy/Notary – (or equivalent of notary as per applicable law) OR</p> <p>Any one of the following 4 documents:</p> <ol style="list-style-type: none"> 1. Copy of the latest statement of bank account or relevant sheets of pass book of your account in India/Abroad (for the last 6 months) 2. Copy of any letter received from your existing banker in India/Abroad (dated within last 3 months) 3. A Cheque drawn on an existing banker in India or on your bank account Abroad. 4. An original cheque issued by you and paid by your banker outside India.
<p>If you are from any "Non Co-operative Countries and Territories (NCCT), notified by FATF (Financial Action Task Force), then additional documents will have to be submitted.</p> <p>Employment letter, indicating income OR</p> <p>Latest income tax returns filed.</p>	<p>A Copy of at least one of the following address proofs outside India (only for the First Applicant)</p> <ol style="list-style-type: none"> 1. Utility Bill 2. Driving License 3. Credit Card Bills 4. Overseas/Indian Bank Statement. <p>The address proof must match with the communication address selected by you on page 2 of this form.</p>





THE KARUR VYSYA BANK LTD
 (Regd. Off.: Erode Road, Karur – 639 002)

BRANCH

FOR OFFICE USE ONLY

CUSTOMER ID 1		ACCOUNT NO.	
CUSTOMER ID 2			
CUSTOMER ID 3			
	DATE	D	D
		M	M
		Y	Y
		Y	Y

To
 The Branch Manager, Karur Vysya Bank Ltd.
 Please open an account at your _____ BRANCH as per details given below:

PERSONAL DETAILS

APPLICANT	TITLE	FIRST NAME	MIDDLE NAME	SURNAME
FIRST	MR/MS/MRS			
SECOND	MR/MS/MRS			
THIRD	MR/MS/MRS			
	DATE OF BIRTH (dd/mm/yyyy)	SEX (M/F)	FATHER'S/ HUSBAND'S NAME	MARITAL STATUS
FIRST				RELATIONSHIP WITH THE FIRST APPLICANT
SECOND				
THIRD				

OVERSEAS ADDRESS (MANDATORY) (PLEASE TICK THE ADDRESS TO WHICH THE MAILS ARE TO BE SENT)

DOOR NUMBER						BLDG./ROAD NAME								
LANDMARK														
AREA						STATE								
CITY						PIN/ZIP CODE								
PHONE NO. (RESI.)														
PHONE NO. (OFF.)														
PHONE NO. (MOBILE)														
E-MAIL ID														

INDIAN ADDRESS (PLEASE TICK THE ADDRESS TO WHICH THE MAILS ARE TO BE SENT)

DOOR NUMBER						BLDG./ROAD NAME								
LANDMARK														
AREA						STATE								
CITY						PIN CODE								
PHONE NO. (RESI.)														
PHONE NO. (OFF.)														
PHONE NO. (MOBILE)														
E-MAIL ID														

PASSPORT DETAILS

FIRST APPLICANT	PASSPORT NO.	DATE OF ISSUE	PLACE OF ISSUE	NATIONALITY	EXPIRY DATE
SECOND APPLICANT					
THIRD APPLICANT					

OCCUPATION

- SERVICE HOUSEWIFE STUDENT RETIRED SEA FARER NURSE DOCTOR
 ENGINEER I.T. PROFESSIONAL SELF-EMPLOYED OTHERS (_____)

MODE OF OPERATION

- SINGLE EITHER OR SURVIVOR FORMER OR SURVIVOR JOINTLY BY ALL
 ANY ONE OF US OR SURVIVOR LATTER OR SURVIVOR OTHERS (Please specify) _____

TYPE OF ACCOUNT & PERIOD OF DEPOSIT TO BE OPENED

- NRE SB NRE CURRENT NRE TERM DEPOSIT NRE TERM DEPOSIT CUMULATIVE
 NRO SB NRO CURRENT NRO TERM DEPOSIT NRO TERM DEPOSIT CUMULATIVE

FOREIGN CURRENCY DEPOSIT

- FCNR TERM DEPOSIT FCNR TERM DEPOSIT (CUMULATIVE INTEREST)
 PERIOD OF DEPOSIT _____ CURRENCY _____ AMOUNT _____

INSTRUCTION TO THE BANK

- PLEASE RENEW PRINCIPAL PLUS INTEREST / PRINCIPAL ONLY ON THE DUE DATE FOR A SIMILAR PERIOD
 CREDIT THE MATURITY PROCEEDS TO MY SB/CA A/C NO. _____
 CREDIT PERIODICAL INTEREST TO MY NRE/NRO A/C NO. _____
 PLEASE REMIT PERIODICAL INTEREST BY DD TO _____
 OTHERS (PLEASE SPECIFY) _____

REMITTANCE DETAILS

- DEBIT MY/OUR ACCOUNT NO. _____ WITH KVB _____ BRANCH
 CHEQUE/DEMAND DRAFT NO. _____ DATED _____ DRAWN ON _____ BANK ENCLOSED
 TT NO. _____ DATED _____
- AMOUNT:** _____

NOMINATION

- YES (Please attach separate Nomination form) NO

ATM CUM DEBIT CARD & INTERNET BANKING

- ATM-CUM-DEBIT CARD INTERNET BANKING

(AVAILABLE FOR SINGLE/JOINT A/C ONLY)
(Please fill up and attach separate application form)



INFORMATION SHEET – ANNEXURE TO NRI APPLICATION FORM

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TO BE OBTAINED FOR EACH APPLICANT SEPARATELY

FULL NAME

FATHER'S/HUSBAND'S NAME

1. Occupation	<input type="checkbox"/> SALARIED <input type="checkbox"/> SELF-EMPLOYED/PROFESSIONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHERS (PL. SPECIFY)_____	
2. If Self-Employed	<input type="checkbox"/> DOCTOR <input type="checkbox"/> LAWYER <input type="checkbox"/> ENGINEER <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHERS (PL. SPECIFY)_____	
3. Source of Funds		Annual Turnover in US\$
4. Monthly Income (US\$)	<input type="checkbox"/> UPTO 1000 <input type="checkbox"/> 1001-5000 <input type="checkbox"/> 5001-10000 <input type="checkbox"/> 10001-20000 <input type="checkbox"/> >20001	

PERSONAL

5. Date of Birth	6. Marital Status									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">D</td><td style="width:25%;">D</td><td style="width:25%;">M</td><td style="width:25%;">M</td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED	
D	D	M	M							
Y	Y	Y	Y							
7. If any of your relative settled abroad, please give their names and addresses	7.2 Name	7.3 Name								
7.1 Name & Address	Address	Address								

DEALING WITH OTHER BANKS

If yes	8. NAME OF THE BANK	NAME OF BANK BRANCH	9. TYPE OF A/C(s)/FACILITIES, IF ANY
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EXISTING CREDIT FACILITIES, IF ANY

	YES	NO		YES	NO
10. Car Loan			14. Consumer Loan		
11. Credit Cards			15. Business		
12. Housing Loan			16. Against Security		
13. Education Loan			17. Others (Please specify) _____		

ADDITIONAL INFORMATION (OPTIONAL)

1. Educational Qualification	<input type="checkbox"/> NON-GRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> POSTGRADUATE <input type="checkbox"/> PROFESSIONAL _____ (Please specify)							
2. Educational Qualification of your Spouse	<input type="checkbox"/> NON-GRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> POSTGRADUATE <input type="checkbox"/> PROFESSIONAL _____ (Please specify)							
3. Family Members	AGE GROUP	UPTO 10	11-20	21-45	46-60	>60	TOTAL	5. Your credit card details (if any)
	Males							
	Females							
4. How many times you have been to India	<input type="checkbox"/> NEVER <input type="checkbox"/> 1 TO 5 TIMES <input type="checkbox"/> ABOVE 5 TIMES						Name of Bank _____	
							No. of years in use _____	

ASSETS

DESCRIPTION OF ASSET (PLEASE TICK APPROPRIATE BOX)

6. Vehicles	CAR	OTHERS	NONE
7. House you live in	OWN	RENTED	EMPLOYER'S
8. LIC POLICY	<US\$2000	US\$2001-5000	US\$>5001
9. OTHER INVESTMENTS	<US\$2000	US\$2001-5000	US\$>5001-10000
		US\$1001-20000	US\$>20000

10. ANY OTHER ASSETS

PLACE	DATE	SIGNATURE OF THE CUSTOMER
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ATM CUM INTERNATIONAL DEBIT CARD APPLICATION FORM

NAME OF THE BRANCH	CUSTOMER ID	TYPE OF SB/CURRENT ACCOUNT	DATE
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NAME OF THE ACCOUNT

ACCOUNT NUMBER																					DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---------------	---	---	---	---	---	---	---	---

NAME OF THE INDIVIDUAL IN WHOSE NAME THE ATM DEBIT CARD TO BE ISSUED:

I would also like to line my following KVB SB/Current Account** to my ATM cum DEBIT card (standing in my/our name with other branches of your bank)

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please paste colour photo here. Please do not use pins, staples or tape

NOMINATION DETAILS (FOR INSURANCE COVER) : Name of the Nominee _____

Relationship with the Card Holder _____ Date of Birth (if Minor) _____

Name of guardian (if Minor) _____

Debit Card: I/We have read and understood the terms and conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank, at its sole discretion without any notice to me/us. I/We confirm that I/we am the sole account holder or have the required mandate to operate all the accounts linked to the Debit Card(s) singly. I/We understand that upon issue of a Debit Card to me/us, the existing ATM card linked to my account will be deactivated I/we understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulation and in event of any failure to do so, I/we will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by the Reserve Bank of India, or rules notified under the Act or any other Act governing such transactions. I/We accept full responsibility for my Debit Card and agree not to make any claims against Karur Vysya Bank, in respect thereto. I/We agree that the cash deposited by me/us in the ATM will be credited by the Bank to the account after due verification and if it is found in order within 24 hours from the next working day. I/We agree further that all complaints pertaining to all ATM transactions will be resolved by the Bank within about 2 months.

Signature of Applicant (Please sign in black ink only)



NOMINATION FORM

FORM FOR NOMINATION, CANCELLATION OF NOMINATION AND VARIATION OF NOMINATION IN RESPECT OF THE BANK DEPOSITS, ARTICLES IN SAFE CUSTODY AND SAFETY LOCKERS

(See Sections 45-ZA, 45-ZC and 45-ZE read with Section 56 of the Banking Regulation Act, 1949 and rules 2 to 4 of the Banking Companies (Nomination) Rules, 2025)

Date: DD/MM/YYYY

Bank name:

Branch:

Customer ID/Account No/Locker No:

Bank Customer details including deposit/article in safe custody/locker

(Nomination form is in respect of bank deposit/article in safe custody/locker)

Name of Depositor/Individual leaving article in safe custody/Hirer of Locker:

1.

2.

3.

4.

Account Number/Locker Number/Other identification number of bank customer:

Nature of deposit/Nature of article/Nature of locker:

Distinguishing Number:

Additional details, if any:

Nomination Details

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposit(s) or the articles in safe custody or the contents of the locker in respect of the particulars above mentioned in the event of my/our death:

(Order of priority in case of successive nomination)

S. No	Name of Nominee	[§] Address	[§] Email/Mobile no. (If any)	Relationship with customer (If any)	Age	Order of priority in case of successive nomination	[#] Proportion of amount of deposit in percentage in case of bank deposit
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
						First Nominee	
						Second Nominee	
						Third Nominee	
						Fourth Nominee	

[#]In case of nomination in respect of the article in safe custody or locker, this column is to be deleted.

[§]The bank may allow to modify these details in e-nomination from time to time, if required.

NOTES

- Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.
- Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.
- Column (H) above is not applicable in case of nomination in respect of the articles in safe custody/lockers.
- In respect of the deposits, out of column (G) and (H), only one column is to be filled.
- Total percentage across all nominees in column (H) must equal 100%.
- If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B).



Cancellation/Variation of Nomination

I/We _____, the undersigned, hereby declare that the above nomination is made in supersession of all the previous nominations, if any, made by me/us in respect of the deposit/article in safe custody/locker described above.

I/We declare that the above nomination has the effect of cancelling previous nominations in respect of the bank deposit/article in custody of bank/locker.

Guardian Details (If any nominee is a minor)

S. No	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Email/Mobile number of guardian (If any)

Declaration & Signature

I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will supersede any previous nominations for the above-mentioned account(s).

NAME OF DEPOSITOR(S) _____

@Signature/E-authentication date _____

® In case of individual who cannot read and /or write, the signature means thumb-impression of such individual, which should be attested by two witnesses.

Acknowledgement

(For Bank Use Only)

Received Nomination Form from: _____ Customer ID: _____

Date of Receipt: _____

Recorded on CBS (Core Banking System): Yes / No

Reference Number: _____

Name & Designation: _____

Signature of Bank Official: _____

Seal & Date: _____

INSTRUCTIONS FOR BANK CUSTOMER:

- You may nominate **more than one individual**, with clearly defined share percentages.
- You may appoint successive nominees. In case of successive nomination, nomination shall be effective **only in favour of one individual in order of priority** in which their name appears in above table of nomination details. It may be noted that nomination of any nominee lower in the order of nomination shall become effective only after the death of **all** the nominees whose names are higher in the order of nomination.
- Nomination is applicable to **all bank accounts/lockers/articles detailed** above unless otherwise specified
- This form or the details in this form, as circumstances may admit, can be submitted electronically where the bank enables **e-nomination**.
- If deposit is made in the name of minor or article is left in safe custody in the name of minor or locker is solely hired in the name of minor, this nomination form should be signed by an individual lawfully entitled to act on behalf of the minor.

INTERNET BANKING APPLICATION FORM																											
NAME OF THE BRANCH														CUSTOMER ID							DATE						
NAME OF THE ACCOUNT																											
ACCOUNT NUMBER														DATE OF BIRTH							D D M M Y Y Y Y						
FACILITY APPLIED FOR																											
<input type="checkbox"/> INQUIRIES AND REQUESTS									<input type="checkbox"/> INQUIRIES AND FINANCIAL TRANSACTIONS (PERSONAL ONLY)									<input type="checkbox"/> INQUIRIES AND FINANCIAL TRANSACTIONS (PERSONAL AND THIRD PARTY)									
ACCOUNTS FOR FUNDS TRANSFER (PLEASE FURNISH THE ACCOUNT NUMBERS)																											
1														2													
3														4													
AUTHORISED USERS: NAME OF THE USER														SIGNATURE													
1														1													
2														2													
3														3													
DECLARATION																											
<p>I/We have read and agree to abide by the terms and conditions governing kvb@net. Internet Banking facility of THE KARUR VYSYA BANK LTD provided to me/us including those excluding/limiting the Bank's liability and agree to any other changes to be made by the Bank from time to time and acknowledge that the Bank may in its absolute discretion discontinue any of the services completely or partially without notice to me/us. I/We request you to provide access as requested above. I/We agree that the Bank may debit my account for the service charges as applicable from time to time.</p> <p>**I/We authorise the above mentioned user/s to access and operate the accounts through kvb@net. (** strike out if not applicable)</p> <p>1. Signature _____ 2. Signature _____ 3. Signature _____</p> <p>1. Name _____ 2. Name _____ 3. Name _____</p> <p>Kindly note that Login ID and Password will be allotted by the Bank and sent to you on successful processing of your application. You will be forced to change your password at first login.</p>																											
FOR BANK/BRANCH USE														ATM/INTERNET BANKING CELL USE													
Certified that the account number, address, signature/s of the account holder/s are as per branch records														S. NO. _____													
DATE														DATE OF PROCESSING _____													
BRANCH MANAGER														PROCESSING OFFICER'S SIGNATURE _____													