

ACCOUNT OPENING FORM

(FCNR (B) Deposits)

For Bank Use only

Customer ID Number _____

(Please use **BLUE** / **BLACK** ink for filling up the form)

I/We hereby request Sumitomo Mitsui Banking Corporation (SMBC) India Branches to open my/our FCNR(B) account.

Terms used herein below but not defined in this Account Opening Form shall have the meanings ascribed to them in the Bank's Terms and Conditions governing accounts, deposits and/or fund transfer found at <https://www.smbc.bank.in>

Type of Account

Foreign Currency Non-Resident Account (Bank) Scheme - FCNR (B) Account

Currency

☐

USD

Primary Applicant Details

Applicant Name

Date of Birth

Gender

☐

Male

☐

Female

☐

Third Gender

Residency Status

☐

NRI

☐

PIO Card Holder

☐

OCI Card Holder

Physical Disability

☐

Yes

☐

No

Passport No.

PAN No. (if available)

Nationality*

*(Individual of Pakistan and Bangladesh shall require prior approval of the Reserve Bank of India)

☐

Tick if Mailing, Permanent and Residential addresses are same [If yes, then Permanent and Residential addresses are not required to be filled in separately]

Mailing Address

City

State

Country

Tel. No.

Email ID

Zip Code

Permanent Address

City

State

Country

Tel. No.

Zip Code

Residential Address

City

State

Country

Tel. No.

Zip Code

Source of Income

Occupation

- ☐ Service
 ☐ Retired
 ☐ Self-employed
 ☐ Housewife
 ☐ Student
 ☐ Others (please specify) _____

If Self-employed

- ☐ Doctor
 ☐ Retail
 ☐ Real Estate
 ☐ Consulting
 ☐ Investor
 ☐ Lawyer / Judicial scrivener / Administrative scrivener / Certified public accountant
 ☐ Finance / Insurance
 ☐ Others (please specify) _____

CKYC (If available)

Registered mobile number on which OTP will be received.

(To download CKYC records, an OTP will be sent on the mobile number registered with CKYC, which will be shared by me with SMBC)

I hereby provide my consent to the Bank to view and download my CKYC number/records/documents from CKYC portal

Note: If no CKYC number/record is available or any change is required in CKYC records, please submit a duly filled in CKYC form.

Specimen Signature of the Primary Applicant

Joint Account Applicant Details (if applicable)

Applicant Name

Date of Birth Gender ☐ Male ☐ Female ☐ Third Gender

Residency Status ☐ NRI ☐ PIO Card Holder ☐ OCI Card Holder

Physical Disability ☐ Yes ☐ No

Passport No.

PAN No. (if available)

Nationality*

*(Individual of Pakistan and Bangladesh shall require prior approval of the Reserve Bank of India)

☐ Tick if Permanent and Residential addresses are same [If yes, then Residential address is not required to be filled in separately]

Note: All communication will be sent to the Primary Applicant's Mailing address only

Permanent Address

City State

Country

Tel. No. Email ID

Zip Code

Residential Address

City

Country

Tel. No.

State

Zip Code

Source of Income
Occupation
☐ Service ☐ Retired ☐ Self-employed ☐ Housewife ☐ Student

☐ Others (please specify) _____

If Self-employed
☐ Doctor ☐ Retail ☐ Real Estate ☐ Consulting ☐ Investor

☐ Lawyer / Judicial scrivener / Administrative scrivener / Certified public accountant

☐ Finance / Insurance ☐ Others (please specify) _____

CKYC (If available)

Registered mobile number _____ on which OTP will be received.

(To download CKYC records, an OTP will be sent on the mobile number registered with CKYC, which will be shared by me with SMBC)

I hereby provide my consent to the Bank to view and download my CKYC number/records/documents from CKYC portal.

Note: If no CKYC number/record is available or any change is required in CKYC records, please submit a duly filled in CKYC form.

Specimen Signature of the Joint Applicant

Mode of Account Operation
☐ Singly ☐ Power of Attorney ☐ Jointly ☐ Either or Survivor

Declaration

1. I/We declare that the information given herein by me/us is true and correct, which SMBC is entitled to verify directly or through any third-party agent. I/We also agree that, if any such declaration made by me/us are found to be incorrect, or misleading in any material respect, such that it affects, influences or would have altered the Bank's decision to open, maintain or continue the FCNR (B) deposit relationship, the Bank shall have the right to withhold payment of principal/interest of the FCNR (B) deposit and to terminate such deposit relationship immediately, without prejudice to any other rights or remedies available to the Bank.
2. I/We acknowledge that the Bank may disclose information about me/us, if required by any Government, regulatory or supervisory authority, or where such disclosure is necessary to prevent, detect, investigate or report fraud or other unlawful activity without any further specific consent or authorization from me/us.
3. I/We also confirm that I/we will comply with the Foreign Exchange Management Act (FEMA), 1999, including but not limited to Foreign Exchange Management (Deposit) Regulations, 2016, RBI Master Direction on Deposits and Accounts, Reserve Bank of India (Commercial Banks – Interest Rate on Deposits) Directions, 2025 and any other applicable laws, circulars and notifications issued/amended from time to time. I/We understand and acknowledge that any violation or non-observance of the undertakings given herein will be subject to action under FEMA and other laws.
4. I/We hereby undertake and agree that I/we shall notify the Bank well in advance about my/our return to India for the purpose of taking up permanent residency. I/We further acknowledge that I/we am/are aware of, and shall comply with, all provisions of law including Tax regulations in relation to any change in my/our residential status, and I/we shall provide the Bank with such information and documentation as may be required to update my/our status accordingly.
5. In the event of death of the depositor (and all the depositors in case of joint accounts), premature termination of FCNR (B) deposit would be allowed (subject to release of encumbrance, if any) without any penalty, even if such deposit is within the lock-in-period. The Bank shall pay interest for the period where such Deposit has remained with the Bank, at the rate of interest applicable and published by the Bank for the corresponding tenor of such period. If the FCNR (B) deposit is withdrawn prior to the completion of one year, no interest shall be payable.
6. I/We understand that the FCNR(B) Deposit is non-callable and is subject to a lock-in period of one year. However, if the Bank is required to liquidate/foreclose the FCNR(B) Deposit before the maturity date, the following shall apply:
 - a. The Bank shall pay interest for the period the FCNR(B) Deposit has remained with the Bank, at the rate of interest applicable and published by the Bank for the corresponding tenor of such period.
 - b. The Bank may at its discretion charge such costs, charges and expenses (including any cost on account of any SWAP that the Bank may have entered into) and a penalty up to 4% of the Deposit (or such other rate as may be prescribed by the Bank from time to time).
 - c. If the interest is insufficient to recover the charges referred above, the excess interest/charges/penalty shall be recovered from the proceeds of the FCNR(B) Deposit.
7. I/We hereby confirm and declare that I/we am/are not dealing with or shall have any transactions with the entities individuals/ organizations that are banned/restricted by UNO/OFAC/MOFA/European Union Sanctions/Government of India/RBI or any other authority and applicable sanction laws as amended from time to time.
8. I/We hereby consent to receive information from Central KYC Registry through SMS/Email on my registered mobile number /email address.
9. Without prejudice to the foregoing, I/we hereby acknowledge that I/we have read understood and agree to the Bank's prevailing Terms & Conditions governing accounts/fund transfer found at <https://www.smbc.bank.in>

Document	Link	Hyperlink
Account Opening Terms & Conditions	https://www-static.smbc.bank.in/wp-content/uploads/2026/03/Account_Opening_Terms.pdf	Click here
Comprehensive Deposit Policy	https://www-static.smbc.bank.in/wp-content/uploads/2026/07/Comprehensive_Deposit_Policy.pdf	Click here
Schedule of Bank's standard fees and charges	https://www-static.smbc.bank.in/wp-content/uploads/2026/08/standard-tariff.pdf	Click here
Policy on Cross Border Remittance	https://www-static.smbc.bank.in/wp-content/uploads/2026/06/Policy_on_Cross_Border_Remittance.pdf	Click here

10. In the event of any inconsistency between these terms and conditions mentioned above (point 1 - 8) in this form and the terms and conditions mentioned in paragraph 9 above governing the account, deposit and/or funds, these terms and conditions shall prevail to the extent of such inconsistency.

--

--

Date

Date

I have met the customer in person and have verified the original identity and address proof documents provided, received nomination details and confirm that the form has been signed by the customer in my presence.

Employee Name

[illegible]

Date

D D M M Y Y Y Y

Signature/Stamp

Nomination Form DA1

Do you wish to appoint Nominee(s)?

- ☐ **YES**, I / We want to nominate the following person(s).
- ☐ **NO**, I / We do not want to nominate anyone on my/our behalf.

If yes, please complete the below fields and strike out whatever is not relevant.

Nomination facility is being offered in accordance with the provisions of Section 45ZA of the Banking Regulation Act, 1949, and The Banking Companies (Nomination) Rules 2025 (the Rules), in respect of bank deposit.

Note :

- Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with specified percentage and total amounting to 100%.
- Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.
- Out of column (G) and (H), only one column is to be filled.**
- Total percentage across all nominees in column (H) must equal 100%.
- If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B).

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of deposit in the event of my death:

Sr. No.	Name and Address of the Nominee	Email / Mobile number	Relationship with Bank Depositor if any	Nominee Age	Nominee DOB (DD/MM/YYYY)	Order of priority in case of successive nomination	Proportion of amount of deposit in percentage in case of Bank deposit
A	B	C	D	E	F	G	H
1.						1 st Nomination	
2.						2 nd Nomination	
3.						3 rd Nomination	
4.						4 th Nomination	

(Below details to be filled if nominee is a minor)

As the nominee is a minor as on the date hereof, I/we hereby appoint the below person(s) as Guardian(s) to receive the amount standing to the credit of the deposit account on behalf of the nominee in the event of my/our death during the minority of the nominee.

Guardian Details (if any nominee is a minor)

Sr. No.	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Email / Mobile number of Guardian, if any
1.					
2.					
3.					
4.					

Signature of Primary Applicant

Date

DDMMYYYY

Signature of Joint Account Applicant

Date

DDMMYYYY