SBM bank

Account Opening Form

To be filled by the applicant in BLOCK letters with same ink

Fields marked with * are mandatory

Non-individual Current/Savings Account

A/c Opening Date* D D M M Y Y Y Y

A/c No.

Cust. ID

Barcode No. *(Workflow)*

Type of Account*: ☐ Current ☐ Savings **Branch Name*:** _____ **Branch Code*:**

Currency*: ☐ INR ☐ USD ☐ EUR ☐ GBP ☐ Others_____ **Scheme Code*:**

Segment Code*: _____ **Segment Type*:** _____ **Account Label:** _____

Exempt Category: ☐ Yes ☐ No **If Yes, Type of Exemption:** _____

Account Detail

Existing CIF **CKYC ID**

Title* Entity Name

Title Account Name

(If not mentioned, Account Name will be same as Entity Name)

Title Alias Name

Applicant Detail

PAN* or ☐ Form 60/61 and Form 49A

If PAN is not available, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held

(Copy of PAN card to be submitted within 30 days of account opening)

GSTN* ☐ Yes ☐ No *(I/We do not have GSTN and are aware about the Risk associated if it is not updated in Bank record)*

LEI No. *(Compulsory for entities having credit exposure of INR 50 Crores & above)*

Date of Incorporation/Registration* D D M M Y Y Y Y Registration/CIN No*

Validity Period From* To Place/City of Incorporation/Registration*

Country of Incorporation/Registration

Communication Address*

Address 1

Address 2

Landmark

City PIN

State Country

Phone

Registered Address* ☐ (If No tick, then communication address will be considered as Registered Address)

Address 1

Address 2

Landmark

City PIN

State Country

Phone

Constitution*

☐ Proprietorship	☐ Partnership	☐ Limited Liability Partnership	☐ Public Ltd Company	☐ Private Ltd Company
☐ Trust	☐ Self Help Group	☐ Societies	☐ Section 25 Company	☐ Credit Co-operative
☐ University	☐ Bank	☐ Financial Service Companies	☐ Foreign Bodies-Project Office	☐ Foreign Bodies-Branch Office
☐ Foreign Bodies-Liasion Office	☐ Club	☐ Association	☐ Consulate/Embassy	☐ Educational Institution
☐ State Government	☐ Local Authority	☐ Central Government	☐ HUF	☐ Other_____

Contact Person (Any one of the authorized signatories for this account)

For all communication related to this current account will be sent to the below mentioned contact person. In case of any change in future please inform the Bank about the same.

Name*

Tel No. Mobile No.* *(Country Code)* *(Number)*

E-mail ID*

Customer Business Profile

Nature of Business*

☐ Manufacturing	☐ Service Provider	☐ Stock Broker	☐ Real Estate	☐ Trading (Retail/wholesale)
☐ Agri	☐ Jewellers	☐ Transport	☐ Education	☐ Trust
☐ NGO	☐ Bullion	☐ Regulator	☐ Mining	☐ Exploration of Oil/Gas/Minerals
☐ Electronics & Telecommunication	☐ Information Technology	☐ Financial Services	☐ Aviation	☐ Shipping
☐ Hospitality	☐ Retail	☐ e-Commerce	☐ Fintech	☐ Start Ups
☐ Digital Services	☐ SME	☐ MSME	☐ Others (Please specify)_____	

Whether involved in ☐ Export ☐ Import Turnover IEC *(copy to be attached)*

No. of Years in Business Years Months

Group Company Details CIF ID

Name

Location

Existing Banker

Operating Instructions

Mode of Operation*: ☐ Single Signatory ☐ Any 2 Jointly ☐ Jointly by All ☐ Prop/Authorised Signatory
☐ Any one Partner ☐ Any one Trustee ☐ As per Board resolution ☐ Others _____

Initial Payment:

Amount ₹ ps

☐ Cash (To open account with cash, customer must deposit the cash in account opening Branch only)

☐ Cheque Cheque No Date D D M M Y Y Y Y Drawn on _____ Bank _____ Branch

Cheque should be crossed A/c payee and drawn payable to "SBM Bank (India) Ltd. A/c <Applicant Name>"

☐ Debit my/our existing A/c No

Tran ID Tran Date D D M M Y Y Y Y

Applicant Signature only for A/c Debit

Channel Registration

CHANNEL ACCESS REQUEST: I/We would like to apply for access to the following channels

Tele Banking ☐ Yes ☐ No **CMS** ☐ Yes ☐ No *(If Yes, Bank representative will get in touch with you)*

SMS and Mobile Banking* ☐ Yes ☐ No **Mobile No.*** *(Country Code)* *(Number)* *(Only applicable for Proprietorship Account)*

Corporate Internet Banking: ☐ Yes ☐ No

CHEQUE BOOK FACILITY: ☐ Yes ☐ No

ACCOUNT STATEMENT OPTION*:

E-mail ☐ E-statement applicable for all accounts ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

Details of accounts with other banks (mandatory requirement as per guidelines)

☐ I/We declare that I/We do not enjoy any credit facilities with other Banks.

☐ I/We declare that I/We have following deposit accounts and/or other credit facilities with you/other branches of your Bank/other Banks:

Bank Name	Branch Name	Branch Address	Account No.	Type of Account/Facility	Amount

Declaration: I shall inform the Bank in case there is any change in credit exposure from the Banking System. Bank may convert the account to collection account or initiate closure basis credit exposure or instruction from lending Bank.

Signature with Stamp

Signature with Stamp

Authorised Signatory 1

Existing Customer: ☐ No ☐ Yes _____ *(CIF ID, If yes)* ☐ BO/SO ☐ POA ☐ LOA (* Fields are Mandatory)

CKYC ID:

Aadhaar No. (Only Last 4 digits) / Aadhaar Virtual No.: DIN/DPIN: *(Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)*

Name*:

Alias Name*: Gender*: ☐ Male ☐ Female ☐ TG DOB*: D D M M Y Y Y Y

Mother's Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

City:

State: Country: PIN:

Gross Annual Income*: Nationality*: ☐ Indian ☐ Foreign National/NRI ☐ Others_____

PAN*: or ☐ Form 60/61 and Form 49A Mobile No.*: *(Country Code)* *(Number)*

Occupation*: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Other_____

Marital Status*: ☐ Married ☐ Single ☐ Other Qualification*: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Other

Religion: ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Buddhist ☐ Parsi ☐ Jain ☐ Others_____

Category: ☐ SC ☐ ST ☐ OBC ☐ General ☐ Others_____

Differently Abled Status: ☐ Yes ☐ No If Yes, Type of Impairment:

Percentage of Impairment: % UDID Number:

E-mail ID*:

Corporate Internet Banking*: ☐ Yes ☐ No

If CIB is selected, then Role: ☐ Maker ☐ Checker ☐ Approver ☐ View only

Limit ₹: Corporate Daily

User Daily

User Per Txn

Debit Card: ☐ Yes ☐ No

If yes, type of Debit Card: ☐ VISA ☐ Master

Recent Passport Size Photograph to be signed across the photograph

Signature with Stamp

KYC OF THE INDIVIDUAL*:

Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue	Date of Issue	Date of Expiry

Authorised Signatory 2

Existing Customer: ☐ No ☐ Yes _____ *(CIF ID, If yes)* ☐ BO/SO ☐ POA ☐ LOA (* Fields are Mandatory)

CKYC ID:

Aadhaar No. (Only Last 4 digits) / Aadhaar Virtual No.: DIN/DPIN: *(Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)*

Name*:

Alias Name*: Gender*: ☐ Male ☐ Female ☐ TG DOB*: D D M M Y Y Y Y

Mother's Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

City:

State: Country: PIN:

Gross Annual Income*: Nationality*: ☐ Indian ☐ Foreign National/NRI ☐ Others_____

PAN*: or ☐ Form 60/61 and Form 49A Mobile No.*: *(Country Code)* *(Number)*

Occupation*: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Other_____

Marital Status*: ☐ Married ☐ Single ☐ Other Qualification*: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Other

Religion: ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Buddhist ☐ Parsi ☐ Jain ☐ Others_____

Category: ☐ SC ☐ ST ☐ OBC ☐ General ☐ Others_____

Differently Abled Status: ☐ Yes ☐ No If Yes, Type of Impairment:

Percentage of Impairment: % UDID Number:

E-mail ID*:

Corporate Internet Banking*: ☐ Yes ☐ No

If CIB is selected, then Role: ☐ Maker ☐ Checker ☐ Approver ☐ View only

Limit ₹: Corporate Daily

User Daily

User Per Txn

Debit Card: ☐ Yes ☐ No

If yes, type of Debit Card: ☐ VISA ☐ Master

Recent Passport Size Photograph to be signed across the photograph

Signature with Stamp

KYC OF THE INDIVIDUAL*:

Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue	Date of Issue	Date of Expiry

Authorised Signatory 3 Existing Customer: ☐ No ☐ Yes (CIF ID, If yes) ☐ BO/SO ☐ POA ☐ LOA (* Fields are Mandatory)

CKYC ID:

Aadhaar No. (Only Last 4 digits) / Aadhaar Virtual No.: DIN/DPIN: *(Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)*

Name*:

Alias Name*: Gender*: ☐ Male ☐ Female ☐ TG DOB*: D D M M Y Y Y Y

Mother's Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

City:

State: Country: PIN:

Gross Annual Income*: Nationality*: ☐ Indian ☐ Foreign National/NRI ☐ Others_____

PAN*: or ☐ Form 60/61 and Form 49A Mobile No.*: *(Country Code)* *(Number)*

Occupation*: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Other_____

Marital Status*: ☐ Married ☐ Single ☐ Other Qualification*: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Other

Religion: ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Buddhist ☐ Parsi ☐ Jain ☐ Others_____

Category: ☐ SC ☐ ST ☐ OBC ☐ General ☐ Others_____

Differently Abled Status: ☐ Yes ☐ No If Yes, Type of Impairment:

Percentage of Impairment: % UDID Number:

E-mail ID*:

Corporate Internet Banking*: ☐ Yes ☐ No

If CIB is selected, then Role: ☐ Maker ☐ Checker ☐ Approver ☐ View only

Limit ₹: Corporate Daily

User Daily

User Per Txn

Debit Card: ☐ Yes ☐ No

If yes, type of Debit Card: ☐ VISA ☐ Master

Recent Passport Size Photograph to be signed across the photograph

Signature with Stamp

KYC OF THE INDIVIDUAL*:

Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue	Date of Issue	Date of Expiry
Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue	Date of Issue	Date of Expiry

Authorised Signatory 4 Existing Customer: ☐ No ☐ Yes (CIF ID, If yes) ☐ BO/SO ☐ POA ☐ LOA (* Fields are Mandatory)

CKYC ID:

Aadhaar No. (Only Last 4 digits) / Aadhaar Virtual No.: DIN/DPIN: *(Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)*

Name*:

Alias Name*: Gender*: ☐ Male ☐ Female ☐ TG DOB*: D D M M Y Y Y Y

Mother's Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

City:

State: Country: PIN:

Gross Annual Income*: Nationality*: ☐ Indian ☐ Foreign National/NRI ☐ Others_____

PAN*: or ☐ Form 60/61 and Form 49A Mobile No.*: *(Country Code)* *(Number)*

Occupation*: ☐ Business ☐ Self-employed Professional ☐ Service ☐ Other_____

Marital Status*: ☐ Married ☐ Single ☐ Other Qualification*: ☐ Postgraduate ☐ Graduate ☐ Undergraduate ☐ Other

Religion: ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Buddhist ☐ Parsi ☐ Jain ☐ Others_____

Category: ☐ SC ☐ ST ☐ OBC ☐ General ☐ Others_____

Differently Abled Status: ☐ Yes ☐ No If Yes, Type of Impairment:

Percentage of Impairment: % UDID Number:

E-mail ID*:

Corporate Internet Banking*: ☐ Yes ☐ No

If CIB is selected, then Role: ☐ Maker ☐ Checker ☐ Approver ☐ View only

Limit ₹: Corporate Daily

User Daily

User Per Txn

Debit Card: ☐ Yes ☐ No

If yes, type of Debit Card: ☐ VISA ☐ Master

Recent Passport Size Photograph to be signed across the photograph

Signature with Stamp

KYC OF THE INDIVIDUAL*:

Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue	Date of Issue	Date of Expiry
Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue	Date of Issue	Date of Expiry

Declaration of Beneficial Ownership *(Not Applicable for Sole Proprietorship Accounts)*

Name of the Customer/Company:

The Customer/Company as stated above hereby confirms and declares that on the below date *(Please tick the correct option - option 3 is applicable only for Company)*

1. ☐ The following natural person(s) (listed in Table below) exercise control or ultimately have a controlling ownership interest i.e. having ownership/entitlement of more than 10% (in case of Company, Partnership firm and Trust) or more than or equal to 15% (in case of unincorporated association, body of individuals includes societies, etc.) of capital/profits/property or controlling through voting rights, agreement, arrangement etc.

OR

2. ☐ There are no natural person(s) who exercise control or ultimately have a controlling ownership interest as stated above, therefore details of:
   - ○ All partner(s)(for partnership)/trustees (for trust)/senior managing officials (for unincorporated bodies) who are natural person(s) are stated in the below Table
   - ○ Natural person(s) holding the position of directors/senior management in the Company are given in the below Table.

(*If you have ticked any of the above, please complete the Table below before signing the declaration)

Sr. No.	Full Name of Beneficial owner/ controlling natural person(s)	Alias Name	Date of Birth	Nationality	Address	Type of KYC Documents		Controlling ownership interest (%)
						Identity	Address	

OR

3. ☐ The Company is listed on _____ *(Name of the Stock Exchange)*
   or is a majorly owned subsidiary of _____ *(Name of the listed Company)*
   listed on _____ *(Name of the Stock Exchange)*

The Customer/Company undertakes that the facts stated above are true and correct. The Customer/Company also undertakes and agrees that it will notify SBM Bank without delay of any changes in the controlling persons / shareholders, person exercising control or having controlling ownership interest in the Company / Partnership / LLP / AOP / Society / Trust / Club / University / Institution, as declared in the table above.

For and on behalf of [Name of Company / Partnership / LLP / AOP / Society / Trust / Club / University / Institution]:

Signature with Stamp	Signature with Stamp

Date: D D M M Y Y Y Y

* The declaration should be signed by: i. An active/designated partner in case of Partnership Firm/LLP, a trustee in case of Trust, a senior member in case of AOP, Society, Club and member of the Managing Committee in case of University and Institution ii. The official authorized to sign the Board Resolution in case of Company.

FORM DA 1 (NOMINATION DETAILS) (Only for Proprietorship)

☐ YES, I/We wish to nominate ☐ NO, I/We do not wish to nominate any person#

Nomination under section 45Z of the Banking Regulation Act, 1949, and the Rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposits.

I/We, _____ nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit, particulars whereof are given below, may be returned by SBM Bank (India) Ltd., _____Branch.

Details of the Nominee: (Only one individual nominee permitted)

Sr. No.	Name of Nominee	&Address	&Email/Mobile No., if any	Relationship with bank customer, if any.	Date of Birth	Order of priority in case of successive nomination	#Proportion of amount of deposit in percentage in case of bank deposit
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1.						First Nominee	
2.						Second Nominee	
3.						Third Nominee	
4.						Fourth Nominee	

As the nominee _____ is a minor on this date, I/we appoint Shri/Smt./Kum. _____ (name, address and age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Date: D D M M Y Y Y Y

Place: _____

Signature(s)/Thumb impression(s) of depositor(s)*	Signature/Thumb impression of 1st witness**	Signature/Thumb impression of 2nd witness**

Name:

Address:

Name:

Address:

* Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. ** Thumb impression(s) shall be attested by two witnesses.
# I have understood the benefits of nomination and still do not wish to nominate.

Nomination Acknowledgement *(To be given to Customer)*

☐ 1. We acknowledge receipt of Nomination made by you in favour of (Name of Nominee)

_____ Age ☐☐ years

With respect to your account number

Date: D D M M Y Y Y Y

Yours faithfully,

☐ 2. No Nominee is registered for the account, since nomination facility is not availed by the account holder.

Signature of bank official with seal

Foreign Account Tax Compliance Act (FATCA) - CRS Assessment Form Non-individual

CIF:

Entity Name:

SECTION A:	Please tick (✓) as appropriate Numbers in brackets ( ) are related to Section B	Yes	No
a	Is the entity incorporated in the US?		
b	Does the entity have a US residence or mailing address? (1)		
c	Does the entity maintain an "in care of" or a "hold mail" US address? (2)		
d	Does the entity have a current US landline phone number? (3)		
e	Does the entity have standing instructions to transfer funds to an account maintained in the US, or instructions regularly received from a US address? (4)		
f	Does the entity have any income from US source? (5) (See Note A)		
g	Has the entity granted a power of attorney or signatory authority to any person with a US address? (6)		
h	Is the entity taxable in the US? (7)		
i	Is the entity a subsidiary of any Company located in the US? (8)		
j	Does the entity have any substantial US owner (US person (Shareholder and Director) with 10% or more interest by vote or value) and/or any Ultimate Beneficial Owner (UBO) with US citizenship? If "Yes", please complete section C below.		

If you have answered "Yes" to any of the above, please complete section B.

Note A: Income can be interest, dividend, rent, salary, wage, premium, annuities, compensations, remuneration, emoluments and other fixed or determinable annual or periodic gains, profits and income from US sources. Also include gross proceeds from sale or other disposition of any property of a type which can produce interest or dividend from US sources.

SECTION B: ADDITIONAL INFORMATION

If you have answered "Yes" to any of the above, please complete this section. Write N/A where not applicable.

1	US residence or mailing address	
2	US "in care of "/" hold mail" address	
3	US landline phone number	
4	Purpose/ Type of transfer of fund	
5	Type of income	
6	Name/s and address/es of US authorized signatory or person having power of attorney	
7	US Tax Identification Number (TIN)	
8	Name of Holding Company	

SECTION C: US SUBSTANTIAL OWNER (US PERSON WITH 10% OR MORE INTEREST BY VOTE OR VALUE)/UBO WITH US CITIZENSHIP

	Name	**Address**	**TIN**
1			
2			

Important Note:
SBM Bank - Hereby informs you that if the above entity is connected to the US (for example if it is a US entity or receives any fixed or determinable, annual or periodic income from the US), SBM Bank - India Branch may be obliged to report information related to its account to the competent tax authority in the United States.

DECLARATION

The entity above is/is not a US entity or taxable under the US laws. (Please delete as appropriate)
I confirm that all the information provided above is true and correct.
I understand that it is my responsibility to inform SBM Bank - India Branch of any changes regarding the entity's tax status.
I am aware that SBM Bank - India Branch shall be required to disclose and report to competent US tax authority any tax information, financial account information or any additional due diligence information obtained from me/us in compliance with the FATCA regulation.

Name (1):

Date: D D M M Y Y Y Y

Signature with Stamp

Name (2):

Date: D D M M Y Y Y Y

Signature with Stamp

OFFICE USE

FATCA classification: Entity is: ☐ Reportable ☐ Non-Reportable

Staff Name:

Date: D D M M Y Y Y Y

Signature

Supervisor Approval:

Date: D D M M Y Y Y Y

Signature

Terms & Conditions

I/ We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) have read and understood the below T&C and understand that any changes to the T&C will be available on the website www.sbmbank.co.in only. **Account opening/service provision:** All services, including opening of the account are subject to verification of information/documents provided by me. In the event this account is not opened, if I/we have initially funded the account in cash for ₹20,000 or more, it will be refunded to me in the form of a DD/Cheque or PO only. RBI approval is required for entity from Pakistan to open account for its Project Office Account Existing Customer ID: In case of existing customers, not declaring their Customer ID and applying as a new customer, the Bank in such instances reserves the right to consolidate the Customer IDs as it may decide, without any prior notice to me Services: All services will be provided by SBM Bank India on a best effort basis. The complete list of services available to me will be available on www.sbmbank.co.in **Fees & Charges:** Fees and Charges will be applicable on my account and for other services availed by me, as described in the schedule of charges and on the website www.sbmbank.co.in. Goods & Services Tax and other statutory imposts as applicable from time to time will be levied on all fees. **Change in Fees & Charges & Services:** Any change/discontinuation of Fees & Charges, Services, or Interest Rate will be intimated to me at least 30 days in advance through letter/SMS/website/e-mail or other means. **Recovery:** If no funds are available in the account to pay fees/charges, I authorize SBM Bank India to set off any available credit, including amounts flowing into the account from collection proceeds or any deposits. **Account Freeze:** We authorize the bank to freeze my account in the following circumstances, with intimation to me except where specified otherwise. a. If it is suspected by the bank that deposits pertaining to all cash, cheque, DDs and other deposits / transactions by way of NEFT, RTGS etc in my account are not in accordance with or in violation of the Laws and Regulations applicable from time to time, the bank can freeze the account and we shall be responsible/accountable for such deposits/ transactions. b. If it is suspected that my account is being misused as a money mule or as a channel for unauthorized money pooling or a conduit for any illegal activity. (I will not receive a notice in this case) **Account Closure:** I authorize the bank to close my account, with prior intimation to me, in case of: a. There is no customer induced transaction in account for 3 months or more. b. Balance in the account remains zero for 3 months or more; c. high occurrences of dishonoured payments from my account; d. Such other instance which the Bank may decide pursuant to any order, instructions, directions, guidelines issued/directed by any Court/Statutory/Regulatory authorities from time to time. **Transactions:** Any instructions to SBM Bank regarding the account, both of a financial/non-financial nature (eg: Issuance of Cheque book/card, financial transactions, updation of personal details etc.) will be provided by me through the authorized channels only, which will be specified by the bank, based on regulatory guidelines prevailing at that time. SBM Bank is not expected to act on instructions that do not come in through the authorized channels but reserves the right to act upon its discretion to provide such facilities under extraordinary circumstances. **Channel Facility:** Non-authorised Signatory who wants channel service facility must fill the Channel Registration Form and submit it with supporting documents. **Cheque Book:** No fresh cheque book will be issued if cheques of ₹ 1 crore and above are returned on four occasions during a financial year for want of sufficient funds or 8 cheque of below ₹ 1 crore are returned during a quarter for want of sufficient funds. Debit Card: All facilities provided by SBM Bank are subject to specific guidelines that are provided on the website www.sbmbank.co.in. SBM Bank is not liable for fraud in the event that I disclose sensitive information such as passwords, PINs, or IDs to anybody. **Inoperative/Dormant Accounts:** An account would be treated as inoperative / dormant if there are no customer induced transactions for over a period of two years. I am aware of the restrictions imposed in inactive/dormant account.

Declaration

I/We have read, understood, and hereby agree to the terms stated in this Application Form as well as the Terms and Conditions governing the Current Account/ EEFC account/Non Operative/ Collection accounts and the various facilities/services such as mobile banking, Corporate Internet Banking, debit cum ATM card and such other services available under SBM Bank current account / EEFC/Non Operative/Collection accounts and as displayed on www.sbmbank.co.in and agree to abide by the same. I/We understand that the said terms are subject to revision from time to time and l/we agree to keep ourselves updated of such changes and be bound by the terms as are in force from time to time.

I /We confirm that the authorised signatories as approved by me/our Board/all the partners of the firm/all members of the Managing Committee, are authorised to operate the account. I/We agree and understand that SBM Bank Ltd./ Affiliates reserve the right to reject any application without providing any reason.

I/We agree and understand that SBM Bank Ltd. reserves the right to retain the Application, and the documents provided therewith, including photographs, and will not return the same to me/us.

I/We further agree that any false/misleading information given by me/ us, or suppression of any material fact will render my/our account liable for closure and further action.

I/We also hereby agree to indemnify SBM Bank and their successors or assignees if any of the representations and declarations made here under by me/us is incorrect, false or misleading in any of its particulars.

I/We declare, confirm, and agree: Insta A/c Declaration: "I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) have approached SBM Bank for opening a Current account. I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) understand that the account should be operated by me only after it has been activated. I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) further undertake that any violation of this will constitute as a default on I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) part & the Bank reserves the right to close the said account forthwith on the happening of such a default without assigning any reason whatsoever. I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) am aware that delivery and/ or receipt of the Welcome Kit cannot be construed to mean that SBM Bank has opened or agreed to open the account. SBM Bank Ltd. at its sole discretion, can either call for further documents or reject the application for any reason whatsoever. In case of rejection, I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) am aware that the Welcome Kit & Letter shall be construed as withdrawn and I / We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) undertake to return the same to the Bank forthwith" I/We hereby declare that in case of being professional(s)* by occupation, the said account will be used exclusively for our own transactions and not on behalf of my /our clients. *(not applicable for regulated and supervised individuals and entities) I/We shall keep SBM Bank informed at all times, regarding any changes/alteration in my/our communication address and authorize the Bank to update any such change/alteration in my/our communication address that the Bank may be informed of by me and/or is brought to the notice of the Bank and hereby authorize SBM Bank to contact me /us on such changed/altered address. I/ We shall be solely responsible to ensure that SBM Bank has been informed of the correct address for communication within two weeks. I/We agree to indemnify SBM bank against any fraud or any loss of damages suffered by SBM Bank due to my/our providing of any incorrect communication address and/or failure on my/our part to communicate the change/alteration in my/our communication address change in authorised signatories/account details. a) That all the particulars and information given in the Application form (and all documents referred or provided therewith) are true, correct, complete and upto date in all respects and l/we have not withheld any information. I/We agree and Undertake to provide any further information that SBM Bank Ltd./its Affiliates may require, b) that l/we have had no insolvency initiated against me/us nor have l/we ever been adjudicated insolvent, c) that I/we have not at any time defaulted under any loan taken by me/us from any other bank/institution, or been in noncompliance of the applicable rules/regulations/guidelines in force from time to time, as framed by the Reserve Bank of India, d) that l/we have read and agree to the charges applicable to Current account/EEFC/Non Operative/Collection account and all other facilities to be availed by me/us and hereby agree to bear the charges as revised from time to time by SBM Bank at its sole discretion.

The Applicant/s has/ have no objection to SBM Bank Limited, its group companies, agents/ representatives to provide me / us information on various products, offers and services provided by SBM Bank/ its group companies / other entities through any mode (including without limitation through telephone calls/SMS/ E-mail} and authorize SBM Bank / its group companies/its agents/ its representatives for the above purpose.

I/We have read and understood the facilities available under SBM Bank Current Account/ EEFC/Non-Operative/Collection account as listed on the SBM Bank Website. I/We have also gone through the schedule of charges and understand that to be eligible for the concessions, I/we have to maintain the minimum Monthly average balance (MAB), as indicated in the Schedule of Charges and agreed upon by me/us on a Monthly/Quarterly basis and in the event I/we fail to do so, l/we shall be liable to pay a fee every Month/Quarter as indicated in the schedule of charges. I/We also understand that continuation of the account is at SBM Bank's sole discretion and in case SBM Bank is dissatisfied with the conduct of the account, SBM Bank has the right to close the account after giving me/us 30 days' notice or withdraw the concessions in all or any service charges granted to me/us and/or charge SBM Bank's applicable rates for services availed by me/us.

I/We hereby authorize SBM Bank to exchange share or part with all the information/data provided herein including personal and business information with SBM group companies/other institutions/such other persons as may be necessary/ required for the purpose of, including but not limited to, marketing, cross selling of various products and services etc.to me/us, use or process the aforesaid information / data by such persons/s, or furnishing of the processed information/ data/ products thereof to other Banks/ institutions / other persons as may be necessary, and l/we shall not hold SBM Bank liable in connection with the use of such information or otherwise. I/We hereby further confirm having read and understood the applicable rules/ regulations/instruction/guidelines as framed by the Reserve Bank of India, including the FEMA regulations 2000 governing EEFC Accounts, and the Foreign Exchange Management Act, 1999, In force from time to time and agree to abide by and to be bound by all such applicable Law, rules, regulations and guidelines in force from time to time. I/We hereby authorize SBM Bank to exchange, share or part with all the information/data provided herein including personal and business information with financial institutions/credit bureaus/agencies/ statutory bodies/other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations, and standards. I/We shall not hold SBM Bank Ltd. or its agents/ representatives liable for using/sharing information provided herein for the said purpose. 2.The company had not altered objects clause of memorandum without prior approval of regional director (this is in addition to the provision of section 17) 1. The company had not applied its profits or income by way of dividends to its members. Section 25 Companies Declaration: We hereby declare that : 3. Conditions of license complied with.

Aadhaar Updation of Authorized Signatory/Beneficial Owner: I submit my Aadhaar number and voluntarily give my consent to: (i. Use my Aadhaar Details to authenticate me from UIDAI. ii. Use my Mobile Number provided for sending SMS alerts to me. iii. Link the Aadhaar Number to all my existing/new/future accounts and customer profile (CIF) with your Bank.) B. I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law. C. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Restrictions on Electronic Transactions: The Bank may not offer facility of electronic transactions, other than ATM cash withdrawals, to customers who do not provide mobile numbers to the Bank.

Entity PAN Updation: Wherever the Current account is opened with Form 49A of Entity, it is mandatory to submit Entity's PAN within 30 days of account opening to avoid debit freeze in the said account.

Section 25 Companies Declaration: We hereby declare that: 1. The company had not applied its profits or income by way of dividends to its members. 2.The company had not altered objects clause of memorandum without prior approval of regional director (this is in addition to the provision of section 17) 3. Conditions of license complied with.

CKYC Declaration: 1) I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it. 2) My/Our personal/KYC details may be shared with Central KYC Registry 3) I/We hereby consent to receiving information from Central KYC Registry through SMS/E-mail on the above registered number/e-mail address.

GST Declaration: 1. I/We hereby provide my/our express consent to SBM Bank Limited ("Bank") and authorise: a) The Bank to use, access, process and store my/our PAN or GSTN Number, for the purposes of sharing the same with Banks' Technology Service Provider (TSP) to retrieve my/our Entity Details, Digital Returns, GST Payment History ("GSTN Data") from the [GST/GST Portal], and to share, transfer and disclose GSTN Data with the Bank including with its group companies (b) the Bank and Group Companies to use, access, process, store, verify, profile, analyse, share, transfer and disclose the GSTN Data for the purposes of marketing, promoting & offering the products & services of the Bank and Group Companies; monitoring, evaluating & improving the quality of the products & services of the Bank and Group Companies; for credit appraisal, credit bureau checks, developing credit scoring models and business strategies by the Bank and Group Companies; for fraud detection and anti-money laundering obligations of the Bank and Group Companies; for sharing and disclosing the GSTN Data to the service providers and consultants of the Bank and Group Companies for the purposes as mentioned above; for sharing and disclosing the GSTN Data to credit information companies, information utilities, other Banks and Financial Institutions for the purposes as mentioned above and with regulatory authorities, investigation agencies, judicial, quasi-judicial and statutory authorities for the purposes as mentioned above. 2. I/We will not hold Bank liable or responsible for any breach or misuse by TSP of the GSTN Data in any manner whatsoever and I/We, agree, confirm and acknowledge that Bank is not obligated to audit, monitor, review and assess the use of my/our GSTN Data by TSP in any manner.

FATCA CRS Terms and Conditions: The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation, and attach this to the form.

Name of Authorized Signatory 1:	Signature with Stamp
Name of Authorized Signatory 2:	Signature with Stamp
Name of Authorized Signatory 3:	Signature with Stamp
Name of Authorized Signatory 4:	Signature with Stamp

Indemnity Letter Relating to Instructions given by E-mail ☐ No ☐ Yes (if Yes, please attach stamp paper)

a. I/ We, _____ the undersigned the account holder, hereby instruct and authorize SBM Bank (India) Limited (hereinafter referred to as "Bank" or "you") to accept, act and rely on my email instructions (or such instructions as may be purported to be given by those authorized to operate my account(s) with you), in respect of any instruction which would normally accept if the instructions were presented in an original written format in accordance with the terms of the mandate. The account details and the email address from which the instructions will be provided, is given below:

Account Number(s):_____

Registered Email ID:_____

(from which to accept the instructions- not more than 3)

b. It is understood and agreed that the risk of misunderstandings (on either your or my/our part), errors, unauthorised instructions or alterations of instructions, fraud, forgery or forged instructions, and the risk of operational failures, faults or errors howsoever occurring in the course of the transmission of my/our instructions (whether in respect of equipment belonging to you or me/us) are entirely mine/ours. You shall not be responsible or liable to me/ us for any loss, liability or expense that may result from such misunderstandings, errors, unauthorised instructions or alterations of instructions, fraud or forged instructions, operational failures or faults.

c. I/We understand and acknowledge that there are inherent risks involved in sending the instructions via emails and hereby agree and confirm that all risks shall be fully borne by me/us, and I/we assume full responsibility for the same and shall not hold the Bank liable for any losses or damages including legal fees arising upon your performing or your non performing or any delay /default in performing any act, wholly or in part in accordance with the instructions so received which could be a result of any miscommunication, or technological error beyond the control of the Bank considering the mode in which the same was conveyed.

d. I/ We acknowledge that to the extent you accept, rely and act on instructions as provided above, you do so in response to my/ our authority and instructions and for my/ our convenience.

e. I/We hereby indemnify and keep you indemnified at all times against, and to hold you harmless from any and all claims, demands, actions, suits, proceedings, costs and expense (including legal fees), loss including consequential losses/ damages which may be brought against you and which shall have arisen either directly or indirectly out of or in connection with your accepting, relying or acting on the instructions received through email.

f. The Bank may, notwithstanding this letter, in its sole discretion require written instructions or any other form of confirmation of any instruction or may require instructions to be in certain form/ format.

g. I/ We hereby irrevocably agree and undertake:

(i) That the Bank shall be entitled to act as it may deem fit, without incurring any liability whatsoever to me/ us or to any other person, upon any instructions for any purpose which may from time to time be or purported to be given by email by me/ us (including such instructions as may be or purported to be given by those authorized to operate my account (s) with you), even if such instructions or communications are not followed up by written confirmation to the Bank.

(ii) That the instructions shall be conclusively presumed for your benefit to be duly authorized by and legally binding on me, and I/ We shall be fully responsible for the same.

(iii) You shall not be responsible to ensure the authenticity, validity, or source of any instructions and shall not be liable if any instructions turned out to be unauthorized, erroneous, or fraudulent.

(iv) That I/we explicitly consent to your entitlement (but not obligation) to keep records of our instructions given or made by email, as you may in your sole discretion deem fit, and your records shall be conclusive and binding on me/ us. You shall be entitled to dispose of or destroy any such records at any time and determined by your sole discretion.

(v) That you shall be authorized to disclose and share this data, i.e., all instructions as issued by me/us as you may deem fit, to your affiliates, counter parties, service providers, regulators and any other authorities or where you are required by law to do so or to protect the interest of the Bank;

(vi) That you shall be entitled to require any instruction in any form to be authenticated by use of any password, identification code or test as may be specified by you from time to time and I/ We shall ensure the secrecy and security of such password, code or test and I/ We shall be solely responsible for any improper use of the same and I/ We shall not make any claim on you;

(vii) I/ We agree and comprehend the risk and vulnerability involved in the electronic communication process and shall extend our full co-operation and support to the Bank for resolving any issues or disputes if any arising due to the any technical error which could not be anticipated by the Bank inclusive of the force majeure situations. Further, I/ We agree that this communication would be applicable to the working hours and working days of the Bank, its Branches and offices only.

(viii) That, notwithstanding the above, you may, under circumstances determined by you in your absolute discretion, require from me/ us confirmation of any instructions in such form as may specify before acting on the same; and I/ We shall submit such confirmation to you immediately upon receipt of your request. Pursuant to receipt of instructions, you shall have the right but not the obligation to act upon such instructions.

(ix) That you shall not be liable to me/ us or any third party for, and that I/ We do hereby (jointly and severally) shall indemnify you and keep you indemnified from and against but not limited to all claims, raised directly or indirectly, either by me/ us or any other, actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature (including legal fees on a full indemnity basis) and howsoever arising which may be brought or preferred against you or that you may suffer, incur or sustain, directly or indirectly, by reason or on account of you having so acted whether wrongly or mistakenly or not, or of your failing to act wholly or in part in accordance with the instructions and the terms of this letter and/or in connection with the acceptance, delivery, performance or enforcement of this undertaking-cum-indemnity or if such instructions may later be shown to be in any way false, incomplete, inaccurate, delayed, erroneous, unauthorised or otherwise not authentic.

(x) That I/ We shall duly inform the bank in writing about any changes in our communication methods, i.e., change in email id, and further indemnify the bank against any miscommunication, error, loss, and damage monetary and otherwise caused to the Bank due to the same.

(xi) I/ We confirm that I/ We have the capacity and authority to accept this document and that this document constitutes my valid, legally binding, and enforceable obligation.

(xii) This undertaking-cum-indemnity will continue to be in force and effect till until terminated in writing.

(xiii) I/We agree that all instructions given via email shall be binding on me/ us, our legal heirs, our executors, administrators, successors and assigns and we/ they shall not question or plead the validity or invalidity of such instructions.

(xiv) This undertaking-cum-indemnity letter shall be governed and construed in accordance with the laws of India, and I/ We hereby submit to the exclusive jurisdiction of the courts in Mumbai.

_____ (Signature with Stamp)

_____ (Signature with Stamp)

_____ (Signature with Stamp)

Letter of Proprietorship

Re: Opening of a new account in the name of M/s _____.
We refer to the captioned account to be opened with your Bank and declare as under: I, the undersigned, is the Sole Proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation, which may be standing in the firm's name in your books. On the date of the receipt of such change and until all such obligation shall have been liquidated. (Please sign without stamp)

Name: _____ Signature: _____ Place: _____ Date: _____

Letter of Partnership

We request you to take notice that we are trading in partnership under the name and style of M/s _____ and that our firm has been registered under the provision of the Indian Partnership Act with Registrar of Firms at _____ as No. _____ and further request that all transactions entered into with you by all or any one or more of us and all obligations incurred by all or any one or more of us whether under the Signature of the firm or subscribed by the individual signature of the person or persons entering upon the transaction or incurring the obligation, with or without co-obligants may be regarded by you as entered into and incurred for and behalf of all of us jointly and severally and also the assets of the firm shall be liable for amount due to the bank. We also request you to take notice that everyone of us is authorized to draw, execute endorse/accept and negotiate cheques, promissory notes, hundies, bills and other negotiable instruments on behalf of all of us and our firm and we also request you to take notice that our liability or liability of our firm to you as aforesaid shall not in any way be affected even if any third party joins in the transaction as co-obligant. We further hereby intimate to you that as per an agreement between SBM Bank India Ltd. on the one part and ourselves on the other part to be estate whether joint or separate and person of each or every one of us is liable to you in respect of all or any of the aforesaid transactions or obligations. The retiring partner shall be liable to issue notice to you regarding retirement in the manner required under section 32 of the Partnership Act and such retiring partner/s shall be liable and continue to be liable for any act done by any of the partners until public notice is given of the retirement as aforesaid. Further, in the matter of making payment towards the liability arising in the account or acknowledging the liabilities or any part thereof as and when called upon by the bank to do so for the specific purpose saving limitation we declare that the payment or acknowledgement/s so made or given by one or more of us shall be liable shall save limitation against all of us jointly and or severally for the purpose of Law of Intimation, as such acknowledgement/s of debt and or payment/s shall be taken as given and made as agent/s of the other partners. This letter shall operate and be effective notwithstanding any provision on our deed of partnership which may conflict with any of the terms herein. (Please sign without stamp)

Name of Partner 1: _____ Signature: _____ Place: _____ Date: _____
Name of Partner 2: _____ Signature: _____ Place: _____ Date: _____
Name of Partner 3: _____ Signature: _____ Place: _____ Date: _____
Name of Partner 4: _____ Signature: _____ Place: _____ Date: _____

Letter of Undertaking cum Indemnity of Private Limited/Public Limited (For Debit Card Issuance)

This is with reference to our request for issuance of debit card **("Debit Card")** linked to the current bearing number _____ held by _____ Limited, being a company incorporated under the Companies Act, 1956/2013, holding CIN _____ and having its registered office at _____ **("Company")** with the Bank, in the name of the Director of the Company namely, _____, being an Indian Resident residing at _____, holding PAN_____ and holding DIN_____ **("Authorised Director")** for ease of operation of doing business of the Company.

In respect of the said Debit Card, the Company and the Authorised Director hereby represent, warrant, confirm, covenant, and undertake that:

1) the Debit Card linked to the Company Account being issued to the Authorised Director by the Bank shall be solely used by the Authorised Director for use in accordance with law towards the business of the Company, for official purposes of the Company, in accordance with the charter documents of the Company, and not for the personal use of the Authorised Director **("Permitted Use").**
2) the Debit Card shall only be used for the Permitted Use by the Authorised Director and shall not be used by any other directors, employees or representatives of the Company or any other person.
3) that the Debit Card is for ease of operation of doing business of the Company, and does not/shall not constitute a loan to the Authorised Director under Section 185 of the Companies Act, 2013, and that the Debit Card shall not be used in contravention of Section 185 of the Companies Act, 2013, Section 186 of the Companies Act, 2013, and/or any other applicable provisions of the Companies Act, 2013.
4) that the Debit Call shall at all times be used in accordance with and in compliance with the provisions of Companies Act, 2013 (as may be amended, supplemented or changed from time to time) including Section 185, Section 186 and Section 188 of the Companies Act, 2013 and the constitutional documents of the Company.
5) the Bank shall not, in any manner, be liable to the Company or any other person for or in respect of any direct or indirect or consequential loss, penalties, claims, damages, expenses, costs, and liabilities whatsoever (including, without limitation, any direct or indirect loss of business or profits in each case whether arising from negligence, breach of contract or otherwise) arising in connection with or relating to, the Debit Card being used or operated by the Director in contravention of the Permitted Use, or any applicable law, or usage of the Debit Card for any unauthorised or prohibited purposes.
6) The Company shall indemnify and keep the Bank (which includes its successors and/or assigns) indemnified at all times, from and against all direct or indirect actions, suits, proceedings, penalties, claims, damages, expenses, costs, losses and liabilities whatsoever arising in connection with or relating to, the Debit Card being used or operated by the Director in contravention of the Permitted Use, or usage of the Debit Card any applicable law, or for any unauthorised or prohibited purposes.
7) the Bank is relying upon these undertaking and indemnities contained in this undertaking for the purpose of issuing the Debit Card to the Authorised Director of the Company; and in lieu of the same, the Company hereby agrees to indemnify and keep indemnified, saved, defended, harmless the Bank and its successors and/or assigns for all the time hereafter, inter alia, against all losses, costs, claims, actions, demands, risks, charges, expenses, damages etc. whatsoever which the Bank (which includes its successors and/or assigns) may suffer and/or incur due to any breach of this undertaking.
8) this undertaking has been approved by the board of directors of the Company vide resolution dated ____ and the authorized signatory of the Company (who have affixed their signature below) have been duly authorised to sign it on behalf of the Company.

_____ Signature with Stamp
_____ Signature with Stamp
_____ Signature with Stamp

Letter of Indemnity of Partnership Firm (For Debit Card Issuance)

We, 1. _____ 2. _____
3. _____ are the partners in the firm M/s _____

We hereby confirm that we have entered into a partnership deed dated _____ ("Partnership Deed") and are carrying out business in the name and style of M/s. _____ ("Partnership Firm"). The Partnership Deed is executed under the Indian Partnership Act, 1932 and and is enclosed herewith along with this application form are the partners in the firm [M/s _____] and are hereby executing this letter of indemnity as herein below:

We hereby acknowledge that in terms of the Partnership Deed, Shri_____ is designated as the Managing partner and has the necessary powers to conduct day to day affairs of the business and also open and operate the bank account for and behalf of the Partnership Firm in any bank as so he desires.

We are aware and acknowledge that the Partnership Firm with full consent of all the partners and in terms of the Partnership Deed has opened an account with SBM Bank Ltd, _____ Branch bearing no._____ ("The Bank").

The Bank has agreed to issue an ATM/Debit card in the name of the Managing Partner vide this application form to enable him to operate the Partnership Firm's account through ATM/Debit Card on the request of the Partnership Firm and we agree and acknowledge the same. We, in our capacity as partners of the Partnership Firm, hereby indemnify the Bank jointly and severally in considerations of the Bank issuing the ATM/Debit Card to the Partnership Firm as hereunder:

1) That all or any transactions carried by the said Managing Partner and/or any other partner by using the ATM/Debit Card shall be binding on all the partners of the Partnership Firm
2) We shall at no point of time raise any objection or claim on the said transactions and the Bank is well within the law to deem the said transactions so effected as valid, binding transactions conducted by the Partnership Firm represented by all its partners on the said account.
3) We hereby confirm and consent that the Partnership Firm and all its partners shall be liable jointly and severally for the transactions done by the Managing Partner who is authorized to receive and operate the ATM/Debit Card Vis-à-vis the Partnership Firms account
4) We, jointly and severally as partners of the Partnership Firm, agree that we shall abide by the rules and regulations stipulated by the Bank, from time to time, in relation to the operation of the ATM/Debit Card. We also agree that we shall forthwith surrender the ATM/Debit Card upon request by the Bank.
5) We further confirm that we shall jointly and severally be liable for any claim, costs, damages, expenses, and/or other liability which may arise to the Bank or its successors or assigns in business by virtue of the said operations of the said account by the Managing Partner or by any other partner by the use of the said ATM/Debit Card. We jointly and severally undertake to indemnify the Bank and make good the said claims to the Bank.
6) We further undertake that we shall keep the Bank informed in writing about any change in the Partnership structure i.e. any addition or retirement of the partners and any reconstitution of the Partnership Firm shall be notified to the Bank forthwith and the copy of the partnership deed of the reconstituted firm shall also be submitted to the Bank.
7) We confirm that this understanding shall be binding not only in our capacity as partners but also in our individual capacity and shall bind our respective legal heirs, executors and assigns.

Dated _____day of _____ Signed and Delivered by the within named

_____	_____	_____
Signature with Stamp	Signature with Stamp	Signature with Stamp

SBM Bank (India) Ltd.

SBM Bank (India) Ltd. A Company incorporated under the Companies Act 2013 having its registered office at 101, Raheja Centre, Free Press Journal Marg, Nariman point, Mumbai, Maharashtra - 400021, (Hereinafter referred to as "the Bank" which expression shall unless repugnant to the context or meaning thereof be deemed to include its successors and assigns) of the OTHER PART.

For SBM Bank Use Only

Name of SBM Bank Official _____
(in whose presence signed)

Signature

Account Manager Name: Emp Code:

RM Name: RM Code:

• All required supporting documents furnished by the customer • Account Opening Check List completed & attached

Declaration by the Branch:
We have made best efforts to identify the beneficial owners/controlling persons of the said Company. The details furnished above have been verified from information available through constitutional documents, public domain and confirm the AOF and documents are complete in all respects as per extant guidelines of the Bank.

Officer/RM	Location Head/Operations Head Branch Seal Mandatory

Date: D D M M Y Y Y Y

Place:

Annexure 1

Customer Profile Details - Customer ID Level

Name of the Customer*:

No of Years in Current Business*: ☐☐ Years ☐☐ Months

Nature of Transaction*: ☐ Cash ☐ Cheque ☐ RTGS/ NEFT ☐ CMS

Credit facility (with other banks)*: ☐ Yes ☐ No

Trade Finance*: ☐ Yes ☐ No *(if yes, please fill part B)*

Is the entity filing IT returns?*: ☐ Yes ☐ No ☐ NA

Entity is operating from*: ☐ Single ☐ Multiple premises

Principal Place of operation*: _____

Whether entity has any foreign collaboration*: ☐ Technical ☐ Non-Technical ☐ NA

Source of Fund*: ☐ Business Income ☐ Other Income ☐ Donation / Grant ☐ Borrowing ☐ Equity investment

Net Worth of the Company Last FY: _____

Annual Sales Turnover for Last 3 years (in ₹): ☐ Up to 25 Lacs ☐ > 25 Lacs - 50 Lacs ☐ > 50 Lacs - 1 Cr ☐ > 1 Cr - 3 Cr ☐ > 3 Cr - 5 Cr ☐ > 5 Cr - 25 Cr ☐ > 25 Cr - 100 Cr ☐ > 100 Cr - 500 Cr ☐ > 500 Cr

Expected Sales Turnover for Current year (in ₹): ☐ Up to 25 Lacs ☐ > 25 Lacs - 50 Lacs ☐ > 50 Lacs - 1 Cr ☐ > 1 Cr - 3 Cr ☐ > 3 Cr - 5 Cr ☐ > 5 Cr - 25 Cr ☐ > 25 Cr - 100 Cr ☐ > 100 Cr - 500 Cr ☐ > 500 Cr

Accounts with Other Bank*: ☐ Yes ☐ No If yes, please fill the following details*:

Name of Bank	Avg Bal (in Rs.)	CA	CMS	Trade & Forex
1.		☐	☐	☐
2.		☐	☐	☐
3.		☐	☐	☐

Any special service: _____

Forex Remittances (Total Values): _____ **Value of Total Relationship** (in Lacs): _____

Group Company Details* (To be filled by TxB RM / Designated Branch Official in line with client discussions)

Name of Group Company (ies)	Location	Nature of Business	Banking With

***Any other relationship with the Bank** (of the Entity / Group Company / Personal Relationship) (Please specify the product, which the customer avails from the Bank):

Name of Group Company (ies)	Product / Services availed

*Whether the customer/company is under any investigation by any Law Enforcement Agency:

*Whether client is part of Special approved list (SAL) of ECGC/caution list of RBI:

*Any registration/License/permission required to carry out this activity? If yes, please provide the registration/License/Permission details with Date of permission granted, expiry date etc.

*Distribution network (Dealers/Franchisee/Retail Outlets/Distributor model i.e. product purchase and sale channels).

Part A*

Expected Value of Transaction in a Month in rupees Expected Business Transaction to be routed in this account

Total Cash deposit (in Rs.):

Percentage of Total Cash deposit: In Base Location _____ % In Non-Base Location _____ %

Total Cash withdrawal (in Rs.):

Percentage of Total Cash withdrawal: In Base Location _____ % In Non-Base Location _____ %

Total Non-Cash deposit in A/c:

Total Non-Cash withdrawal in A/c:

Part B*

Applicable only if the customer is engaged in the International Trade / Forex:

IEC Code No: _____ **Date of Issuance of IEC Code:** ___ /___ /___

☐ **Exporter** ☐ **Importer** ☐ **Exporter/Importer**

- Actual Annual Turnover Import (Last FY__): _____
- Actual Annual Turnover Export (Last FY__): _____
- Expected Annual Turnover Import (Current FY__): _____
- Expected Annual Turnover Export (Current FY__): _____

Industry specific details:

Shipping & Logistics: (Annual turnover for Overseas Remittances of Freight, Slot Hiring and other Handling Charges - Mandatory to be filled)

- Actual Annual Turnover in Last FY____: _____
- Expected Annual Turnover in Current FY____: _____

Media & Entertainments: (Annual turnover for Overseas Remittances of Advertising Charges/ AVGC Service Charges/ OTT Charges/ Project Costs - Mandatory to be filled)

- Actual Annual Turnover in Last FY____: _____
- Expected Annual Turnover in Current FY____: _____

Software (IT / ITeS / BPO / Ecommerce / Fintech / Online):

- Actual Annual Turnover in Last FY____: _____
- Expected Annual Turnover in Current FY____: _____

Principal Suppliers (Imports)

Name	City	Country

Principal Buyers (Exports)

Name	City	Country

Type of Product/ Services/ Goods: _____ Please specify

RM Name:

Emp ID:

TxB RM / Designated Branch Official Signature with Branch Seal

Location Head Signature with Branch Seal

Note:

- TF unit should have repository of Customer profile sheets for Trade clients.
- In case of credit with other banks, CA opening would be subject to credit discipline check.
- Validity period for Customer profile sheet is One Financial Year only and needs to be submitted at the start of each FY.

Annexure 2

Site Verification Form - Non Individual

(It is mandatory to fill in all fields)

Date and Time of Visit: D D M M Y Y Y Y

Name of Entity:

Entity Type: ☐ Financial ☐ Non-Financial

Name of the Proprietor/ Partner/Authorised Signatory:
(In case of partnership or other entity mentioned name of anyone)

Address of Business (Full address including City & State):

PIN:

Landmark: **Distance of office from Branch:**

Name of the neighbour entity:

Number of years in the current business: Years

Complete address of the neighbour entity:

No. of Workers/ Employees in the Office: **Business Board seen outside:** ☐ Yes ☐ No

Name of the person contacted: **Relationship with the firm/entity:**

Whether the customer is operating from a single location/ multiple locations? ☐ Yes ☐ No No. of Location

Whether the proprietor is a political person/ related to any political party? ☐ Yes ☐ No

Business Details: In case answers of either of the questions are "YES" please mention the details of the business in Line of activity:

a. Whether the proprietor/ entity is engaged in export and/ or import business? ☐ Yes ☐ No
b. Is the business activity involving cash intensive business? ☐ Yes ☐ No
c. Nature of transactions: Cash/ Remittance (domestic)/ Foreign Remittances:

Line of activity (complete description to be mentioned):

Line of activity to be clearly specified and should match with the occupation code of the entity

Business operated from: ☐ Residence ☐ Registered Office

Office ownership:

☐ Owned ☐ Rented/leased ☐ Pagdi ☐ Others_____(please specify)_____

Office situated and operated from (definition of premises):

☐ Business Centre ☐ Residence ☐ Factory ☐ Resi cum Office ☐ Office Complex ☐ Shopping Mall ☐ Others_____(please specify)_____

Details Verified from:

☐ Office Staff ☐ Receptionist ☐ VendorVisitor ☐ Neighbour ☐ One of the Authorised Signatory ☐ Others_____(please specify)_____

Asset Noticed in Office of the entity:

☐ Air conditioner ☐ Telephone/Fax ☐ Photocopier ☐ Computers/Laptop ☐ Furniture/Fixture ☐ Others_____(please specify)_____

Nature of business activity:

☐ Self-employed ☐ Agent/Broker ☐ Manufacturer ☐ Service Provider ☐ Agriculture Product ☐ Whole Seller
☐ Trader ☐ Jeweller ☐ Others_____(please specify)_____

Additional Comments/Information on the verification:

Declaration by person conducted the site verification and contact point verification: ☐ Positive ☐ Negative

I hereby confirm that I have personally verified the address and nature of business activity to establish the existence of the firm. On the basis of Inquiries made, I am satisfied about the existence of the firm and the line of activity which is in line with the document produced for the same.

Place:_____ Signature (_____Sourcing Staff_____)

Name of the Official:_____ Designation:_____

Role /Dept:_____ Employee No.:_____

Declaration by the Branch: **Branch Name:** _____

I hereby certify that the field verification and contact point verification in all the respect and document(s) submitted is in line with the business activity.

Signature/ Stamp:_____ (to be signed by Location Head/ Operations Head)

Name of the Official:_____

Role/ Dept: _____

Employee No.:_____

Designation: _____

Guideline for the staff for completing the Field Verification/ Contact Point Verification: **undertaken without prior intimation.**

i. Branch to ensure that field & contact point verification form is complete in all respect. In case if field left blank in the form will be rejected and put on hold.
ii. Branch also ensure that in no circumstance any of the field is field with remark like "NA/Nil/Other". In case of such remark the form will be rejected and put on hold.
iii. Customer assistance should not be taken even if the Branch official is unable to locate the address. In extreme case of difficulty, nearest post office may be approached for assistance in locating the address.
iv. If the entity is a tenant, the landlord must be compulsorily contacted to ascertain the bonafide of the arrangement and know whether the landlord has done his due diligence.
v. Call all the contact numbers provided by the applicant to satisfy about the bonafide/authenticity.

Checklist - Non-Individual Account (For Bank Use Only)

CIF: _____

Name of Customer: _____ Account No. _____

Type of Account: Savings / Current / Cash Credit / Overdraft / Fixed Deposit / Recurring Deposit

Sr. No.	Action to be taken	RM (Branch)	Branch Operation Manager/ Location Head
1	Completely filled up Account opening form (All fields of * are correctly filed up) including complete RM page	Yes/No	Yes/No
2	KYC documents of Entity obtained and verified - (constitution wise documents as below)	Mention the correct option	Mention the correct option
	a) Proprietor - Any Two Entity proof (As RBI Master direction point 28), Power of Attorney (In case Account is operated by other than Proprietor)		
	b) Partnership/LLP- (i) Registration Certificate/COI (ii) Partnership Deed/LLP agreement (iii)Partnership letter/ Board Resolution (incase LLP) (iv) List of Partners/Designated Partners (For non-registered firm, document required as per RBI Master direction point no 28)		
	c) Pub./Pvt./OPC- (i) Certificate of Incorporation (ii) MoA & AoA (iii) Board Resolution (iv) Certificate of commencement (if Pub. Ltd.) iv) List of Directors		
	d) Bank- (i) Banking License (ii) Certificate of Incorporation/ Registration Certificate (iii) MoA & AoA/Bye Laws (iv) Board Resolution		
	e) Trust, Association, Society, Club- (i) Registration Certificate (ii) Deed/Bye Laws (iii) Board Resolution (iv) List of Trustees/Members, Tax exemption Certificate (In case of opening Saving Account)		
	f) Unincorporated Association or Body of Individuals- (i) Resolution (iii) any such inf to establish the legal existence of Association, Power of Attorney (In case Account is operated by other than Members), Agreement/ deed		
	g) Hindu Undivided Family (HUF) Or Joint Hindu Family Firm: Joint HUF Letter, Pan card in the name of HUF, Latest Proof of Address, Name of Karta & Co-parceners with their residential address		
3	Escrow Account: 1. Approval from TxB Product 2. Pricing Approval from TxB Head 3. Agreement copy duly vetted by Legal 4. Confirmation required that all changes by legal has been incorporated	Yes/No	Yes/No
4	Beneficiary Ownership declaration along with CIF creation form (mandatory for all except Proprietorship) If no BO then Senior Managing official's details required on BO declaration	Yes/No	Yes/No
5	KYC documents of POA/Authorized Signatory/Ultimate Beneficiary Owner/Partner/Directors obtained and verified	Yes/No	Yes/No
6	In case Deemed OVD (latest utility bill not more than 2 months old, Property or Municipal tax receipt, Family pension payment order, letter of allotment issued by employer - describe as per RBI master circular) along with declaration to submit current OVD within 3 months is also submitted	Yes/No	Yes/No
7	Original Seen and Verified (OSV) and customer self attestion on photocopy of documents	Yes/No	Yes/No
8	Authorized Signatory's latest Photograph obtained, pasted in AOF and signed across the photo	Yes/No	Yes/No
9	First 8 digit of Aadhaar number are masked on Aadhaar copy & AOF submitted	Yes/No	Yes/No
10	PAN card (mandatory for all) obtained	Yes/No	Yes/No
11	GSTIN number submitted OR declaration for non-avalibility of GSTIN number submitted	Yes/No	Yes/No
12	Mandatory Site Verification report submitted	Yes/No	Yes/No
13	If existing customer ID, name on AOF should be matched with existing customer ID	Yes/No	Yes/No
14	Sanction Letter (In case of OD/CC Cases)	Yes/No	Yes/No
15	Customer profile sheet submitted (Not mandatory for Credit customer)	Yes/No	Yes/No
16	ID proof require for person who has signed the BR	Yes/No	Yes/No
17	In case of foreign company - necessary regulatory approvals in place	Mention if applicable	Mention if applicable
18	IEC or Transaction Banking Head approval submitted to enable Trade flag	Mention if applicable	Mention if applicable
19	Sanction Letter (In case of OD/CC Cases)	Yes/No	Yes/No
20	Branch confirms that the original set of documents are in their possession for future Audit checks	Yes/No	Yes/No
21	Exception approval (if any)		
	a) IP approval/Low IP	Yes/No	Yes/No
	b) Deferral approval if any	Yes/No	Yes/No
22	Declaration if applicable for Authorised Signatories:		
	a) Signature mismatch/Name mismatch/DOB Mismatch	Yes/No	Yes/No
23	Cheque Book & Debit Card apply in AOF	Yes/No	Yes/No
	Additional mandatory field details are as under -		
	Sector -	Please mention	Please mention
	Sub-sector -	Please mention	Please mention
24	Contact Details (E-mail ID & Mobile No.) updated in 'Finacle Alerts System'	For Bank Use Applicable to Customer onboarding team only	
25	Risk Category (High, Medium, Low) to specify		
26	CKYC uploading on CERSAI site and CKYC no. to be updated in Finacle (where applicable)		
27	MCA Check (Pub./Pvt./OPC/LLP)		
28	Customer's name verified in LEI, CFR, PAN and world-check		
29	Signature & Photo Linked in system\		

RM Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

EmpID: | | | | | | | |

RM Signature with Branch Stamp

BOM/LH Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

EmpID: | | | | | | | |

BOM/LH Signature with Branch Stamp