



**STATE BANK OF INDIA**  
**SINGAPORE**  
**ACCOUNT OPENING FORM FOR NON-INDIVIDUAL**

<b>NAME &amp; ADDRESS</b> <b>(IN BLOCK LETTERS)</b>	
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**PURPOSE OF OPENING ACCOUNT**

**CURRENCY & TYPE OF ACCOUNT** CA  TD

INITIAL DEPOSIT  CURRENCY

CUMULATIVE  NON-CUMULATIVE  / FIXED  FLOATING

**ESTABLISHMENT / COMPANY PARTICULARS**

REGISTERED NAME

REGISTRATION / GAZETTE NO.

SOLE-PROPRIETOR  COMPANY  MCST

ASSOCIATION / CLUB / SOCIETIES / CO-OP / TRUST / COMMITTEE

PARTNERSHIP  LLP  OTHERS PLEASE SPECIFY \_\_\_\_\_

COUNTRY OF REGISTRATION / INCORPORATION

SINGAPORE  OTHERS PLEASE SPECIFY

DATE OF REGISTRATION / INCORPORATION

**REGISTERED ADDRESS**

**ACCOUNT MAILING ADDRESS**

(If different from registered address)

**NAME OF THE CONTACT PERSON & POSITION:**

**OFFICE NUMBER**

**EMAIL ADDRESS**

**RESIDENT TAX STATUS**

RESIDENT

NON-RESIDENT

**PRINCIPAL ACTIVITY**

TRADE

SERVICES

MANUFACTURING

OTHERS

ACTIVITY \_\_\_\_\_

**SOURCE OF FUND**

COUNTRY OF ORIGIN \_\_\_\_\_

SALES

SERVICES

OTHERS

\_\_\_\_\_

**ANNUAL INCOME**

SALES TURNOVER \_\_\_\_\_

OTHER INCOME \_\_\_\_\_

**AUTHORISED SIGNATORY (IES) and STAMP**

I/We wish to open the above stated account subject to the Terms and Conditions Governing Accounts of State Bank of India, and the respective services linked to my/our account which have been furnished to me/us and agree to abide by the said Terms and Conditions.

I/We authorise you to honor all payment instructions signed in accordance with the stated signature requirements. I/We agree not to overdraw my/or account without prior arrangement and approval. I/We warrant that I/we have the power and authority to sign and deliver this application form and the resolution attached.

I/We hereby confirm that I am/we are the beneficial owners(s) of the Account(s). In the case of any Account(s) opened in-trust for someone else, I/we undertake to provide any information that the State Bank of India may require to identify the beneficial owner(s) of the Account(s).

**Signature Requirements:**

Single

Joint (Any...)

As per attached resolution/ Other

\_\_\_\_\_  
(Authorised Signatory/ies) Name & Designation / Stamp

**Date:**

**SPECIMEN SIGNATURE**

**MODE OF OPERATION:** \_\_\_\_\_

NAME	IDENTITY CARD NUMBER	SPECIMEN SIGNATURE	SIGNATURE OF VERIFYING OFFICIAL

**MODE OF FUND TRANSFER: DEMAND DRAFT/ CHEQUE/ TT/ CASH/ NETS/ MEPS**

**DETAILS OF REMITTANCE:** \_\_\_\_\_

**OFFICE USE**

<b>ACCOUNT NO:</b>	
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**CDD VERIFYING OFFICIAL**

**A/C OPENING AUTHORISED BY**

Name:		Signature:		
Place:		Date:		

	Account opened by	Account Verified by	Compliance check by
<b>Initials</b>			

**THRESHOLD LIMIT (FOR CURRENT A/C ONLY)**

Annual Income/Turnover	Threshold limit

Check List	Risk Profile		
1. Completed account Opening form	Low Risk	Simplified	Yes / NA
<b>For each Authorised Signatory</b> Original Photo Identification Document (OPID). 1.NRIC for Singaporean/PRs 2. Passport (OPID) & EP/ DP/ WP if Non-Singaporean /PR 3.Supporting documents provided in the document checklist attached to this form	OHR	Enhanced	Yes / NA
Document in support of address in case it is different from the address in OPID.	PEP	Enhanced	Yes / NA

**SOLE-PROPRIETOR IDENTITY SHEET**

<b>NAME IN BLOCK LETTERS</b>	
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<b>NAME OF PROPRIETARY CONCERN</b> (if proprietor is a Company, please fill in the identity sheet for Company as well)	
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<b>PERMANENT ADDRESS</b>	
<b>ADDRESS FOR CORRESPONDENCE</b>	

<b>IDENTITY DETAIL</b>	
ID TYPE	
ID NUMBER	
NATIONALITY/COUNTRY	
RESIDENCY STATUS	
DATE OF BIRTH/INCORPORATION	
GENDER/COMPANY TYPE	

<b>CONTACT DETAIL</b>	
RESIDENCE PHONE NO	
OFFICE PHONE NO	
MOBILE NO	
EMAIL	
FAX	

**RELATIONSHIP WITH STATE BANK OF INDIA(IF ANY)**

BRANCH \_\_\_\_\_ COUNTRY \_\_\_\_\_

ACCOUNT IN THE NAME \_\_\_\_\_

**AUTHORISED SIGNATORY**

**PARTNER IDENTITY SHEET**

**(TO BE FILLED BY EACH PARTNER AND EACH AUTHORISED SIGNATORY  
SEPARATELY)**

<b>NAME OF PARTNERSHIP FIRM</b>	
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<b>NAME OF PARTNER/AUTHORISED SIGNATORY</b>	
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<b>PERMANENT ADDRESS</b>	
<b>ADDRESS FOR CORRESPONDENCE</b>	

<b>IDENTITY DETAIL</b>	
ID TYPE	
ID NUMBER	
NATIONALITY	
RESIDENCY STATUS	
DATE OF BIRTH	
GENDER	

<b>CONTACT DETAIL</b>	
RESIDENCE PHONE NO	
OFFICE PHONE NO	
MOBILE NO	
EMAIL	
FAX	

**RELATIONSHIP WITH STATE BANK OF INDIA (IF ANY)**

BRANCH \_\_\_\_\_ COUNTRY \_\_\_\_\_

ACCOUNT IN THE NAME \_\_\_\_\_

**AUTHORISED SIGNATORY**

## **BENEFICIAL OWNERSHIP DECLARATION**

<b>Details of Company</b>	
Customer ID No.	
Company Name	
Country of Incorporation	

I/ We declare that the following persons ultimately own and/ or control the Customer(s):

- (for sole-proprietorships/partnerships) the sole-proprietor or the partners, as the case may be
- (for associations/clubs/societies) the members of the association/club/society
- (for companies) the directors/shareholders of the company
- Other persons whose identities are stated below (please furnish copies of their identity documents)

<b>Name:</b>	<b>NRIC/ Passport no:</b>	<b>Nationality:</b>	<b>% of Shares held:</b>

And I/We acknowledge and confirm that State Bank of India shall be entitled to rely on my/our declaration above on the identity(ies) of and information relating to the Beneficial Owners of the Account.

\* Not applicable to government entities, exchange listed entities and/or financial institutions supervised by the Monetary Authority of Singapore.

- I/We declare the above company is ultimately owned by the following listed entity

<b>Name</b>	<b>Registration Number</b>	<b>Country of incorporation</b>	<b>% shares held</b>

I/We undertake to keep the Bank informed should there be any changes to the ownership in the future.

\_\_\_\_\_  
Name & Signatures

\_\_\_\_\_  
Name & Signatures

\_\_\_\_\_  
Name & Signatures

\_\_\_\_\_  
Name & Signatures

## SOLE PROPRIETOR LETTER

I, the undersigned, am the sole proprietor of \_\_\_\_\_ (the "Firm") and am solely responsible for the liabilities thereof. I shall advise the Bank in writing of any change that may take place with regard to my Firm and I will be solely liable to you for any obligations of the Firm appearing in your books. I hereby request you to open a Current AND/OR Fixed Deposit account for us in the name of the Firm. That should the current account of the Firm with the Bank become overdrawn, I shall be liable for the repayment of the said overdraft and the Bank's usual interest thereon and for all Bank charges, if any, in connection with the operation of the account. The said account will be operated upon for and behalf of the said Firm by me/\_\_\_\_\_, who signs as \_\_\_\_\_ (Sole proprietor)

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(Signature/Stamp of the Firm)

## **PARTNERSHIP LETTER**

We, the undersigned, are the present and only partners of the Firm running under the name and style of \_\_\_\_\_ (the "Firm") having its head office at \_\_\_\_\_ and branch(es) at \_\_\_\_\_ and carrying on the business of \_\_\_\_\_. Each of the Authorised Signatories is authorized to sign on behalf of the Firm in the manner appearing below and has full and unrestricted authority to bind the Firm, and each of us is jointly and severally liable for all the liabilities thereof.

### **AUTHORISED SIGNATORIES**

	<b>NAME</b>	<b>NRIC/PP no.</b>	<b>DESIGNATION</b>	<b>SIGNATURE</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				

We hereby request you to open a Current AND/OR Fixed deposit account for us in the name of the Firm. That should the current account of the Firm with the Bank become overdrawn, each of us shall be jointly and severally liable for the repayment of said overdraft and the Bank's usual interest thereon and for all Bank charges, if any, in connection with the operation of the account. We shall also be jointly and severally liable for the liabilities of the Firm to the Bank under the aforesaid account and the Bank may recover its claim in respect of such liabilities of the Firm from me/us, jointly and severally and also from the estate of all or any of us/Partners of the Firm. Whenever any change occurs in our Partnership, for whatever reason, we undertake to inform the Bank of the same in writing by all the Partners and our individual responsibility and liability to the Bank shall continue, notwithstanding such change, until my/our liabilities with the Bank are discharged, in writing by the Bank. The said account will be operated upon by each of us singly or jointly with another of us for and behalf of the said Firm:

\_\_\_\_\_  
(Signature of All Partners /Stamp of the Firm)

**LETTER OF INDEMNITY**

To : STATE BANK OF INDIA  
135, Cecil Street  
Singapore 069536

I, \_\_\_\_\_ (name of sole proprietor) of  
\_\_\_\_\_ (address) request you to accept and act on my  
instructions and authority given to you by me via telex or facsimile.

In consideration of your acceding of my request aforesaid I hereby undertake and agree to fully indemnify you and save you harmless from and against all actions, charges, losses, damages, expenses, claims and demands which may be made against you or which you may sustain including legal fees on full indemnity basis by reason of your acting or relying on instructions or orders given or purported to be given to you by telex or facsimile in my name.

I also agree and confirm that you will not be responsible in any way for any unauthorised or erroneous instructions or orders given to you and that you will not be under any duty to verify the identity of the sender of the telex or facsimile instructions or orders or inquire into the genuineness of authenticity of such telex or facsimile instructions or orders or any signature thereon which appears to be that of an authorized signatory in your opinion.

Our request and the undertakings and confirmations herein shall continue until I give you written notice revoking or terminating the same and such revocation or termination shall only be effective from the date of receipt by you of such written notice.

This letter of Indemnity shall be governed by the laws of Singapore.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_

Signature of Sole Proprietor

Name:

## INDEMNITY

To : STATE BANK OF INDIA  
135, Cecil Street,  
Singapore 069536

WHEREAS I have requested and may from time to time verbally request from you information pertaining to my account balances which information is required by my officers, employees, servants and agents on a (\*) daily or weekly basis under my present arrangements with you (hereinafter called "the inquiries").

IN CONSIDERATION of your agreeing at my request to enter into an agreement in respect of the inquires, including without limitation all information records and other documents concerning any account or accounts which I have or may at any time have with you (hereinafter called the "arrangement") I, \_\_\_\_\_(name of sole proprietor) at \_\_\_\_\_ (address), my successors in title and assigns HEREBY AGREE AND UNDERTAKE to indemnify you, your successors and assigns and at all times to keep you fully indemnified from and against all liabilities, claims and demands, actions and proceedings, losses and expenses including legal costs as between solicitor and own client and all other liabilities and losses of whatsoever nature or description which may be made or taken or incurred or suffered by you in relation to or arising out of the arrangement.

AND I FURTHER AGREE that our liability aforesaid is irrevocable and shall remain in full force and effect from the date herein.

I HEREBY IRREVOCABLY guarantee the due performance of this Indemnity and AGREE that my liability hereunder shall not be prejudiced or affected by any time, waiver of the indulgence(s) which you may grant to or by any compromise or other arrangement which you make with any person or persons in connection herewith.

Dated this    day of            20 \_\_\_

Signature of Sole Proprietor

Name:

[(\*) delete which ever is not applicable]

Specimen – to be typed on LLP/ Partnership's letterhead

## LETTER OF INDEMNITY

To : STATE BANK OF INDIA  
135, Cecil Street  
Singapore 069536

We request you to accept and act on the instructions and authority given to you by the resolution of the Partners of the LLP passed on \_\_\_\_\_ a copy of which is attached herewith.

In consideration of your acceding of our request aforesaid we hereby undertake and agree to fully indemnify you and save you harmless from and against all actions, charges, losses, damages, expenses, claims and demands which may be made against you or which you may sustain including legal fees on full indemnity basis by reason of your acting or relying on instructions or orders given or purported to be given to you by telex or facsimile in the names of - LLP NAME-

We also agree and confirm that you will not be responsible in any way for any unauthorised or erroneous instructions or orders given to you and that you will not be under any duty to verify the identity of the sender of the telex or facsimile instructions or orders or inquire into the genuineness of authenticity of such telex or facsimile instructions or orders or any signature thereon which appears to be that of an authorized signatory in your opinion.

Our request and the undertakings and confirmations herein shall continue until we give you written notice revoking or terminating the same and such revocation or termination shall only be effective from the date of receipt by you of such written notice.

This letter of Indemnity shall be governed by the laws of Singapore.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Authorised Signatory

LLP/Partnership Stamp

Authorised Signatory

(To be typed on Partnership/LLP's letterhead)

**INDEMNITY**

To : STATE BANK OF INDIA  
135, Cecil Street, Singapore 069536

WHEREAS we have requested and may from time to time verbally request from you information pertaining to our account balances which information is required by our officers, employees, servants and agents on a (\*) daily or weekly basis under our present arrangements with you (hereinafter called "the inquiries").

IN CONSIDERATION of your agreeing at our request to enter into an agreement in respect of the inquires, including without limitation all information records and other documents concerning any account or accounts which we have or may at any time have with you (hereinafter called the "arrangement") (Name of the LLP) and having its registered office at (address), our successors in title and assigns HEREBY AGREE AND UNDERTAKE to indemnify you, your successors and assigns and at all times to keep you fully indemnified from and against all liabilities, claims and demands, actions and proceedings, losses and expenses including legal costs as between solicitor and own client and all other liabilities and losses of whatsoever nature or description which may be made or taken or incurred or suffered by you in relation to or arising out of the arrangement.

AND WE FURTHER AGREE that our liability aforesaid is irrevocable and shall remain in full force and effect from the date herein.

WE HEREBY IRREVOCABLY guarantee the due performance of this Indemnity and AGREE that our liability hereunder shall not be prejudiced or affected by any time, waiver of the indulgence(s) which you may grant to or by any compromise or other arrangement which you make with any person or persons in connection herewith.

Dated this    day of            20 \_\_

Authorised signature(s)  
and Partnership/LLP stamp

[(\*) delete which ever is not applicable]