



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

NAME & ADDRESS (IN BLOCK LETTERS)	
--	--

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

ACCOUNT NO:	
--------------------	--

CDD VERIFYING OFFICIAL

A/C OPENING AUTHORISED BY

Name:		Signature:		
Place:		Date:		

	Account opened by	Account Verified by	Compliance check by
Initials			

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
For each Authorised Signatory 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

CLUB/ SOCIETY/ASSOCIATION/TRUST/ COMMITTEE/MCST/AUTHORISED

SIGNATORY IDENTITY SHEET

**(TO BE FILLED BY EACH COMMITTEE OR BOARD MEMBER AND
AUTHORISED SIGNATORY SEPARATELY)**

NAME OF THE CLUB/ SOCIETY/MCST/ ASSOCIATION/TRUST/ COMMITTEE	
---	--

NAME OF AUTHORISED SIGNATORY/COMMITTEE/BOARD MEMBER/	
---	--

PERMANENT ADDRESS	
ADDRESS FOR CORRESPONDENCE	

IDENTITY DETAIL	
ID TYPE	
ID NUMBER	
NATIONALITY	
RESIDENCY STATUS	
DATE OF BIRTH	
GENDER	

CONTACT DETAIL	
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

CLUBS/ SOCIETIES/ASSOCIATION/TRUST /MCST/ COMMITTEE DETAILS

NAME OF THE CLUB/ SOCIETY/ASSOCIATION/TRUST/ MCSTCOMMITTEE	
CLUB/SOCIETY/ASSOCIATION/TRUST/MCST ADDRESS	
COUNTRY OF REGISTRATION	
REGISTRATION NUMBER	

AUTHORISED SIGNATORY

BENEFICIAL OWNERSHIP DECLARATION

Details of Company	
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)

Name:	NRIC/ Passport no:	Nationality:	% of Shares held:

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

Name	Registration Number	Country of incorporation	% shares held

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

**TO: STATE BANK OF INDIA
SINGAPORE**

RESOLUTION PASSED BY THE BOARD OF TRUSTEE OF _____(Trust name)

The following resolution of the Board of Trustee of _____) (the “Trust”) were passed on the day _____ of _____ 20__.

RESOLVED:

1. That the Trust may from time to time open and/or maintain bank account(s) with State Bank of India, Singapore (the “Bank”) in accordance with and subject to the Bank’s Terms and Conditions Governing Accounts as amended from time to time by the Bank.
2. That Mr./Ms. _____, the [<designation>] and Mr./Ms. _____, the [<designation>] of the Trust are authorized to sign and execute such documents, forms, declarations, undertakings, etc. as may be prescribed by the Bank for opening of accounts and operations thereof, from time to time.
3. That the Bank be instructed to make Fixed Deposits, honour all cheques, Bills of Exchange, Promissory Notes or other orders which may be drawn by/accepted/made by or on behalf of the Trust and to act on any instructions so given relating to the account (whether the same be overdrawn or not or relating to the transactions of the Trust) by the following person/s from the Trust (hereinafter referred to as “authorised person/s”) authorised to operate such account(s) in the following manner :

AUTHORISED SIGNATORIES

	NAME	NRIC/PP no.	DESIGNATION	SIGNATURE
1.				
2.				
3.				

4. That the authorised person/s from the Trust is/are hereby authorised on behalf of the Trust to deposit in, withdraw from, create security or set-off rights over and deal with in any other way the Trust account.
5. That the authority and powers given to each person in these resolutions shall continue with full force and effect to bind the Trust vis-à-vis the Bank, until the Bank receives a certified true copy of the Minutes of Meeting of the Board revoking any such authority and power.
6. That the Secretary of the Trust be, and hereby is, authorised to certify to the Bank the name of the present officers of the Trust and other persons authorised in terms of this

resolution and the offices respectively held by them, together with specimens of their signatures. In the event of the Trust appointing another person/s in place of authorised person/s, the Trust shall notify the Bank that a Resolution has been passed to that effect, whereupon the said contents of this Resolution shall apply to such substituted signatories.

7. And that a copy of any resolution of the Board if purporting to be certified as correct by the Chairman of the meeting and/or by the Secretary shall as between the Bank and the Trust be conclusive evidence of the passing of the Resolution so certified.
8. And that the Bank be furnished with a certified true copy of the *Trust Deed/(Describe the instrument creating the Trust) and with copies of any amending Resolutions that may from time to time be passed.
9. That the Trust has been furnished with the Terms and Conditions Governing Accounts of the Bank and has read, understood and agreed to all the terms and conditions contained therein.

DATE :

CHAIRMAN OF THE BOARD OF TRUSTEES

Secretary

Trustee members

(Optional : Fax Indemnity)

**TO: STATE BANK OF INDIA
SINGAPORE**

RESOLUTION PASSED BY THE BOARD OF TRUSTEE OF _____(Trust name)

The following resolution of the Board of Trustee of _____) (the "Trust") were passed on the day _____ of _____ 20__.

RESOLVED:

A. Further to the resolution passed by the Board on _____ and in addition to (and not in derogation of) the authority and instructions therein given, State Bank of India ("the Bank") be and they are hereby authorised and instructed to honour all orders in respect of the Trust's accounts with the Bank of any facilities or services provided by the Bank.

By telex or Facsimile and to honour all orders given as aforesaid and to debit the amount as ordered to the Trust's account or any of its accounts with the Bank whether it or they be in credit or overdrawn in consequent of such debit.

And to act and rely on any instructions given as aforesaid with regard to any accounts or transactions of the Trust, including the deposit and withdrawal of all securities, documents, boxes or other property deposited with the Bank and the granting of Credits or guarantees.

B. The company issues in favour of the Bank a Letter of Indemnity in the form of the draft Letter of Indemnity circulated at the meeting which terms be and hereby approved.

DATE :

CHAIRMAN OF THE BOARD OF TRUSTEES

Secretary

Trustee members

Specimen – to be typed on Trust 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 our Board 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 name of - Trust -

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

Authorised Signatory

(To be typed on Trust 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 Trust having 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)

(*) delete which ever is not applicable]