ACCOUNT OPENING FORM: FCNR

To,

Date: _____

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*.

Interest Payment Frequency

☐ Half - Yearly Payout ☐ Cumulative/On Maturity

Maturity Instruction

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

Maturity Amount Repayment Mode

☐ 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.
- FCNR Fixed Deposits under the tenure of 3–5 year should be booked strictly in USD
- No interest would be paid if FCNR(B) deposit is closed before 1 year.
- FCY to be converted in INR basis preferential rates
- *For outward remittance of proceeds please follow outward remittance process
- Intermediary/Correspondent Bank Charges may apply. Please refer website for more information.
- Premature withdrawal of FCNR(B) Deposits shall be subject to applicable lock-in restrictions and penalties as per Bank guidelines. For more details, please refer website.

Yours faithfully,

First Holder	Second Holder	Third Holder
_____	_____	_____
_____	_____	_____
Customer ID ☐☐☐☐☐☐☐☐	Customer ID ☐☐☐☐☐☐☐☐	Customer ID ☐☐☐☐☐☐☐☐
Signature	Signature	Signature

NOMINATION FORM

AU SMALL FINANCE BANK

☐ 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 (First Name) (Middle Name) (Last Name)

Address

City **Pin Code** **State**

Relationship with Depositor, if any_____Age _____if Nominee is a minor, his date of birth D D M M Y Y Y Y

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	Depositor	Depositor
Signature	Signature	Signature
Thumb Impression(s)	Thumb Impression(s)	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 D D M M Y Y Y Y

Nomination done? ☐ Yes ☐ No

Branch Code

Branch Name_____