

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: _____																							
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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 I Banking: <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																							
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 <small>(applicable to customers who opt for Internet Banking)</small> <input type="checkbox"/> Terms & Conditions Governing Electronic Statement <input type="checkbox"/> Terms & Conditions Governing Electronic Banking
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 Profile Please look out for the following: - High Risk residential address/nationality; - High Risk occupation; and - a PEP or closely related to a PEP	Non Face to Face Verification Self – Cheque <input type="checkbox"/> Transferred from own account <input type="checkbox"/> Bank Statement/Salary Slip <input type="checkbox"/>
Low Risk Simplified CDD <input type="checkbox"/> Yes <input type="checkbox"/> No OHR Enhanced CDD <input type="checkbox"/> Yes <input type="checkbox"/> No PEP Enhanced CDD <input type="checkbox"/> Yes <input type="checkbox"/> No	
Threshold Limit	
Annual Income/Turnover: _____	Source of Funds: _____
Threshold Limit (in figure): _____	Purpose of Account Opening: _____
Threshold Limit (in word): _____	
CDD Verifying Officer	
Name: _____	Account Opening by: _____
Place: _____	Account Verified by: _____
Date: _____	Compliance Checked by: _____
Signature: _____	Clearing House Reference Number: _____
OFAC/World Check Done	Authorization
<input type="checkbox"/> OFAC <input type="checkbox"/> World Check	Signature: _____
Welcome Kit	Kit No: _____ Account No: _____ ATM PIN Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No INB PIN: <input type="checkbox"/> Yes <input type="checkbox"/> No Cheque Book Issuance: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Approved by Head, CB Date: _____ Date: _____	