**PARTNERSHIP ACCOUNTS**

To: STATE BANK OF INDIA

80 ROBINSON ROAD #27-01, Singapore 068898

**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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME** | **NRIC/PP no.** | **DESIGNATION** | **SIGNATURE** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

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

80 ROBINSON ROAD #27-01, Singapore 068898

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

**INDEMNITY**

To: STATE BANK OF INDIA

80 ROBINSON ROAD #27-01, Singapore 068898

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 whichever is not applicable]