



FORM A2

(To be completed by the applicant)

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

Application for Remittance Abroad

Form No. \_\_\_\_\_

AD Code No. \_\_\_\_\_

UCIC No. \_\_\_\_\_  
(To be filled in by the Authorised Dealer)

Currency \_\_\_\_\_

Amount \_\_\_\_\_

Equivalent to Rupees \_\_\_\_\_

Amount in words \_\_\_\_\_

\_\_\_\_\_

I/ We \_\_\_\_\_

PAN No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Authorise **Deutsche Bank** (Name of AD branch)

To debit my RFC/ EEFC A/c.No. \_\_\_\_\_ for (FCY and amount) \_\_\_\_\_

Savings Bank/ Current A/c. No \_\_\_\_\_ for (FCY and amount) \_\_\_\_\_

A/c. No. \_\_\_\_\_ for charges and effect the foreign exchange remittance directly.

Beneficiary Name	_____
Beneficiary Address	_____
Beneficiary Account No./ IBAN No.	_____
Beneficiary Bank Name	_____
Beneficiary Bank Address	_____
Swift code/ ABA/ Sort code/ Routing No/ BLZ NO	_____
Purpose of Remittance	_____
Correspondent Bank Charges	BEN <input type="checkbox"/> OUR <input type="checkbox"/> SHA <input type="checkbox"/>
Correspondent Bank Name	_____
Correspondent Bank Address	_____
Correspondent Bank Swift Code	_____
Additional Information	_____

Sr.No.	Whether under LRS (Y/N)	Purpose Code	Purpose Code Description
_____	_____	_____	_____

**Charges Claimed by Foreign Banks** - In certain instances, the foreign bank(s) may claim their charges from Deutsche Bank AG, subsequently, as per applicable rules and regulations of the respective country. By accepting these terms and conditions, the user hereby irrevocably authorises Deutsche Bank AG to debit the amount of such charges to his/ her account as and when such claim is received.

- Note -**
- 1. Additional purpose code is required for remittance to UAE country and for THB currency transactions.
  - 2. IBAN number is mandatory for UAE, European countries and United Kingdom.

Name:\_\_\_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_

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.

I/We hereby declare that the transaction details of which are specifically mentioned above 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 the transaction and shall, if it has reason to believe that any contravention/ evasion is contemplated by me/us, report the matter to Reserve Bank Of India.

I/ We declare and understand that the foreign exchange to be acquired/ payment to be made by me / us pursuant to this application shall be used/ made by me/ us only for the purpose for which it is acquired/ to be made and that the conditions subject to which the exchange/ permission is granted will be complied with.

Source of Funds for this remittance \_\_\_\_\_

- ☐ I/ We hereby declare that the statements made by me/ us on this form are true and that I/ we have not applied for an authorisation through any other bank (Applicable only for LRS capital account transactions).
- ☐ The above remittance is being remitted from my net salary proceeds earned in India (Applicable only for Expatriates)
- ☐ The above remittance is sought to be made out of my balances held in the account arising from my legitimate receivables in India and not by borrowing from any other person or a transfer from any other NRO account and if such is found to be the case, then I will render myself liable for penal action under FEMA. (Applicable only for remittances from NRO Account)
- ☐ I/ We confirm that I/ we will comply with the Force conversion guidelines from RBI as stated in A. P. (DIR Series) Circular No. 12 July 31, 2012. I/ We hereby also confirm that said transaction is in line with the extant FEMA guidelines issued by RBI and the end use of funds falls within the permissible debits to EEFC account as prescribed in the RBI guidelines RBI/FED/2015-16/9 - FED Master Direction No. 14/2015-16 dated January 1, 2016. (Applicable only for transfer between client's own FCY accounts with other banks in India)

Name:\_\_\_\_\_ Signature: \_\_\_\_\_

Details of the remittances made/ transactions effected under the Liberalised Remittance Scheme in the current Financial Year (April-March) 2025-2026

Sr. No.	Date	FCY and Amount	Name and address of AD branch/ FFMC through which the transaction has been effected
_____	_____	_____ _____	_____ _____
_____	_____	_____ _____	_____ _____
_____	_____	_____ _____	_____ _____
_____	_____	_____ _____	_____ _____
_____	_____	_____ _____	_____ _____
_____	_____	_____ _____	_____ _____
_____	_____	_____ _____	_____ _____
_____	_____	_____ _____	_____ _____
_____	_____	_____ _____	_____ _____

☐

I confirm that the received/ realised/ unspent/ unused foreign exchange, unless reinvested, shall be repatriated and surrendered to an authorised person within a period of 180 days from the date of such receipt/ realisation/ purchase/ acquisition or date of return to India, as the case may be, in accordance with Regulation 7 of Foreign Exchange Management (Realisation, repatriation and surrender of foreign exchange) Regulations, 2015 [Notification No. FEMA 9(R)/2015-RB]

Name:\_\_\_\_\_Signature: \_\_\_\_\_

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 Employee ID of the authorised official: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:\_\_\_\_\_

Stamp and seal:

To be filled by the customer for remittances under LRS (applicable for resident individuals)

TCS will be applicable on aggregate forex transactions under LRS exceeding INR 10 lakhs in a financial year. TCS at 5% shall be applicable for education and medical purpose.TCS @ 20% will be applicable for other purposes. For Education and Medical higher TCS rate will be applicable if the customer falls within the definition of ‘specified person’ as mentioned under section 206AB and section 206CCA of the Income Tax Act i.e. twice of the regular rate of TCS or 5% whichever is higher. For other purposes higher TCS is capped at maximum rate of 20%

Please fill whichever is applicable.

Purpose	
1. Opening FCY Account abroad	Bank Name and country where the account is held: _____ _____
2. Purchase of Property	Details of property being purchased: _____ _____ Is the Property in the name of the remitter? _____
3. Portfolio Investment	Is the investment in the name of the remitter? _____ Country of investment: _____ Is the investment in listed equity/ debt instrument? _____ Is the investment less than 10% of the of the paid-up equity capital of a listed foreign entity? _____ Is the equity investment without control? _____
4. Gift	Is the Beneficiary a non-resident? _____
5. Family Maintenance	Relation with the Beneficiary: _____ Is the Beneficiary a non-resident?: _____
6. Donation	Name of the Organisation and country: _____ _____
7. Business Travel	Country of travel: _____ Purpose for business travel: _____ Date of travel: _____ Mode of travel (Air/ Sea): _____
8. Education	Name of University/ Hostel: _____ _____ Relation of Remitter with Beneficiary if remitting to close relative: _____ _____ If travel for Education confirm date of travel: _____ _____
9. Travel for Employment	Company name where remitter is employed: _____ _____ Date of travel: _____
10. Immigration	Country of migration: _____
11. Personal Travel/ Travel for Pilgrimage	Country of travel: _____ Date of travel: _____ Mode of travel (Air/ Sea): _____
12. Medical Treatment	Name and relation of person being treated: _____ Name of the hospital: _____
13. Others	_____ _____

Name:\_\_\_\_\_ Signature:\_\_\_\_\_