

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

Instructions:

- Please fill the form in BLOCK letters and in BLACK INK only.
- Please attach the relevant documents
- All fills marked * are mandatory.
- PHONE : +91 22 61988200
- FAX : +91 22 61988299

For office use only

Please quote this reference no. for any future communication.

Date* :

Account No.

*I/ We hereby request for opening my/our account at your _____ Branch as per details below. (For Bank use only)

***Customer Details**

	Customer Identification Number
1 st Appl. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 nd Appl. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 rd Appl. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*** Account and Currency Details**

- Resident Non Resident (Tick any one)
- Individual

(Tick any one)

<input type="checkbox"/> Domestic	Term Deposit	INR
<input type="checkbox"/> NRO#	Term Deposit	INR
<input type="checkbox"/> NRE#	Long Term Deposit	INR
<input type="checkbox"/> RFC	Long Term Deposit	<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"/> FCNR#	Long Term Deposit	<input type="checkbox"/> AUD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> JPY <input type="checkbox"/> USD
<input type="checkbox"/> Domestic	Reinvestment Term Deposit	INR
<input type="checkbox"/> FCNR#	Reinvestment Term Deposit	<input type="checkbox"/> AUD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> JPY <input type="checkbox"/> USD

Non Individual

(Tick any one)

<input type="checkbox"/> Domestic	Term Deposit	INR
<input type="checkbox"/> RFC	Long Term Deposit	<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"/> Domestic	Reinvestment Term Deposit	INR

- Term: Years Months Days
- Interest payment frequency* Monthly Quarterly 6 Months Annually At maturity
- Amount (in numbers): _____ (in words) _____

Mode of funding*

Cash Cheque No. Debit A/c No. Demand Draft No.

Other Mode (Please specify) _____

#Option available for Non resident Indians only. NRO accounts may be held by non- residents jointly with residents.

* Available only on Long Term Deposits

***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

- Maturity Instructions Rollover principal plus interest on maturity on the same term at the Bank's prevailing deposit rate at the time
- Credit Settlement Account
- Settlement Account Same Account for Principal and Interest Settlement A/C: _____
- Different Account for Principal and Interest Settlement A/C: _____ Principal Settlement A/C: _____
- Welcome Pack
- Nomination[^] Yes (Please complete the nomination form in Annexure A) No [^] While the nomination facility is optional, we recommend that you avail of the same.

Mobile and E-mail Alerts Registration

Mobile Alerts Yes No

E-mail Alerts Yes No

Mobile No. : | | | | | | | | | | | | | | | | | | | | | |

E-mail: | | | | | | | | | | | | | | | | | | | | | |

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: _____

Nominee address: _____

Date of Birth of Nominee: ____/____/____

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.

Name(s) & Address (es) of Guardian:

Details of Witness 1.

Signature _____

Name _____

Address _____

Date _____

Details of Witness 2.

Signature _____

Name _____

Address _____

Date _____

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 declarations given in the Customer Information Form.
- I/we understand, I/we need to maintain a minimum monthly balance in the term deposit as stipulated by the Bank from time to time.
- I/We understand that the interest rate payable on the term deposits will be revised by the Bank (as specified in the "Guide to Fees and Charges") in the event of any pre mature termination of the term deposit by me/us.

Signature

Applicant 1: _____ Name: _____ Date: _____

Applicant 2: _____ Name: _____ Date: _____

Applicant 3: _____ Name: _____ Date: _____

<p>For Bank Use Only</p> <p><input type="checkbox"/> Staff Rate Applies</p> <p><input type="checkbox"/> Senior Citizen Rate Applies</p> <p><input type="checkbox"/> If term deposit with Principal of INR 15 lakh and above Interest Rate: _____%p.a. , COF: _____%p.a.</p> <p><input type="checkbox"/> If Long Term Deposit / Reinvestment Term Deposit, Interest Rate: _____%p.a. , COF: _____%p.a.</p> <p>Business Unit</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>FX Deal Ticket</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>Purpose</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>
---	---	--

<p>I/We certify that the signature(s) of the account holders shown in this form are genuine & correct.</p> <p>_____ Signed in my presence (by bank staff)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Input</td> </tr> <tr> <td style="padding: 2px;">Checked</td> </tr> </table>	Input	Checked
Input			
Checked			
<p>Employee Name _____</p> <p>Employee Number _____</p>			