

ACCOUNT OPENING FORM FOR NON INDIVIDUALS

(Instructions for filling in : • Please complete this form in English using BLACK ink, BLOCK CAPITALS and tick wherever appropriate. • Any overwriting or alteration should be countersigned (full signature only). • All fields are mandatory, incomplete forms may not be processed.)

A. Customer Information					
Name	<i>(FULL legal name exactly as it appears in the constitutional documents)</i>				
Registered Address <i>(Please do not provide Post Box Address)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">Country</td> <td style="width: 33%; border: none;">Postal Code</td> </tr> </table>		City	Country	Postal Code
City	Country	Postal Code			
Mailing Address if different from Registered Address					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">Country</td> <td style="width: 33%; border: none;">Postal Code</td> </tr> </table>			City	Country	Postal Code
City	Country	Postal Code			
Office Telephone Number	Office Fax Number (Optional)	Website (optional)			
<small>(please provide Country Code and Area Code for non Singapore numbers)</small>					
Registration Number (UEN for Singapore Entities) <input style="width: 100%;" type="text"/>	Constitution/Legal Status <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Unlimited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company – Listed in Singapore <input type="checkbox"/> Public Limited Company – Not Listed in Singapore <input type="checkbox"/> Society / Association / Club <input type="checkbox"/> Others (specify)				
Reg. No. Issuing Authority <input type="checkbox"/> ACRA <input type="checkbox"/> _____	Tax Residency Status <input type="checkbox"/> Resident in Singapore <input type="checkbox"/> Non Tax Resident in Singapore				
GST/Tax Reference Number <input style="width: 100%;" type="text"/>					
Country of Incorporation <input type="checkbox"/> Singapore <input type="checkbox"/> India <input type="checkbox"/> _____	Date of Incorporation ___/___/20___				
Contact Details					
Persons Authorised to receive communication from the Bank and to communicate customer information to the Bank					
Primary Contact Person	Name <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> __				
Designation	<i>Mobile Number</i>				
<i>Office Number</i>	Fax Number				
<i>Email Address</i>					
<small>(please provide Country Code and Area Code for non Singapore numbers)</small>					
Alternate Contact Person	Name <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> __				
Designation	<i>Mobile Number</i>				
<i>Office Number</i>	Fax Number				
<i>Email Address</i>					
Other Banking Relationship(s)					
Bank Name	Country	Relationship Type			
1. SBI					
2.					

B. Related Party Information

If your Entity is part of a Group of Companies, please provide the following information

Name of the Group			
Domicile Country		Nature of Activity	
Group's Existing Relationship with SBI	Relationship Type and Location		

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

—Details of Shareholding / Members / Trustees

- As per enclosed ACRA Business Profile dated _____ (within last 15 days)
 Register of Shareholders / Membership / Partners / Trustees dated _____ signed by persons approving the account (dated within last 15 days)

➤ Is your Company having a multi-layer structure? (If YES, provide economic purpose of having such a structure)	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Do you have nominee shareholders or directors ? (If YES please provide reasons)	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Does your company issue shares in bearer form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List of Executives (Chairman, MD, CEO,etc) / Board of Directors / Office Bearers

(please attach a separate list if space provided is insufficient)

Sl. No.	Full name (as per ID)	NRIC / Passport number	Position Held

DECLARATION OF BENEFICIAL OWNERSHIP

Beneficial owner means the natural person who ultimately owns or controls the customer or the natural person on whose behalf a transaction is conducted or business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement

Sole-Proprietor or Partners / Shareholders holding 10% or more shares /voting rights in the Entity / Beneficiaries of Trusts or Persons holding Executive Authority in the Company / Firm / Association / Club / Charity / Society / Trust or any other Individual(s) having effective control over the Entity

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

("Ultimate Beneficial Owners"):

(please attach a separate list if space provided is insufficient)

Sl. No.	Full Name (as per Identification Document)	NRIC or Number	Passport	Position Held or Relationship to t Account Holder

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

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

C. Nature of Business and Business Activity

Major Business Activity / Nature of Business

Manufacturing Trading Services Others (specify) _____

Please provide brief details of Products/Services (including details of Items / Goods Manufactured or Traded, Services Provided)

Industry Type

Agriculture and Fishing	Real Estate Activities
Mining and Quarrying	Professional, Scientific and Technical Activities
Manufacturing	Administrative and Support Service Activities
Electricity, Gas, Steam and Air-Conditioning Supply	Public Administration and Defence
Water Supply; Sewerage, Waste Management and Remediation Activities	Education
Construction	Health and Social Services
Wholesale and Retail Trade	Arts, Entertainment and Recreation
Transportation and Storage	Other Service Activities - Please specify
Accommodation and Food Service Activities	Employers of Domestic Personnel
Information and Communications	Activities of Extra-Territorial Organisations and Bodies
Financial and Insurance Activities	Others - please specify

Countries of Business Operations

Singapore India Other Countries, specify _____, _____, _____

Major Customers

Major Suppliers

Name	Country	Expected Annual Volume of Business	Name	Country	Expected Annual Volume of Business
		S\$			S\$
		S\$			S\$
		S\$			S\$
		S\$			S\$
		S\$			S\$

Financial Summary - as per latest Annual Returns

Latest FY

Paid Up Capital

Sales / Turnover / Receipts ('000s)

S\$

D. Details of Accounts Required and Transaction Profile

In case of more than one account requested, provide complete details for each account

Current Account

Currency SGD USD _____

Purpose of Account Opening Transactional Investment Loan Repayment Others, specify _____

Source of Initial Funds (Do not state other banks as the source)

(in relation to the business activities e.g - personal savings, shareholders, investors, funds already in business, loan from the bank etc....)

Business Proceeds Capital Return on Investments Others, specify _____

Expected Transactions in the Account

Inflows in the Account

Cash Cheques Local Wire Transfers Overseas Wire Transfers Others, please specify Number of Transactions per month _____ Volume of Transactions per month S\$ _____

Countries of Funds Origin Singapore India Others, specify _____

Outflows from the Account

Cash Cheques Local Wire Transfers Overseas Wire Transfers Others, please specify Number of Transactions per month _____ Volume of Transactions per month S\$ _____

Countries Involved for outflow Singapore India Others, specify _____

Current Account

Currency SGD USD _____

Purpose of Account Opening Transactional Investment Loan Repayment Others, specify _____

Source of Initial Funds (Do not state other banks as the source)

(in relation to the business activities e.g - personal savings, shareholders, investors, funds already in business, loan from the bank etc....)

Business Proceeds Capital Return on Investments Others, specify _____

Expected Transactions in the Account

Inflows in the Account

Cash Cheques Local Wire Transfers Overseas Wire Transfers Others, please specify Number of Transactions per month _____ Volume of Transactions per month S\$ _____

Countries of Funds Origin Singapore India Others, specify _____

Outflows from the Account

Cash Cheques Local Wire Transfers Overseas Wire Transfers Others, please specify Number of Transactions per month _____ Volume of Transactions per month S\$ _____

Countries Involved for outflow Singapore India Others, specify _____

Term Deposit

Currency <input type="checkbox"/> SGD <input type="checkbox"/> USD <input type="checkbox"/> _____	Amount _____	Tenor ___ Days ___ Months ___ Years
---	--------------	-------------------------------------

Purpose of Account Opening Investment Others, specify _____

Source of Funds (Do not state other banks as the source)

Business Proceeds Capital Return on Investments Others, specify _____

Country of Funds Origin Singapore India Others, specify _____

Funding Details

Cash

<input type="checkbox"/> Cheque / Cashier's Order No. _____	Dated _____	Drawn on _____	Bank _____
---	-------------	----------------	------------

E. AUTHORISED SIGNATORIES				
Sl. No.	Personal Particulars		Specimen Signature	
01	Full Name			
	NRIC / Passport Number			
	Date of Birth	Nationality		Designation
	Residential Address			
	Country			
	Email Id	Contact Number		
02	Full Name			
	NRIC / Passport Number			
	Date of Birth	Nationality		Designation
	Residential Address			
	Country			
	Email Id	Contact Number		
03	Full Name			
	NRIC / Passport Number			
	Date of Birth	Nationality		Designation
	Residential Address			
	Country			
	Email Id	Contact Number		
04	Full Name			
	NRIC / Passport Number			
	Date of Birth	Nationality		Designation
	Residential Address			
	Country			
	Email Id	Contact Number		
Signing Condition: <input type="checkbox"/> SINGLY <input type="checkbox"/> ANY TWO JOINTLY <input type="checkbox"/> GROUPING & SIGNING LIMITS AS BELOW				
Note: For control purposes, please cross out any unused portions under Authorised Signatories Above				
INTERNET BANKING ACCESS				
Authorised User 1 _____ <input type="checkbox"/> Viewing Rights only <input type="checkbox"/> Transaction Rights				
Authorised User 2 _____ <input type="checkbox"/> Viewing Rights only <input type="checkbox"/> Transaction Rights				
Authorised User 3 _____ <input type="checkbox"/> Viewing Rights only <input type="checkbox"/> Transaction Rights				
Authorised User 4 _____ <input type="checkbox"/> Viewing Rights only <input type="checkbox"/> Transaction Rights				

ACCOUNT NAME: _____

F. DETAILS OF DIRECTORS/ OFFICE BEARERS/ SHAREHOLDERS/ UBOs OF THE COMPANY

Full Name (A per NRIC/ Passport)	Designation	NRIC/ Passport	Nationality	Date of Birth	Residential Address	Contact Details	Email Add

If necessary, please attach a separate list.

G. DECLARATION FOR WITHHOLDING TAX PURPOSES

(for Companies incorporated outside Singapore only)

Please tick EITHER one of the following:

- The control and management of the Company's business is exercised in Singapore.
- We carry on business in Singapore or have a *permanent establishment in Singapore and the control and management of the Company's business is exercised outside Singapore.
- We have a *permanent establishment in Singapore but have been granted a waiver from withholding tax by the Inland Revenue Authority of Singapore (IRAS). Enclosed is a certified true copy of letter from IRAS.
- The control and management of the Company's business is exercised outside Singapore and
 - a) we do not have a *permanent establishment in Singapore and
 - b) we do not carry on a business in Singapore

We hereby declare that the information given in this declaration is true and correct and undertake to promptly inform/notify State Bank of India, Singapore (SBIS) in writing of any change in the information declared herein above.

We agree that we shall be solely responsible for ensuring the accuracy and completeness of such information. We acknowledge and agree that SBIS shall not be responsible for any loss or damage suffered by us as a result of the above information being inaccurate or incomplete in any way. We further agree to indemnify SBIS in full against any claim, demand, action, or proceeding which may be made against SBIS and/or any damage, liability, loss and expenses (including legal costs on a full indemnity basis) which SBIS may incur or suffer directly or indirectly in acting or indirectly in acting or relying upon the above information.

*As defined in Section 2 of Singapore Income Tax Act (Chapter 34)

H. AGREEMENT

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 and the Bank's Notice on Personal Data Protection Act as provided at the time of Account Opening. I/We further acknowledge receipt of the Bank's Notice on Personal Data Protection Act and consent to the contents therein including the uses and disclosure of my/our personal data described therein.

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 of 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.

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 UN/MAS or United States Department of the Treasury OFAC sanctioned countries listed in the official websites.

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.

TAX STATUS DECLARATION: I/We declare that I/We comply to all applicable tax laws in India, Singapore, United States and all other applicable countries and have not committed any tax related offence in any jurisdiction. I/We are not aware of any investigation or allegation against the Entity or it's connected parties for any tax related offence. I/We declare that no funds for the purpose of evading any tax due payable to any applicable government authority, go in or out of this account and all account(s) maintained with the Bank. I/We declare that I/ we will notify the Bank within thirty (30) days of any account status changes under the FATCA/CRS requirements set by the US IRS, CRS and or any other similar arrangements. Upon request, I/We agree to provide to the Bank supporting tax documentation issued by the applicable country's tax authority.

If there is any update of our status affected by FATCA/CRS, I/we hereby agree to notify and furnish SBI with the relevant documentary evidence within 30 days of such change.

I/we consent to and authorize SBI to:

- Withhold any applicable payments in the account
- Report or disclose all relevant information relating to or arising from the account
- Terminate (with prior notice) my/our contractual relationship(s) with SBI.

DEPOSIT INSURANCE SCHEME: Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$100,000 in aggregate per depositor per Scheme member by law. Monies and deposits denominated in Singapore dollars under the CPF Investment Scheme and CPF Minimum Sum Scheme are aggregated and separately insured up to S\$100,000 for each depositor per Scheme member. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

Signature	Signature
Approved Person to open this Account***	Approved Person to open this Account***
Name:	Name:
NRIC/Passport No:	NRIC/Passport No:
Designation:	Designation:
Date :	Date :

*** a. Where the Customer is a corporation with at least 2 directors, any (i) two directors or (ii) one director and one company secretary or (iii) such person(s) authorised under the Customer's memorandum and articles of association or constitutive document;

*** b. Where the Customer is a corporation with a single director, (i) the sole director or (ii) such person(s) Authorised under the Customer's memorandum and articles of association or constitutive document;

*** c. Where the Customer is a Limited Liability Partnership ("LLP"), Limited Partnership ("LP") or a partnership, all its partners or such person(s) authorised under the Customer's LLP agreement, LP agreement or partnership agreement;

*** d. Where the Customer is a society, association, club or management corporation, any two of its office bearers or such person(s) authorised under the Customer's rules, charter or constitutive documents;

*** e. Where the Customer is a sole proprietorship, its sole proprietor;