

Date: \_\_\_\_\_

To The Manager,  
**AU Small Finance Bank Ltd. (AUSFB)**

Dear Sir/Madam,

**SUB:** - Instruction for placement of FCNR(B) deposit with AUSFB

**Tick/Select whichever is applicable**

I/we have agreed and authorise Bank to debit an amount of \_\_\_\_\_(INR) from my/ours NRE Savings Account no. \_\_\_\_\_ and to be placed as a FCNR (B)deposit in  USD  GBP  EUR  CAD (FCY) with you for an amount of \_\_\_\_\_(value in FCY) for Tenure of  Year/s  Month/s at  Day/s Rate of Interest (%p.a.)  .  Instruct you to open a FCNR (B) deposit by debiting my/our NRE savings account on my/our behalf

I/we have agreed to remit an amount of \_\_\_\_\_(value in FCY) in  USD  GBP  EUR  CAD to be placed as a FCNR (B) deposit with you for Tenure of  Year/s  Month/s  Day/s at Rate of Interest (%p.a.)  .  Instruct you to open a FCNR (B) deposit from the remittances sent by me/us/on my/our behalf\*.

**Maturity Instruction:**

Renew Principle & Interest  Renew Principle & credit Interest  Payout, do not renew

Credit in AU Bank’s Savings/Current account:

\*Outward Remittance

**Mode of Operation:**

Single  Either/Anyone or Survivor  Former or Survivor

**Terms and conditions:**

- Minimum tenure to book FCNR (B) deposit is 1 year. Maximum tenure is 5 years
- \*FCNR (B) deposit will be booked post sighting of funds in the Nostro Account.
- No interest would be paid if FCNR(B) deposit is closed before 1 year.
- FCY to be converted in INR basis preferential rates
- \*Please follow outward remittance process
- Intermediary/Correspondent Bank Charges may apply. Please refer website for more information.

Yours faithfully,

**First Holder**

\_\_\_\_\_  
 \_\_\_\_\_

Customer ID

Signature

**Second Holder**

\_\_\_\_\_  
 \_\_\_\_\_

Customer ID

Signature

**Third Holder**

\_\_\_\_\_  
 \_\_\_\_\_

Customer ID

Signature

# NOMINATION FORM



Yes  No Nomination under section 45ZA of the Banking Regulation Act, 1949, and the Rule 2(1) of The Banking Companies (Nomination) Rules 1985, in respect of bank deposits

I/We \_\_\_\_\_ Address(es) \_\_\_\_\_

nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by AU Small Finance Bank Ltd.

Nature of Deposit \_\_\_\_\_ Distinguishing No. \_\_\_\_\_

Additional details, if any \_\_\_\_\_

**Nominee Name** (F i r s t N a m e) \_\_\_\_\_ (M i d d l e N a m e) \_\_\_\_\_ (L a s t N a m e) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Pin Code** \_\_\_\_\_ **State** \_\_\_\_\_

Relationship with Depositor, if any \_\_\_\_\_ Age \_\_\_\_\_ if Nominee is a minor, his date of

birth

As the Nominee is a minor on this date, I/We appoint Shri/Smt./Kum,\* \_\_\_\_\_  
(Guardian Name)

Relation with Minor Nominee \_\_\_\_\_

**Address** \_\_\_\_\_  
Guardian Address \_\_\_\_\_

**City** \_\_\_\_\_ **Pin Code** \_\_\_\_\_ **State** \_\_\_\_\_

Age \_\_\_\_\_ to receive the amount of the deposit on behalf of the nominee, in the event of my / our / minor's death during the minority of the nominee.

Nominee name to be printed on the Statements / Advices  Yes  No

Date & Place \_\_\_\_\_

Depositor  
Signature  
Thumb Impression(s)

Depositor  
Signature  
Thumb Impression(s)

Depositor  
Signature  
Thumb Impression(s)

Signature of First Witness\*\*\*

Signature of Second Witness\*\*\*

\*Strike out if nominee is not a minor \*\*\*Thumb impression(s) shall be attested by two witnesses.

Note : Where deposit is made In the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

## For bank use only

### To be filled by the sourcing staff

I confirm that I have personally met the customer and the customer has signed the FCNR(B) deposit opening form in my presence. The signature has been verified from bank records and is as per the MOP in the account


### To be filled by the BOSM/BM, post below authorization

All information (incl. Name and/or signature variation), as specified in the FCNR(B) deposit opening form have been verified & found to be correct. I authorize the mentioned account(s) to be opened


LG Code     (To be filled by the LG)

LC Code     (To be filled by the LC)

Product Code

Lead Number

Deposit Value Date

Nomination done?  Yes  No

Branch Code

Branch Name \_\_\_\_\_