

**SIR M. VISVESVARAYA CO-OPERATIVE BANK LIMITED**

Branch:

**APPLICATION FORM FOR OPENING NRE/NRO ACCOUNTS**

<b>Date:</b>	D	D	M	M	Y	Y	Y	Y
<b>Account Number:</b>								

Affix Passport size  
Photographs

**Personal Details (Solo First Applicant)**

<b>Full Name(In Capital letters): Mr./Mrs./Ms. (should be as per Passport)</b>			
<b>Gender: (Mark <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female)</b>	<b>Male:</b>	<b>Female:</b>	
<b>Age &amp; Date of Birth :</b>	Y	D	Y
<b>Address Outside India:</b>			
<b>City / State :</b>			
<b>Country / Posttal/Zip code:</b>			
<b>Overseas Telephone No.</b>	<b>Country Code</b>	<b>Area Code</b>	<b>Number</b>
<b>Residence:</b>			
<b>Office:</b>			
<b>Mobile No.:</b>			
<b>Address in India:</b>			
<b>City / State / Pin Code:</b>			
<b>India Telephone No. (with STD Code)</b>			
<b>Email ID:</b>			
<b>Nationality:</b>			
<b>Passport Details - Passpost No:</b>			
<b>Place of Issue:</b>			
<b>Date of Issue:</b>			
<b>Date of Expiry:</b>			
<b>VISA Valid upto:</b>			

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Existing Bank A/c (if any) at our Bank	
Correspondance Address (Mark ): India: Overseas:	
If applicant is minor, Please provide Guardian Details:	
Name and Address of Parent / Natural Guardian	

### Personal Details (Second Applicant)

Full Name(In Capital letters): Mr./Mrs./Ms. (should be as per Passport)									
Gender: (Mark <input checked="" type="checkbox"/> )	Male:				Female:				
Age & Date of Birth :	Y	.	D	M	M	.	Y	.	Y
Residential Address:									
City / State :									
Country / Postal/Zip code:									
Overseas Telephone No.	Country Code	Area Code	Number						
Residence:									
Office:									
Mobile No.:									
Email ID:									
Nationality:									
Passport Details - Passpost No:									
Place of Issue:									
Date of Issue:									
Date of Expiry:									
VISA Valid upto:									

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**Refferals (optional)**

**Referral – 1**

<b>Name &amp; Address:</b>	
<b>Telephone / Mobile No.</b>	

**Referral – 2**

<b>Name &amp; Address</b>	
<b>Telephone / Mobile No,</b>	

I Confirm having obtained consent from the above referred persons to provide their contact details, which may be used to communicate details of the products and services of SIR M VISVESVARAYA CO-OPERATIVE BANK LIMITED

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**1<sup>st</sup> Applicant**

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**2<sup>nd</sup> Applicant**

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**3<sup>rd</sup> Applicant**

.....FOR BANK USE.....

<b>Name of the Account Holder</b>	
<b>Date of Opening the Account</b>	
<b>Account Number</b>	
<b>Customer ID</b>	

The relative KYC procedure are adhered to and complied with.

**Jr. Assistant/ Sr. Assistant**

**Asst. Manager/Dy. Manager**

**Branch Manager**

**Date:**