

REPATRIATION/ OVERSEAS BENEFICIARY UPDATION FORM for FCNR (B)

(To be filled for updating overseas beneficiary details or for closing an existing FCNR (B) Deposit)

To,		Date:	
The Manager,			
Equitas Small Finance Bank Ltd,			
Branch			
Dear Sir / Madam,			
Kindly update only my overseas benef	iciary details for my New FCNR (B) de	eposit as below	
Kindly repatriate the proceeds of above FCNR deposit (Select any one option)			
FCNR Deposit No On Maturity Premature withdrawal as per below details			
Purpose of Remittance: S0014 - Repatriation of Non-Resident Deposit [FCNR (B) / NR (E) RA etc.] Mod FCY		In case of TT, Correspondent Bank Charges to be borne by: Self* The Beneficiary**	
*Will be collected after the remittar	nce is affected. ** Beneficiary will receive the c	amount after deduction of Correspondent Bank Charges.	
Details of the Remitter:			
NameNationality			
Tel. / MobileCountry of Remittance:			
Payment Mode: Select any one option MENTION FCNR DEPOSIT ACCOUNT NUMBER			
I authorize EQUITAS SMALL FINANCE BANK LTD to			
repatriate my FCNR deposit account ON MATURITY			
I authorize EQUITAS SMALL FINANCE BANK LTD to			
PREMATURELY BREAK / LIQUIDATE my FCNR			
FCY Currency Type FCY Amount FCY Amount FCY Amount in words			
Beneficiary & Correspondent Bank details (MANDATORY FOR TT TRANSFER)			
Beneficiary's Name: -			
Beneficiary's Address:			
Beneficiary's Account No. with Beneficiary's Bank:			
SWIFT Code ABA Routing No. IBAN No. / SORT code			
Name & Address of the Correspondent bank			
Correspondent bank SWIFT CodeCorrespondent bank ABA Routing No. IBAN No. /SORT code			
NOSTRO A/C NO.			
Terms and Conditions			
1. I/We hereby declare that the transaction, the details of which are specifically mentioned in the application above, does not involve and is not designed for the purpose of any contravention of the provision u/s 10 (5) chapter III FEMA 1999 or any rule, regulation, notification, direction or order made thereunder. I/We also hereby agree and undertake to give such information / documents as may be necessary and sought for to satisfy you about the transaction in terms of the above declaration. I/We also understand that if I/We fail to comply or any such compliance is not satisfactory, the bank may refuse in writing to undertake the transaction and shall if, it has reason to believe that any contravention / evasion is contemplated by me / us, report the matter to Reserve Bank of India.			
2. I / We further declare that the undersigned has / have the authority to give this declaration and undertaking on behalf of the firm / company. I hereby declare that the above details are true and that this remittance along with my previous remittance does not exceed the limitation, under the category, allowed as per RBI regulation. I/We understand that as per the bank's process, the customers need to surrender the original renewed FD advice. I/we hereby agree and undertake that on receipt of the renewed advice if already dispatched to me/us, I/we shall destroy the same at our end. This request for liquidation of the above referred FD would discharge the bank of the liability on the said fixed deposits towards me/us and I / We will have no right of any claims on the bank on the said fixed deposit. No interest will be paid if the FCNR deposit is prematurely liquidated before 1 year. Liquidation / premature withdrawal of deposit account requires signature of all account holders.			
(Sign Here)	(Sign Here)	(Sign Here)	
Signature's of all:			
Deposit Holders			
FIRST HOLDER OLISTOMED ID-		- IOINT HOLDER 2 CLISTOMER ID-	