

CIF Number:
Account Number:
Product Code:

Account Opening Form (SGD) – For Individuals Only

Main Account Holder			
Existing SBI Singapore Customer, Please provide your Customer ID: _____			
Full Name (NRIC/Passport): _____			
NRIC/Passport No./Fin No.:	If Passport: (For Non-Singaporean)	Expiry Date: _____ Place of Issue: _____	
Date of Birth (DD/MM/YYYY):	Nationality:	Mother's maiden name: _____	
Marital Status:	Race:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____	
Residential Address: _____			
Mailing Address (if different from above): _____			
Contact Details:	Home: _____ Office: _____ Mobile: _____ Email: _____		
Education Background:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma/High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Others: _____		
Employer Name:	Designation: _____		
Employer Address: _____			
Annual Income:	<input type="checkbox"/> Less than SGD30,000 <input type="checkbox"/> SGD30,000 – 49,999 <input type="checkbox"/> SGD50,000 – 69,999 <input type="checkbox"/> SGD70,000 – 99,999 <input type="checkbox"/> SGD100,000 – 149,999 <input type="checkbox"/> SGD150,000 & Above		
What is the source of the customer's wealth	<input type="checkbox"/> Salary _____ <small>(insert name of employer)</small> <input type="checkbox"/> Business _____ <small>(insert name of business)</small> <input type="checkbox"/> Sales Proceeds arising from sale of Property <input type="checkbox"/> Sales Proceeds arising from financial asset eg shares <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Others, please elaborate: _____		

Joint Account Holder			
Existing SBI Singapore Customer, Please provide your Customer ID: _____			
Full Name (NRIC/Passport): _____			
NRIC/Passport No./Fin No.:	Passport: (For Non-Singaporean)	Expiry Date: _____ Place of Issue: _____	
Date of Birth (DD/MM/YYYY):	Nationality:	Mother's maiden name: _____	
Marital Status:	Race:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____	
Residential Address: _____			

Customer's Initial:

Contact Details:	Home: _____ Office: _____ Mobile: _____ Email: _____		
Education Background:	<input type="checkbox"/> Primary <input type="checkbox"/> Undergraduate	<input type="checkbox"/> Secondary <input type="checkbox"/> Postgraduate	<input type="checkbox"/> Diploma/High School <input type="checkbox"/> Others: _____
Employer Name:	_____	Designation:	_____
Employer Address:	_____		
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Account Opening Particulars

Savings Account: (Amount Deposited)	<input type="checkbox"/> Basic: _____ <input type="checkbox"/> Special: _____	Current Account: (Amount Deposited)	<input type="checkbox"/> Checkplus: _____																					
Mode of Operations:	<input type="checkbox"/> Single	<input type="checkbox"/> Joint (Either/Or Survivor(s))	<input type="checkbox"/> Joint (And)																					
ATM/Internet Banking:	Main Applicant ATM: <input type="checkbox"/> YES <input type="checkbox"/> NO Joint Applicant ATM: <input type="checkbox"/> YES <input type="checkbox"/> NO	I Banking: <input type="checkbox"/> YES <input type="checkbox"/> NO	I Banking: <input type="checkbox"/> YES <input type="checkbox"/> NO																					
Time Deposit:	SGD: _____ Tenor: _____ Effective Interest Rate: _____																							
Recurring Deposit:	Duration: _____ (6/12/18/24 Months) Monthly Deposit: SGD _____ Maturity Instructions: <input type="checkbox"/> Account Credit: _____ <input type="checkbox"/> Cashiers Order to Mailing Address																							
Maturity Instructions:	<input type="checkbox"/> Account Credit: _____ <input type="checkbox"/> Rollover <input type="checkbox"/> Principal + Interest: Tenor: _____ Rate: _____ <input type="checkbox"/> Principal + Interest: Tenor: _____ Rate: _____ <input type="checkbox"/> Principal + Interest: Tenor: _____ Rate: _____																							
Multi Option Deposit:	Minimum Balance: _____ (Min SGD 5,000) Unit Amount: _____ (Multiples of SGD 1,000) MOD Period: _____ (Min 3 Months)																							
Multi Sweep	Threshold Limit: _____ Frequency: _____ SGD Amount: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S.No</th> <th style="width: 60%;">Account Number</th> <th style="width: 30%;">% Allocation of Funds</th> </tr> </thead> <tbody> <tr><td>1</td><td> </td><td> </td></tr> <tr><td>2</td><td> </td><td> </td></tr> <tr><td>3</td><td> </td><td> </td></tr> <tr><td>4</td><td> </td><td> </td></tr> <tr><td>5</td><td> </td><td> </td></tr> <tr> <td> </td> <td style="text-align: center;">Total</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>			S.No	Account Number	% Allocation of Funds	1			2			3			4			5				Total	100%
S.No	Account Number	% Allocation of Funds																						
1																								
2																								
3																								
4																								
5																								
	Total	100%																						

Customer's Initial:

Funding Details:	<input type="checkbox"/> Cash Deposited: SGD _____ <input type="checkbox"/> Account Debit: _____ <input type="checkbox"/> Cheque: Cheque No: _____ Date: _____ Bank: _____ <input type="checkbox"/> NETS Credit: Transaction Reference: _____ <input type="checkbox"/> Cashiers Order: CO No: _____ Date: _____ Bank: _____
Receipt Confirmation:	<input type="checkbox"/> Terms & Conditions Governing Account Opening <input type="checkbox"/> ATM Card <input type="checkbox"/> Pricing Guide <input type="checkbox"/> Internet Banking 2FA Token <input type="checkbox"/> Terms & Conditions Governing Electronic Statement <small>(applicable to customers who opt for Internet Banking)</small>
Statement of Account Option:	<input type="checkbox"/> Electronic Statement Only* <input type="checkbox"/> Printed Statement Only <input type="checkbox"/> Printed Statement and Electronic Statement <small>* Once you sign-up for electronic statement only, you will not receive printed statement.</small>

DECLARATION: I / We confirm that the information provided by me/ us is true to my knowledge and in the case of any change in it, I / We will bring it to the knowledge of the Bank. I / We confirm having read and understood the General Terms & Conditions of Account Opening as provided at the time of Account Opening. I / We undertake that all funds being routed by me/us under this Deposit(s) is/are clean, clear, good and not related to any criminal activities/drug trafficking/terrorist activities/ other forms of money laundering and suspicious activities and do not violate any provisions of the laws in this regard. I / We also acknowledge that in case it is found, during the tenure of the Deposit that the above conditions are not fulfilled, the Bank will be at liberty to inform Regulatory/Law Enforcing Authorities in compliance with the Regulations/Legal Provisions in Singapore or other countries and will initiate action as will be deemed fit.

FOREIGN CURRENCY RISK: I/We acknowledge that there is an inherent exchange rate risk in Foreign Currency Deposits. Adverse movements in the exchange rates could reduce (or even eliminate) my return or earnings on the Foreign Currency Deposits, and perhaps even part of the original investment. Such accounts may also be subject to exchange controls (if any) imposed on the currency held.

DEPOSIT INSURANCE SCHEME: All eligible Singapore Dollar deposits listed in the SBI Register of Insured Deposits will be insured up to SGD 50,000 per depositor according to the Deposit Insurance and Policy Owner's Protection Schemes Act 2011.

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Main Applicant

Joint Applicant

Relationship Manager

Name: _____

Name: _____

Name: _____

Date: _____

BM Name: _____

CSM Name: _____

Customer's Initial:

For Bank's Use Only

Branch: _____ Relationship Manager Code: _____

Promotion reference: _____ Product Code: _____

Risk ProfilePlease look out for the following:
- High Risk residential address/nationality;
- High Risk occupation; and
- a PEP or closely related to a PEPLow Risk Simplified CDD Yes NoOHR Enhanced CDD Yes NoPEP Enhanced CDD Yes No**Non Face to Face Verification**Self – Cheque Transferred from own account Bank Statement/Salary Slip **Threshold Limit**

Annual Income/Turnover: _____ Source of Funds: _____

Threshold Limit (in figure): _____ Purpose of Account Opening: _____

Threshold Limit (in word): _____

CDD Verifying Officer

Name: _____

Place: _____

Date: _____

Signature: _____

Account Opening by: _____

Account Verified by: _____

Compliance Checked by: _____

Clearing House Reference Number: _____

OFAC/World Check Done OFAC World Check**Authorization**

Signature: _____

Welcome Kit

Kit No: _____

Account No: _____

ATM PIN Issued: Yes NoINB PIN: Yes NoCheque Book Issuance: Yes No**Authorization**

Name: _____

Branch: _____

Signature: _____

Date: _____

If account is PEP or OHR, please escalate to Head, Compliance and Head, CB for approval before account opening:-

Approved by Head, Compliance
Date:_____
Approved by Head, CB
Date: