



Application / Reload Form for State Bank Foreign Travel Card

Branch Name:		Branch Code:	
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Details of Applicant	
Application for Card for	Individual / Parents / Guardian / Gift Donor / Corporate Bodies (please tick)
Name of Applicant	
Address of Applicant	State:
	PIN Code:
KYC of Applicant (Attach self-attested copy)	1. PAN (Mandatory) -.....
	2.
	3.
	Mobile Number:
	Relationship with Card holder / Beneficiary:

Details of the Cardholder / Beneficiary														
Name of Card holder / Beneficiary*	Mr.		Mrs.		Ms.		Dr.		Others					
	F	i	r	s	t				m	i	d	d	l	e
	L	a	s	t										
Date of Birth*	D	D	M	M	Y	Y	Y	Y	Gender			M	F	O
Mobile Number*														
Email ID*														

Mother's Maiden Name*														
Father's/ Spouse Name														

Address*														
City									PIN*					
State														
Occupation*	1. Service-Private/Public Sector/Govt. 2. Professional				3. Self employed 4. Retired 5. Business				6. Housewife 7. Student 8. Not categorized					
Residential Status*	(SBFTC not to be offered under LRS if status of applicant is other than Resident Individual- RI)													
PAN No. *														
Passport Details*	Passport No				Place of issue				Date of issue			Expiry Date		
Details of VISA														

*mandatory fields

PARTICULARS OF FOREX TRANSACTION

Card scheme			
Transaction Type	Fresh Issuance + Load	Reload	Please Tick

Card Number (in case of Reload)														
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Load Foreign exchange as under:

Foreign Currency	AED@	AUD	CAD	EURO	GBP	JPY#	SAR#	SGD	USD
Minimum Amount	750	200	200	150	120	15800	750	250	200
Requested Amount									

Note: #not available on MasterCard scheme. @ Not available on VISA scheme.

SELF-ATTESTED DOCUMENTS SUBMITTED

Copy of Passport Copy of VISA Copy of Ticket/ Travel document
 Copy of PAN Form A2 Others.....

DETAILS OF TRAVEL

Country	
Date of Travel	
Date of Return	
Purpose of Travel	Business/ Leisure/ Education/ Medical/ Pilgrimage/ others (specify)

(SBFTC can be purchased for private visit, going abroad for employment, emigration, maintenance of close relative abroad, business trip, medical treatment abroad, studies abroad. This facility under LRS is available only to Resident Indians)

PAYMENT OF AMOUNT

Debit Account Details/ Funding Details

Account No (SBI)														
Branch Code														
Branch Name														

Debit authority:

I/we authorise you to debit my/our account number _____ with SBI and Load State Bank Foreign Travel Card with requested FCY(s), as detailed above, along with applicable charges/fee & Taxes.

Place: _____ Signature of the applicant / cardholder

Date: _____ (Name:)

DECLARATION

1. I/ We am/are a Resident Individual.
2. I/We confirm that information given on the application form are true to best of my knowledge.
3. I /We will abide by terms and conditions governing the usage of card as given as terms and conditions along with the card.
4. As beneficiary card holder is minor, I am signing form A-2 on his/ her behalf (Yes/ Not Applicable)
5. I have not crossed limit of USD 2,50,000 or equivalent under current financial year including this transaction.
6. I/we agree that the card will not be used in India, Nepal and Bhutan directly or indirectly.
7. State Bank Foreign Travel Card (SBFTC) cannot be used to purchase any prohibited items under existing foreign trade policy of Government of India. I declare that remittance is not being made directly or indirectly by/ or to ineligible entities and that the remittances are made in accordance with the instructions of Liberalised Remittance Scheme,2016 and as amended from time to time.
8. I/we agree that the card shall not be used for any purpose prohibited under Schedule I or any item restricted under Schedule II of FEMA (Current Account Transactions) Rules, 2000 dated 3rd May 2000 and further amendments or any other act in force as amended from time to time. I/We accept full responsibility of transactions done by me/ us using State Bank Foreign Travel Card (SBFTC).
9. I/we agree that the card shall not be used for Capital Account Remittance to the countries identified by Financial Action Task Force (FATF) as non-cooperative countries (www.fatf-gafi.org) or as notified by RBI directly or indirectly.
10. I undertake that the usage of the State Bank Foreign Travel Card by me will be in accordance with the Exchange Control Regulations of Reserve Bank of India and the applicable laws in force from time to time, including Foreign Exchange Management Act, 1999. In the event of any failure on my part to do so, or in the event of any information provided by me found to be incorrect or inaccurate, I agree that I will be solely liable for any penalty and action under Indian laws and regulations.

11. I/We confirm that transaction on the said card will be governed by applicable laws in India and all disputes or differences arising out of or related to or connected with the transactions or matters in relation to the foreign travel card purchased by the customer/s shall be subject to "jurisdiction of Indian courts" only.
12. I/we understand that transaction done on e-commerce sites/ point of sales machines/ ATMs using my credentials will be binding on me and SBI shall not be held responsible for any deficiency in service at acquiring bank/ merchant.
13. The Bank reserves right to modify the product at its discretion.
14. Any dispute relating to transactions on the card shall be brought in the notice of the Bank within 30 days of occurrence of such disputed transaction through online complaint, letter, e-mail (through registered e-mail ID), customer help line numbers. SBI reserves the right to accept or decline any request received after 30 days of occurrence depending on the merit of the case. SBI shall not be held responsible for any loss arising due to sharing of card information with a third party by me/us.
15. I/ We understand that as per existing FEMA guidelines any amount more than USD 2000 or equivalent cannot be retained after on the card after 180 days of return from abroad. SBI will not send any separate notification in case of any amendment in this rule.
16. Any refund amount will be credited in the account of card holders only in INR.
17. I/ We agree to make good negative card balance to the Bank due to late receipt of settlement files. I / we understand that Bank reserves the right to regularize negative card balance by debiting other accounts in my name.
18. I/We authorize SBI to share my details with government agencies/ RBI/ Credit information companies if required.
19. I/We undertake to keep Bank updated in case of any change in my personal details including passport details/ Change in residential status.
20. I/ We understand that the Alert facility offered by the Bank will enable me to receive Short Messaging Service ("SMS")/ e-mail over my registered mobile phone/e-mail with the Bank, with respect to transactions on my Card.
21. I/ We Know that SBI has absolute discretion to accept or reject this application without assigning any reason whatsoever.
22. I/ We know that when the Bank receives an amount for remittance out of India under the Liberalised Remittance Scheme (LRS) of RBI from a remitter, the Bank is required to collect Tax Collected at Source (TCS) at the rate of 5% on the aggregate remittance amount exceeding Rs. 7.00 lacs during a financial year.
23. I/ We know that concessional TCS rate of 0.50% will be applicable when remittance is made from Education Loan proceeds. However, TCS rate of 5.00% will be applicable when remittance is made out of margin money.
24. I/ We know the benefit of concessional TCS rate can be given only if the amount remitted is out of proceeds of a loan obtained from any financial institution as defined in section 80E of the Act.

Place:
Date:

Signature of the applicant / cardholder
(Name:)

Signature of the applicant / cardholder verified:

Signature of Bank official		
Name		
SS No. / PFI		
Designation		Date:

FATCA/ CRS DECLARATION

Multiple Tax Residency- Yes / No [please tick]

If Yes, please fill up following details:

Foreign TIN	TIN Issuing Country	Country of Residence for Tax purpose

- a) I/We hereby certify that I/We have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 notified by Central Board of Direct Taxes (CBDT) vide Notification No S.O. 2155 (E) dated 7 August 2015 and RBI Circular Ref No DBR.AML.BC. 36/14.01.001/2015-16 dated 28 August 2015 in this regard.
- b) I/We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of our account (s) as per the prescribed format to the Central Board of Direct Taxes or other Government Agencies to comply with the obligations as per Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and/ or any other similar arrangements.
- c) I/We certify that the information provided by me/us above as applicable to me/us and signed by me/us as well as in the documentary evidence provided by me/ us are, to the best of my knowledge and belief true, correct, and complete and that I/we have not withheld any material information that may affect the assessment/ categorization of my account as a U S Reportable account or other Reportable Account or otherwise
- d) I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self-certification along with documentary evidence.
- e) I/We also agree that my/ our failure to disclose any material fact known to me/ us, now or in future, may invalidate me from transacting in the account and State Bank of India would be within its right to put restrictions in the operations of the my/our account or close it or report to any regulator and/or any authority designated by Government of India (GOI)/ RBI for the purpose or take any other action as may be deemed appropriate by State Bank of India, under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
- f) I/We also agree to furnish and intimate to State Bank of India any other particulars that are called upon me/ us to provide on account of any change in law either in India or abroad in the subject matter herein.
- g) I/ We shall indemnify State Bank of India for any loss that may be caused to State Bank of India on account of providing incorrect or incomplete information by me/ us.

Place:

Signature of the applicant

Date

(Name:)

FORM A2

(To be completed by the applicant)

(For payments other than imports and remittances covering intermediary trade) AD Code No. _____
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

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 _____
Together with their charges and

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 cheque for _____

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

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

Sr No	Whether under LRS (Yes/No)	Purpose Code	Description
		As per the Annex.	

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

Date :

Signature of the applicant
(Name:)

DECLARATION UNDER FEMA 1999

1. #I, _____ (Name of applicant), hereby declare that the total amount of foreign exchange purchased from or remitted through, all sources in India during Financial Year including this application is within the overall limit of the Liberalised Remittance Scheme prescribed by the Reserve Bank of India and certify that the source of funds from making the said remittance belongs to me and the foreign exchange will not be used for prohibited purposes.

Details of the remittances made/ transactions effected under the Liberalised Remittance Scheme in the current financial year (April-March) _____

SI No	Date	Amount	Name and address of AD branch/ FFMC through which the transaction has been affected

2. #The total amount of foreign exchange purchased from or remitted through, all sources in India during this financial year including this application is within USD _____ (USD _____) the annual limit prescribed by Reserve Bank of India for the said purpose.

3. #Foreign exchange purchased from you is for the purpose indicated above.

(Strike out whichever is not applicable)

Date :

Signature of the applicant

(Name:)

CERTIFICATE BY THE AUTHORISED DEALER

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

Name and designation of the authorised official:
Stamp and seal

Signature:

Date:

Place:

FOR OFFICE USE ONLY

LRS position calculation: Within current Financial Year.

Head	Amount in USD	Details
LRS position as per RBI XBRL platform (date:)		LRS position shall be downloaded and attached with Application.
Outward Forex remittance done under LRS in last two (2) days.		Declared under 'DECLARATION UNDER FEMA 1999'.
Value of present request		
Total		

Note, if 'Total' is equal or less than USD 250,000.00 p.a. as prescribed by RBI, subject to change from time to time, transaction shall be processed otherwise rejected or customer shall be requested to apply with lower amount.

- o Application and Documents have been verified, found in order.
- o Transaction (s) to be processed under LRS / Non-LRS . (Please tick)
- o Allowed for issuance of Fresh Card + Load / Reload . (Please tick)

Name of official	Designation	Signature and Stamp

Details of Forex transaction:			
Card Scheme	VISA	MasterCard	

Foreign currency	Value	Exchange rate	INR Value (Excluding GST)
Total Amount loaded (in INR)			

Charge Type:

Total INR Equivalent to FCY	
GST on Forex Transaction	
Load / Reload fee	
GST on Load / Reload Fee	
Tax Collected at Source (TCS)	
Total INR (to be recovered from customer account)	

Certified that:

- (i). Customer and transaction details have been correctly captured in system from Application.
- (ii). Transaction has been successfully completed as above.

Signature		
Role	MFx Maker	MFx Checker
Name		
Designation		
PFI		
Date		

ACKNOWLEDGEMENT

Confirm that I have received the State Bank Foreign Travel Card with the following numbers:

The contents of the packet have been verified by me and found in order.

The State Bank Foreign Travel Card has been issued and loaded or reloaded as per submitted application form dated

Name		Signature of the Applicant / Cardholder
Date		
Place		

ACKNOWLEDGEMENT TO APPLICANT

Card Ref. No.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																			Date ___/___/___
Cardholder Name																				

Details of Forex transaction:	Card Scheme	VISA		MasterCard	
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Foreign currency	Value	Exchange rate	INR Value (excluding GST)
Total Amount loaded (in INR)			

The State Bank Foreign Travel Card has been issued and loaded or reloaded as per the Application Form dated

Branch Stamp:	Signature of Branch Authorised Official.
Branch Code:	Name: _____

Please register your Card at Customer Service websites. For more details, please refer to User Guide provided in the KIT.