



Savings 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
---	---	---	---	---	---	---	---

 Account number (For bank use only) _____

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

*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 (Tick any one)
2. Individual Non Individual (Tick any one)
(Tick any one)

<input type="checkbox"/>	Resident Savings Account No Frills Account	INR
<input type="checkbox"/>	NRO#	INR
<input type="checkbox"/>	NRE#	INR
<input type="checkbox"/>	Resident Foreign Currency	<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

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) _____
Nomination^ Yes (Please complete the nomination form in Annexure A) No

^The Bank recommends that all customers avail of the nomination facility is optional. The nomination facility is intended only for individuals.

Mobile and e-mail alerts registration

Mobile alerts <input type="checkbox"/> Yes <input type="checkbox"/> No	Email alerts <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Nominee name _____

Date of birth of nominee
 | D | D | M | M | Y | Y | Y | Y |

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

Signature

✗

Name _____

Address _____

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

Details of Witness 2

Signature

✗

Name _____

Address _____

Date
 | 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 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 declarations given in the Customer Information Form.
- I understand, I/we need to maintain a minimum monthly balance in the Savings 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>For bank use only</p> <input type="checkbox"/> Staff rate applies <input type="checkbox"/> Senior citizen rate applies	<p>Business unit</p> <input type="checkbox"/> Retail banking <input type="checkbox"/> Business Banking <input type="checkbox"/> Corporate banking <input type="checkbox"/> NAB Health	<p>FX Deal Ticket</p> Bank buy _____ Amount _____ Exchange rate _____ Bank sell _____ Amount _____ Delivery date _____ Contract date _____ Booking date _____ FX COF _____ Value / Settlement date _____	<p>Purpose</p> <input type="checkbox"/> Basic Travel <input type="checkbox"/> Business Travel <input type="checkbox"/> Immigration <input type="checkbox"/> Employment Abroad <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Studies Abroad <input type="checkbox"/> Maintenance of close relatives abroad <input type="checkbox"/> Staff Rate Applies <input type="checkbox"/> Overseas Investment
---	---	--	---

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