			AD CODE:			
Office use only:						
Remittance Ref. No.:		Originating Code:				
FCC Contract Ref. No.:		Customer	ID:			
	FORM A-2 CUM	LRS DECLARATIO	<u>.</u>			
I/We						
PAN No.	(Name of applicant	•				
Address						
authorize						
(Name of To debit my Savings Ban together with their char	k/ Current/ RFC/ EEF					
* a) Issue a draft : Bene	a) Issue a draft : Beneficiary's Name  Address					
* b) Effect the foreign exchange remittance directly - 1) Beneficiary's Name 2) Name and address of the bank 3) Account No.						
* c) Issue travelers cheq	ues for					
* d) Issue foreign curren Amount (specify curre	* d) Issue foreign currency notes for  Amount (specify currency)					
* (Strike out whichever	* (Strike out whichever is not applicable) for the purpose/s indicated below					
2) To be filled in by resident only if the remittance is made under LRS						
Sr. No. Whether ur	nder LRS (Yes/No)*	Purpose Code	Description			
Note - (*) If Yes under I	_RS, please submit ac	dditional details a	as per Appendix.			
3) Payment for import o 16 or 17), please indicat	, .	roup Nos. 02, 03,	05, 06, 07, 08, 09, 10, 11, 15,			
"Name o	of the country providi	ng ultimate servic	es:"			
(Remitter should put a t difficulty, the AD bank s		ropriate purpose	code. In case of doubt/			

Declarati (Under F	ion EMA 1999)			
excha year sourc will n purpo	ange purchase including this e of funds for ot be used for ose indicated a	ed from or remitt application is as r making the said or prohibited purp above. ances made/trans	, hereby declare that the total amount of foreign ted through, all sources in India during the financial per the extant FEMA Regulations and certify that the I remittance belongs to me and the foreign exchange poses/ Foreign exchange purchased from you is for the sactions effected under the Liberalised Remittance April- March)	
Sr. No.	Date	Amount	Name and address of AD branch/FFMC through	
			which the transaction has been effected	
Signature (Name) Date:	e of the Appli	cant		
Certifica	te by the Aut	horised Dealer		
remittan		ormity with the in	not being made by/ to ineligible entities and that the nstructions issued by the Reserve Bank of India from	
Name and	d designation	of the authorised	official:	
Stamp an	d seal			
Signature	•			
Date:	Date:			

# <u>APPENDIX</u> (To be submitted only in case of LRS)

## **OUTWARD REMITTANCE APPLICATION FOR RESIDENT INDIVIDUALS**

(To be completed by the applicant IN BLOCK LETTERS)

I.	<b>DETAILS OF</b>	THE APPLICANT	(REMITTER)
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I. DETAILS OF THE A	APPLICANT (REMI	,			
Customer ID:			Account Number:		
Branch Name:			DP Code:		
NAME OF THE					
APPLICANT					
FULL ADDRESS					
	TEL. NO.		MOB. NO.		
CONTACT DETAILS	E-MAIL				
PAN NUMBER					
II. DETAILS OF THE F  A. For remittance of			noose applicable option A or B or C)		
Foreign Currency		FC			
FC Amount in Figures		Amount in Words			
B. For remittance in	Foreign Currency	y equivalent of Fi	ixed Rupee Amount		
Foreign Currency		INR			
INR Amount in Figures		Amount in Words			
C. For remittance in	Foreign Currency	y other than abov	ve		
Foreign Currency		FC			
		Amount	:		
FC Amount in Figures		in Words	ls		
1 - Amount in Figures					

## III. ACCOUNT DETAILS TO BE DEBITED

ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT IN FOREIGN CURRENCY

## IV. PURPOSE OF REMITTANCE WITH PURPOSE CODE

SL	PURPOSE		FETERS CODE	SL	PURPOSE		FETERS CODE
1	INVESTMENT ABROAD IN	Equity Capital (shares) [Portfolio Investment]	S0001	6	TRAVEL	Business	S0301
		Debt Instruments [Portfolio Investment]	S0002			Pilgrimage	S0303
		Indian Direct investment	S0003*			Medical Treatment	S0304
		abroad in equity shares*				Education(Incl. Fee, Hostel Exp etc)	\$0305
		ESOP IDRs	S0021 S0022			Other Travels including Holiday Trip, Settlement of International Credit Cards	S0306
2	PERSONAL GIFT AND DONATIONS		S1302	7	HEALTH SERVICES	Medical Treatment	S1108
3	DONATIONS TO RELEGIOUS & CHARITABLE INSTITUTIONS		\$1303	8	STUDIES ABROAD	Education (E.g. fees for correspondence courses abroad)	S1107
4	MAINTENANCE OF CLOSE RELATIVE		S1301	9	EMIGRATION	,	S1307
5	OPENING OF FOREIGN CURRENCY ACCOUNT ABROAD		S0023			Loan to NRI Close Relative	S0011
6	PURCHASE OF IMMOVABLE PROPERTY ABROAD		S0005	10	OTHERS	General Insurance Premium and Term Life Insurance Premium	S0603
PUR	POSE:			_		FETERS CODE:	
sou	RCE OF FUNDS						

<sup>(\*) -</sup> ODI form Part-I to be submitted along with this form.

# If the purpose selected is one of the below then it is mandatory to furnish the details sought for

MAINTENANCE OF CLOSE RELATIVE	Relationship of beneficiary	
EDUCATION	Student Name and Student ID. Country of study abroad	
PURCHASE OF IMMOVABLE PROPORTY ABROAD (#)	The location of property being purchased	STATE: COUNTRY:
INVESTMENT ABROAD (#)	Equity Shares, Mutual Funds, VC Fund Debt Instrument	NAME OF THE COMPANY:
		LISTED / UN -LISTED:
	Others: (Furnish details)	UIN NO.

<sup>(#) -</sup> If eligibility of more than one individual is clubbed, investment should be in joint names.

## V. NATURE OF INSTRUMENT (SELECT THE MODE OF PAYMENT- TICK MARK)

### VI. DETAILS OF THE BENEFICIARY

BENEFICIARY NAME *	
BENEFICIARY FULL ADDRESS *	
ACCOUNT NUMBER *	
IBAN* (Compulsory for remittance to UK, Europe, Gulf countries and other countries implemented IBAN) BSB * : (For Australia) TRANSIT CODE*: (For Canada)  BENEFICIARY BANK NAME & ADDRESS*	
SWIFT /BIC	
SWIFT / BIC OF INTERMEDIARY BANK, IF ANY & BENEFICIARY BANK ACCOUNT NO. WITH INTERMEDIARY BANK	

(\* Mandatory for WIRE transfer through SWIFT)

VII.DETAILS OF THE REMITTANCE MADE/TRANSACTIONS EFFECTED UNDER THE SCHEME IN THE CURRENT FINANCIAL YEAR (APRIL- MARCH) \_\_\_\_\_\_

SL NO.	DATE	CURRENCY	AMOUNT	NAME & ADDRESS OF AD BRANCH /FFMC THROUGH WHICH THE TRANSACTION HAS BEEN EFFECTED
1				
2				
3				
		TOTAL	_	(EQUI. IN USD)

### VIII. DETAILS OF FORWARD CONTRACT BOOKED TO BE UTILIZED FOR THIS TRANSACTION

Rate Covered IF ANY with our Trader, please mention the details below:
(Applicable only for the Day)

This is to authorize you to debit my/our above mentioned account together with all charges & taxes and affect the foreign exchange remittance through SWIFT / issue Demand Draft /TCs / FCNs/ Issue or Reload of Travel Card as detailed above. (Strike out whichever is not applicable).