FORM A2

(To be completed by applicant)

(For payments other than import of goods and remittances covering intermediary trade)

AD Code No. 5090001/2900009

Form No.

(To be filled in by the Authorised Dealer)

Currency Amount Equivalent to INR(₹)

(To be completed by the Authorised Dealer)

Application for Remittance Abroad

1) I/We

(Name of the Applicant remitter)

PAN No.

Address

Authorize

SMBC New Delhi Branch (Name of the AD Branch)

To debit my Savings Bank/ Current/ RFC/ EEFC A/c no. together with their charges in accordance with Application Form and

- *a) Issue a draft: Beneficiary's Name Address
- *b) Effect the foreign exchange remittance directly-
- 1) Beneficiary's Name As per Application Form
- 2) Name and Address of the Bank As per Application Form
- 3) Account No. As per Application Form
- *c) Issue travellers cheques for CCY Amt
- *d) Issue foreign currency notes for

Amount (Specify currency) CCY Amt

- *(Strike out whichever is not applicable) for the purpose/s indicated below
- 2)To be filled in by residents only if the remittance is made under LRS

Sr. No	Whether under Sr. No. LRS (Yes/No)	Purpose Code	Description
01	Yes No		

3) Payment for import of services (Purpose Group Nos 02,03,05,06,07,08,09,10,11,15,16 or 17), Please indicate:

Name of the country providing ultimate services:

(Remitter should put a tick ($\sqrt{}$) against an appropriate purpose code. In case of doubt/difficulty, the AD bank should be consulted)

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(Under FEMA 1999)

1. I, (Name), hereby declare that the total amount of foreign exchange purchased from or remitted through, all sources in India during the financial year including this application is as per the extant FEMA Regulations and certify that the source of funds for making the said remittance belongs to me and the foreign exchange will not be used for prohibited purposes/ Foreign exchange purchased from you is for the purpose indicated above.

Details of the remittances made/transactions effected under the Liberalised Remittance Scheme in the current Financial Year (April-March)

		,	Name and address of AD branches/FFMC through which the
Sr. No	Date	Amount	transaction has been effected

Signature of the applicant

(Name)

Date:

Certificate by the Authorised Dealer

This is to certify that the remittance is not being made by/to ineligible entities and that the remittance is in conformity with the instructions issued by the Reserve Bank from time to time under the Scheme

Name and designations of the authorised official:

Stamp and Seal

Signature:

Date:

For Bank use only

I certify that I have certified the customer's signature as per Bank records and retained the originals of all the scanned documents and forms submitted by the remitter for the above transaction.

Name & employee ID Bank Stamp & Employee Signature

Exchange Rate Spread

Transaction Reference No.

Fax Indemnity held Fund Sufficiency

L	Approved	Checked	Prepared	Sign Verified
L				