

Annex-I
FORM A2

(To be completed by the applicant)

(For payments other than imports and remittances covering intermediary trade)

AD Code No. AD Category-11-04/2007
Form No. _____
(To be filled in by the Authorised Dealer)

Currency: _____ Amount: _____
Equivalent to Rs. _____
(To be completed by the Authorised Dealer)

Application for Remittance Abroad / Foreign Currency

I/We _____

(Name of applicant remitter)

PAN No. _____

Address _____

authorize _____

(Name of AD branch)

To debit my Savings Bank/ Current/ RFC/ EEFC A/c. No. / _____

Chq _____ Dated _____ drawn on _____ together with their charges and

*a) Issue a Draft:-

1) Beneficiary's Name _____

2) Beneficiary's Address _____

*b) Effect the foreign exchange remittance directly: –

1) Beneficiary's Name _____

2) Beneficiary's Address _____

2) Name and address of the bank: _____

3) Account No. _____ / Swift / IBAN: _____

*c) Issue travelers cheques / travel currency card for _____

*d) Issue foreign currency notes for _____ Amount (specify currency) _____

* (Strike out whichever is not applicable) for the purpose/s indicated below

(2) To be Filled in by residents only if the remittances is made under LRS

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

(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 (✓) against an appropriate purpose code. In case of doubt / difficulty, the AD bank should be consulted).

Declaration
(Under FEMA 1999)

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) _____

Sl No.	Date	Amount	Name and address of AD branch/FFMC through which the transaction has been effected.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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 designation of the authorised official: _____

Stamp and seal: _____

Signature _____

Date: _____

Place: _____

Self-Declaration (only for LRS Payments):

1. Name of the Remitter: _____

2. Currency and Amount: _____

(Kindly note that **ITR copy is compulsory** for the amount exceeding Rs. 5 lakhs in the current financial year except for Education Loan)

3. Purpose: _____

4. Relation with the Beneficiary / Student: _____

5. Age of relationship with the Bank: _____

6. Source of funds (Tick any one of the following)

- a) Business income (pending for filing IT returns)
- b) Salary income
- c) Long term savings from Salary + Business (deposits)
- d) Education (Bank Loan)
- e) Any other source (mention) _____

7. I confirm that there is no pooling of funds for this transaction.

8. I hereby confirm that I am capable of undertaking the Foreign Exchange transactions under the LRS scheme.

9. I hereby confirm that the Bank has informed me regarding the Tax Collected at Source (TCS) w.e.f. 1st October 2020, and I hereby authorize the bank to deduct the TCS from my account on foreign remittance through Liberalised Remittance Scheme (LRS):

With the best of my knowledge, I undersigned hereby confirm that “All transactions mentioned below / in A2 form for the present FY are included and is within the LRS limit of USD 2,50,000” including:

- 1. International debit card transactions
- 2. All Internet/Mobile banking transactions
- 3. Transfer from Resident a/c to NRO a/c in local currency (i.e either gift or soft loans)

Signature of the Applicant: _____

Date: _____

ANNEXURE - 6

PAYMENT DETAILS FOR SWIFT TO BE FILLED IN CAPITAL LETTERS

1	Applicant Name & Address	
2	Applicant Account Number	
3	Intermediary Bank Details (If Any) (Name, Address and Swift Codes)	
4	Beneficiary Bank Details (Name, Address and Swift Codes)	
	(a) ABA/Routing Number (for USD Payments)	
	(b) Sort Code (for EURO & GBP Payments)	
	(c) Transit Number (for CAD Payments)	
	(d) BSB Code (for AUD Payments)	
5	Beneficiary Account Number / IBAN (for AED, EUR & GBP Payments)	
6	Beneficiary Name & Address	
7	Information to be sent with wire transfer if any	
8	Charges (Our / Ben / Sha)	OUR

REMITTERS SIGNATURE

FEMA DECLARATION FORM 2

DECLARATION – cum – UNDERTAKING

[Under section 10(5), Chapter III of The Foreign Exchange Management Act, 1999]

I/ We hereby declare that the transaction the details of which are specially mentioned in the schedule hereunder does not involve and is not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, notification, direction or order made thereunder.

I/ We also hereby agree and undertake to give such information/ documents as will reasonably satisfy you about this transaction in terms of the above declaration.

I/We also understand that if I/ We refuse to comply with any such requirement or make only unsatisfactory compliance therewith, the Bank shall refuse in writing to undertake and shall if it has reasons to believe that any contravention/ evasion is contemplated by me/ us report the matter to Reserve bank of India.

*I/ We further declare that the undersigned has/ have the authority to give this declaration and undertaking on behalf of the firm/ company.

Signature of the Applicant for foreign exchange (in space provided above)

Place: _____

Date: _____

*Applicable when the declaration/ undertaking is signed on behalf of the firm/company.

SCHEDULE

Nature/ Purpose of Foreign Exchange Transaction: _____

Amount of Foreign Exchange: _____

Beneficiary: _____

For Office use: details of documentary evidence verified:

- 1.
- 2.
- 3.
- 4.