

**ACCOUNT OPENING FORM – FOR NON INDIVIDUALS ONLY**

ACCOUNT HOLDER DETAILS			
<b>REGISTERED NAME</b>			
<b>REGISTRATION / GAZETTE NO</b>		<b>DATE OF REGISTRATION / INCORPORATION</b>	
<b>GST REGISTERED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>TAX STATUS (RESIDENT)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CLASS OF BUSINESS</b>	<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PUBLIC / PRIVATE LTD COMPANY <input type="checkbox"/> ASSOCIATION / CLUBS / SOCIETIES / TRUSTS / COMMITTEES / CO-OP <input type="checkbox"/> MCST <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP		
<b>COUNTRY OF REGISTRATION / INCORPORATION</b>	<input type="checkbox"/> SINGAPORE <input type="checkbox"/> OTHERS (Pls specify): _____		
<b>CONTACT PARTICULARS</b>	MAIN: _____ FAX: _____ OTHERS: _____		
<b>REGISTERED ADDRESS</b>			
<b>KEY PRODUCTS/ SERVICES</b>			
<b>PRINCIPAL ACTIVITY</b>	<input type="checkbox"/> TRADE <input type="checkbox"/> SERVICES <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> OTHERS (PLS SPECIFY): _____		
<b>COUNTRY(IES) OF BUSINESS OPERATIONS:</b>			
<b>KEY CUSTOMERS</b>	1. NAME: _____ DOMICILE: _____ 2. NAME: _____ DOMICILE: _____ 3. NAME: _____ DOMICILE: _____		
<b>KEY SUPPLIERS</b>	1. NAME: _____ DOMICILE: _____ 2. NAME: _____ DOMICILE: _____ 3. NAME: _____ DOMICILE: _____		
<b>CONTACT PERSONS</b>	<input type="checkbox"/> PRIMARY CONTACT NAME: _____ EMAIL ADDRESS: _____ MOBILE: _____ OFFICE: _____ <input type="checkbox"/> SECONDARY CONTACT NAME: _____ EMAIL ADDRESS: _____ MOBILE: _____ OFFICE: _____		

<b>EXISTING RELATIONSHIP WITH SBI</b>	COUNTRY: _____ BRANCH: _____ RELATIONSHIP: _____ ACCOUNT NAME: _____
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FINANCIALS	
AUDITED / UNAUDITED ANNUAL INCOME FOR THE FINANCIAL YEAR ENDING (MM/YY): _____	
SALES TURN OVER / GROSS RECEIPTS	
OTHER INCOME	

ACCOUNT PARTICULARS	
<b>ACCOUNT NAME</b> <small>(If different from Registered Name)</small>	
<b>MAILING ADDRESS</b> <small>(If different from Registered Address)</small>	
<b>TYPE OF ACCOUNT</b>	<input type="checkbox"/> CURRENT ACCOUNT <input type="checkbox"/> TIME DEPOSITS
<b>CURRENCY OF DEPOSIT</b>	<input type="checkbox"/> SGD <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> AUD
<b>DEPOSIT PARTICULARS</b>	AMOUNT DEPOSITED: _____ DEPOSIT TENOR: _____ EFFECTIVE INTEREST RATE: _____
<b>MODE OF FUNDS TRANSFER</b>	<input type="checkbox"/> DD / CO <input type="checkbox"/> CHEQUE <input type="checkbox"/> TT <input type="checkbox"/> NETS <input type="checkbox"/> MEPS <input type="checkbox"/> CASH
<b>PURPOSE OF ACCOUNT</b>	<input type="checkbox"/> BUSINESS OPERATIONS <input type="checkbox"/> INVESTMENTS <input type="checkbox"/> OTHERS (Pls specify): _____
<b>SOURCE OF INITIAL DEPOSIT</b>	<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> INVESTMENTS <input type="checkbox"/> OTHERS: _____
<b>INTERNET BANKING</b>	<input type="checkbox"/> VIEWING RIGHTS AUTHORISED USER 1: _____ AUTHORISED USER 2: _____ AUTHORISED USER 3: _____ <input type="checkbox"/> TRANSACTION RIGHTS AUTHORISED USER 1: _____ AUTHORISED USER 2: _____ AUTHORISED USER 3: _____

**DECLARATION OF BENEFICIAL OWNERSHIP**

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

Please tick one of the following:

- (Sole-proprietorships/partnerships) the sole-proprietor or all the partners, as the case may be
- (Associations/ Clubs/ Societies) all the members of the association/ club/ society
- (Companies) the shareholders of the company
- Others whose identities are stated below (please furnish copies of their identity documents) ^
- Not applicable as this entity is a registered charity

^ Where the Beneficiaries exceed 3, please attach the list along with certified true copies of all BO's identity documents

PARTICULARS	BENE OWNER 1	BENE OWNER 2	BENE OWNER 3
FULL NAME			
NRIC / PASSPORT NO			
NATIONALITY			
RESIDENTIAL ADDRESS			
CONTACT NUMBER			
OCCUPATION			
% OF SHARES HELD#			

# Note: When aggregated, the sum shall sum up to 100%

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.

- Is the customer a subsidiary of a listed entity? If yes, please provide details:

FULL NAME OF PARENT ENTITY	NAME OF EXCHANGE LISTED ON	COUNTRY OF INCORPORATION	% OF SHARES HELD

- I/We undertake to inform the Bank in writing should there be any changes to the ownership/ shareholding structure in the future.

**AUTHORISED SIGNATORIES**

PERSONAL PARTICULARS					SPECIMEN SIGNATURE
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1	NAME:		D.O.B		
	NRIC / PASSPORT:		NATIONALITY		
			RESIDENCY		
	DESIGNATION		EMAIL		
RESIDENTIAL ADDRESS:					

2	NAME:		D.O.B		
	NRIC / PASSPORT:		NATIONALITY		
			RESIDENCY		
	DESIGNATION		EMAIL		
RESIDENTIAL ADDRESS:					

3	NAME:		D.O.B		
	NRIC / PASSPORT:		NATIONALITY		
			RESIDENCY		
	DESIGNATION		EMAIL		
RESIDENTIAL ADDRESS:					

4	NAME:		D.O.B		
	NRIC / PASSPORT:		NATIONALITY		
			RESIDENCY		
	DESIGNATION		EMAIL		
RESIDENTIAL ADDRESS:					

5	NAME:		D.O.B		
	NRIC / PASSPORT:		NATIONALITY		
			RESIDENCY		
	DESIGNATION		EMAIL		
RESIDENTIAL ADDRESS:					

Signing Condition:  SINGLY     ANY TWO JOINTLY     GROUPING & SIGNING LIMITS AS BELOW

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\_\_\_\_\_

Note: For control purposes, please cross out any unused portions under Authorised Signatories Above

**AGREEMENT (To be signed by person(s) authorized to open the Account)**

- I/We wish to open the above stated account and have received, read, understood and agree to abide and subject to the Terms and Conditions Governing Accounts of State Bank of India, and the respective services linked to my/our account.
- I/We hereby certify and confirm that the person(s) whose signatures appear in the Authorised Signatories section acting according to the signing condition/mandate indicated therein are authorised and have sufficient authority to draw, sign, endorse, accept or make for on my/our behalf all cheques, bills of exchange, orders to pay and any other instruments in respect of or in connection with the Account. All transactions effected by the said person(s) shall be binding and conclusive on me/us.
- 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 certify and confirm that I/we have the power and authority to sign and deliver this application form and the resolution attached.

Please tick EITHER one of the following:

- I/We hereby confirm that I am/we are the ultimate beneficial owner(s) of the Account(s). In the case of any change in beneficial owner(s), I/we undertake to provide any information or documentation that the State Bank of India may require to identify the new beneficial owner(s) of the Account(s).
- I/We are NOT the ultimate beneficial owners of the account(s) and the required details of the ultimate beneficial owner(s) are declared in the attached Beneficial Ownership Declaration Form.
- We confirm that this entity is not insolvent, wound up nor placed in liquidation, judicial management or receivership.
- I/We hereby declare we do not nor do we plan to do so in the future, any dealings with or in, or any funds sourced from or outgoing to, any United States sanctioned countries, ie. Balkans, Belarus Myanmar, Ivory Coast, Cuba, Congo, Iran, Iraq, Liberia, Lebanon, Libya, North Korea, Somalia, Sudan, Syria, Zimbabwe or any sanctioned country listed in the official US Treasury OFAC website.
- I/We agree and undertake to inform the Bank in writing and to provide information and supporting document(s) if there is any change in company name, contact details, shareholding structure, Directorship, or any potential or actual business/ venture, directly or indirectly, with any individual or entity domiciled in any United States sanctioned country mentioned above or stated in the official US Treasury OFAC website.

Deposit Insurance Scheme: All eligible Singapore Dollar deposits listed in the SBI Register of Insured Deposits will be insured up to SGD50,000 per depositor according to the Deposit Insurance and Policy Owner's Protection Schemes Act 2011.

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Authorised Person to open this Account

Name:

NRIC/Passport No:

Designation:

Date:

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Authorised Person to open this Account

Name:

NRIC/Passport No:

Designation: