



# Current Account Application Form

## Instructions

- Please fill the form in BLOCK letters and in BLACK INK only.
- Please attach the relevant documents.
- All fields marked \* are mandatory.

National Australia Bank Limited, Mumbai Branch  
Phone +91 22 6198 8200/+91 22 6198 8299  
Version date: September 2013

For office use only

Please quote this reference number for any future communication.

To: National Australia Bank, Mumbai Branch (the "Bank"/"NAB")

Date\* 

D	D	M	M	Y	Y	Y	Y
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Account number (For bank use only) 

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\*I/ We hereby request for opening my/our account at your \_\_\_\_\_ Branch as per details below.

\*I/We do not have any credit facility with any other Bank.  Yes  No

## Customer details

1st Appl. \_\_\_\_\_

Customer identification number 

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

2nd Appl. \_\_\_\_\_

Customer identification number 

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

3rd Appl. \_\_\_\_\_

Customer identification number 

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

## \*Account and currency details

1.  Resident  Non Resident  
2.  Individual

(Tick any one)

<input type="checkbox"/>	Resident Current Account	INR
<input type="checkbox"/>	NRO#	INR
<input type="checkbox"/>	NRE#	INR
<input type="checkbox"/>	RFC	<input type="checkbox"/> AUD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> JPY <input type="checkbox"/> HKD <input type="checkbox"/> NZD <input type="checkbox"/> USD
<input type="checkbox"/>	EEFC	<input type="checkbox"/> AUD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> JPY <input type="checkbox"/> HKD <input type="checkbox"/> NZD <input type="checkbox"/> USD

3.  Non individual

<input type="checkbox"/>	Resident Current Account	INR
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Mode of funding\*  Cash  Cheque number 

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

  
 Debit a/c number 

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

  
 Demand draft number 

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

 Other mode (Please specify) \_\_\_\_\_

Amount (in numbers) \_\_\_\_\_ (in words) \_\_\_\_\_

#Option available for Non Resident Indians only. NRO accounts may be held by Non Residents jointly with residents.

## Mode of operation

The mode of operation of the Account shall be as per the 'Notice of Authority' on an Either/Anyone or Survivor basis. Note: This facility/service is not available for residents of certain countries.

## Other instructions

- Statement of accounts  Weekly  Monthly  Others (please specify)  
Sweep instruction  Yes  No (Tenure for sweep term deposits is 365 days)  
(a) Minimum Balance for sweep instruction (min. of Rs. 100,000 required) \_\_\_\_\_  
(b) Sweep thresholds (min of Rs.50,000) \_\_\_\_\_

- Nomination^  Yes (Please complete the nomination form in Annexure A)  No  
Cheque book required\*  Yes  No (Not available for RFC and EEFC account holders)

\* Available on Resident Current Account, NRO, Current Account, NRE Current Account only.  
^ While the nomination facility is optional, we recommend that you avail of the same.

## Mobile and e-mail alerts registration

Mobile alerts  Yes  No

Email alerts  Yes  No

Mobile number

Email

\_\_\_\_\_

\_\_\_\_\_

**Annexure A**

Nomination Form (Nomination under Sec. 45 ZA of Banking Regulation Act, 1949, and Rule 2(1) of Banking Companies (Nomination) Rule, 1985)

I/we \_\_\_\_\_, 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 paid by the Bank.

Name(s) & address(es) of account holder

\_\_\_\_\_

Nominee name

Date of birth of nominee

\_\_\_\_\_

| D | D | M | M | Y | Y | Y | Y |

Name of the Branch where account is held

\_\_\_\_\_

Nominee address

\_\_\_\_\_

Relation with nominee, if any \_\_\_\_\_ Age (in years) \_\_\_\_\_

As the nominee is minor on this date, I/we appoint \_\_\_\_\_ ("Guardian") to 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.

Details of Witness 1.

Details of Witness 2.

Signature

Signature

✗

✗

Name

Name

\_\_\_\_\_

\_\_\_\_\_

Address

Address

\_\_\_\_\_

\_\_\_\_\_

Date

Date

| D | D | M | M | Y | Y | Y | Y |

| D | D | M | M | Y | Y | Y | Y |

**Declaration**

- I/we have obtained, read and understood NAB General Terms and Conditions (as may be modified or amended from time to time) governing the business relationship with the Bank and those special conditions relating to various services/facilities including but not limited to Accounts, Mobile Alerts, Bill Payment, Bank charges, interests and fees etc. I/we hereby accept and agree to be bound by the said NAB General Terms and Conditions including those excluding/limiting the Bank liability. I/we also understand that the Bank may, at its sole discretion, at any time, and from time to time, without any prior or post intimation to me/us, add to, alter, change or modify any of the terms and conditions of the NAB General Terms and Conditions and that I/we hereby agree to abide and be bound by all such changes as if they form part of the NAB General Terms and Conditions as at present and that any transaction in my/our account(s) with the Bank and/or usage of any of the services by me/us subsequent to such change shall be deemed and tantamount to my/our acceptance of such changes.
- For Mobile Alert Subscribers: I/We wish to avail of the Mobile Alert Services and receive SMS Alerts on my mobile phone number registered with the Bank. I/We have read and understood the NAB General Terms and Conditions related to the service. I/we understand that the Bank may, at its absolute discretion, discontinue the service completely or partially without any notice to me/us. I/We agree that the Bank may debit my/our account for service charges as per the prevailing tariff from time to time. I/We undertake to intimate the Bank immediately in the event of any change in my mobile phone number. I/We also understand that the SMS Alerts under this service may contain certain Personal and/or Account information. I/We also understand and acknowledge that while the Bank will make all reasonable efforts to ensure that the my/our personal/account information is kept confidential, the SMS Alerts cannot be guaranteed to be completely secure and the Bank shall have no liability in this regard.
- I/We accept and agree to be bound by the Declaration given in the Customer Information Form.
- I understand, I/we need to maintain a minimum monthly balance of in the Current Account as stipulated by the Bank from time to time.

Signature

Applicant 1 ✗ \_\_\_\_\_

Name \_\_\_\_\_

Date | D | D | M | M | Y | Y | Y | Y |

Applicant 2 ✗ \_\_\_\_\_

Name \_\_\_\_\_

Date | D | D | M | M | Y | Y | Y | Y |

Applicant 3 ✗ \_\_\_\_\_

Name \_\_\_\_\_

Date | D | D | M | M | Y | Y | Y | Y |

**For internal use only**

<p><b>For bank use only</b></p> <p><input type="checkbox"/> Staff rate applies</p> <p><input type="checkbox"/> Senior Citizen rate applies</p> <p><b>Business unit</b></p> <p><input type="checkbox"/> Retail banking      <input type="checkbox"/> Business banking</p> <p><input type="checkbox"/> Corporate banking      <input type="checkbox"/> NAB Health</p>	<p><b>FX Deal Ticket</b></p> <p>Bank buy _____</p> <p>Amount _____</p> <p>Exchange rate _____</p> <p>Bank sell _____</p> <p>Amount _____</p> <p>Delivery date _____</p> <p>Contract date _____</p> <p>Booking date _____</p> <p>FX COF _____</p> <p>Value / Settlement date _____</p>	<p><b>Purpose</b></p> <p><input type="checkbox"/> Basic Travel</p> <p><input type="checkbox"/> Business Travel</p> <p><input type="checkbox"/> Immigration</p> <p><input type="checkbox"/> Employment Abroad</p> <p><input type="checkbox"/> Medical Treatment</p> <p><input type="checkbox"/> Studies Abroad</p> <p><input type="checkbox"/> Maintenance of close relatives abroad</p> <p><input type="checkbox"/> Staff Rate Applies</p> <p><input type="checkbox"/> Overseas Investment</p>
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I/We certify that the signature(s) of the account holders shown in this form are genuine & correct.

\_\_\_\_\_ Signed in my presence (by bank staff)      Employee name \_\_\_\_\_

\_\_\_\_\_      Employee number \_\_\_\_\_

Input
Checked