APPLICATION FORM FOR OUTWARD REMITTANCE FROM NRE ACCOUNT

To, The Manager, HDFC Bank Ltd.,Branch							Date:		
Dear Sir / Madam,									
Request for Outward Remittance from my NRE Acco	ount.								
Purpose of Remittance: S0014 – Repatriation of Non-Resident Deposit [FCNR (B) / NR (E) RA etc.]						In case of TT, Correspondent Bank Charges to be borne by: □ Self* □ □ □ The Beneficiary**			
*Will be collected after the remittance is affected. ** Benefician					nt Bank Cha				
	<u>-</u>								
/ Details of the Remitter: Name Address					Nationali	ity			
Tel. / Mobile	Coun	try of Trav	relling /	Remittanc	e:				
Passport Details (Refer table overleaf):									
Passport Number	Date and pl	lace of issu	ie						
Payment Mode:									
•									
☐ I authorize to debit my HDFC BANK NRE SB/CA	Account No:								
☐ HDFC Bank Cheque No.:	Signa	ature							
FCY Currency Type FCY Amount FCY Amount in words									
Beneficiary & Correspondence Bank details (mand Name		Account N							
Name and Address of the Beneficiary's banker									
SWIFT Code	^BSB/ABA Rou	ting No. IE	BAN No	o. / SORT o	code				
Name and Address of the Correpondence bank									
SWIFT Code^BSB/ABA Rout	e^BSB/ABA Routing No. IBAN No. / SORT code					NOSTRO A/C NO			
1) For all GBP remittances - 6 Digits SORT code of Beneficiary No. of Beneficiary Bank is required. 4) For all CAD remittance									
I / We hereby declare that the transaction, the details of which a of the provision u/s 10 (5) chapter III Fema 1999 or any rule, reg will reasonably satisfy you about this transaction in terms of t compliance there with, the bank shall refuse in writing to under Reserve Bank of India. I / We further declare that the undersigned details are true and that this remittance along with my previous resignature of the Remitter:	gulation, notification, direct the above declaration. I/ V take the transaction and sh ned has / have the authori emittance does not exceed	etion or order We also und hall if, it has ity to give the	r made the control of	nereunder. that if I / V to believe the ration and to	I/We also had the refuse to the contract any contract and contracting	nereby agree and und o comply with any travention / evasion on behalf of the fir	lertake to give such requirement is contemplated burner / company. I	ch information / documents as t or make only unsatisfactory by me / us report the matter to	
D 11	1	FFICE	USE	ONLY		D CM			
Processed by: DD/TT No.:	Authorized by: FCY Amount:					Ref No.: INR Amount:			
Conversion Rate – DD/TT:	Cr. A/c No.:					Dr. A/c No.:			
Charges(Rs.):									
Charges waived(Rs.):									
Confirmed that de-duping is done for Remitter & Be	_						a:		
Emp. Code Emp. Name							Sign		
Customers copy: (to be Produced by the customer whi	le collecting DD / TCs /	TT confirm	mation	from Bank)			BANK	
Customer Type NRI	FCY DD / TT (Amoun	nt)						SEAL)	
Applicant's Name	Beneficiary								
Customer Account No. /		Date						FC BANK stand your world	