SBM WEALTH

Account Opening Form

To be filled by the applicant individual

Fields marked with * are mandatory

Application Date D D M M Y Y Y Y

A/c No.

Cust. ID

Label Code

Type of Applicant*: ☐ Resident Individual ☐ Non-Resident Individual (NRI/PIO/OCI/Foreign Nationals/Mariners)

Type of Account*: ☐ Savings ☐ RFC SB/TD/CA ☐ NRE SB ☐ NRO SB ☐ PIS ☐ SNRR ☐ FD ☐ RD ☐ Current ☐ NRE FD/RD ☐ NRO FD/RD ☐ FCNR ☐ Current

Date of becoming Non-Resident D D M M Y Y Y Y

For Current Account: Exempt Category: ☐ Yes ☐ No If Yes, Type of Exemption: _____

Primary Applicant Details

Cust. ID (in case of existing customer) ☐ I confirm that I do not have any existing Customer ID/Customer IDs apart from the one mentioned. In case found otherwise, Bank reserves the right to consolidate the Customer IDs as it may decide, without any prior notice to me.

Name (Same as ID proof)* First Name Middle Name Last Name

Alias Name First Name Middle Name Last Name

Father's Name* First Name Middle Name Last Name

Mother's Name* First Name Middle Name Last Name

Nationality Citizenship

Communication Address* (Overseas address for NRI's only)

City

State Country PIN

Landmark

☐ All communications to be sent on this address (Address Proof Mandatory) Please mention a prominent landmark to ensure that the deliverables reach you.

Permanent Address* (as per OVD)

City

State Country PIN

Landmark

Please mention a prominent landmark to ensure that the deliverables reach you.

☐ Same as above ☐ All communications to be sent on this address (Address Proof Mandatory)

Date of Birth* D D M M Y Y Y Y Marital Status: ☐ Married ☐ Single ☐ Other Gender: ☐ Male ☐ Female ☐ Third Gender

Proof of Identity/Address* **Identity Proof** **Address Proof**

☐ Passport No. _____ Date of issue: DD/MM/YYYY Date of expiry: DD/MM/YYYY ☐ ☐

Place of issue: _____ Country of residence: _____

☐ Driving licence No. _____ Date of expiry: DD/MM/YYYY ☐ ☐

☐ Aadhaar No./ Virtual Aadhaar No. ☐ ☐

☐ Election/ Voter's ID Card No. ☐ ☐

☐ NREGA Card No. ☐ ☐

☐ Letter from National Population Register _____ ☐ ☐

☐ Visa Ref.No. (Only for NRI)_____ Date of issue: DD/MM/YYYY Date of expiry:DD/MM/YYYY Place of issue: _____ Type of VISA: _____

PIO/OCI Card Holder ☐ Y ☐ N PIO/OCI Card No. PAN Or ☐ Form 60

Tel. (Res.)* Tel. (O)* Ext.

E-mail ID*

Mobile* (Country Code) (Number) Insta Alert ☐ CKYC No. Please tick (✓) if E-mail ID not available ☐

IMP: All SMS & e-mail alerts will be sent to the registered Mobile Number & E-mail ID. E-mail alerts for One Time Password (OTP) and free monthly account statements will be sent to registered e-mail ID only.

Primary Applicant Profile Details*

Occupation Type ☐ Salaried ☐ Self-employed ☐ Retired ☐ Politician ☐ Student ☐ Home Maker ☐ Others _____

If Salaried, Employed with ☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Pub. Ltd. ☐ Govt. ☐ Others _____

Self-Employed since ☐☐ Years ☐☐ Months

Self-Employed Type ☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Manufacturing ☐ Service Provider ☐ Agriculture ☐ Bullion/Gold/Jewellery ☐ Stockbroker ☐ Real Estate ☐ Trader ☐ Money Lender ☐ Virtual Currency Exchange provider ☐ Others _____

Source of Funds/ Wealth ☐ Salary ☐ Business ☐ Investment ☐ Inheritance ☐ Pension ☐ Rent ☐ Agriculture ☐ Others _____ ☐ Sale of Assets ☐ Others _____ ☐ Expected value of Transaction _____

Gross Annual Income ☐ < 1 lac ☐ 1-3 lac ☐ 3-5 lac ☐ 5-7.5 lac ☐ 7.5-10 lac ☐ 10-15 lac ☐ 15-25 lac ☐ 25-50 lac ☐ 50 lac-1 cr ☐ >1 cr

Net Worth

Education Qualification ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Illiterate

Residential Type ☐ Owned ☐ Rented/Leased ☐ Ancestral/Family ☐ Company Provided

Religion/Caste / (not mandatory)

Customer Type ☐ Resident Indian/Non-Resident Indian ☐ Senior Citizen ☐ Minor ☐ Others _____

Differently Abled Status* ☐ Yes ☐ No *If Yes, then provide below details:

Type of Impairment: _____ Percentage of Impairment: _____

UDID Number: _____

Consent & Additional Declarations (Resident Individual, Non Resident Individual)

Aadhaar Consent

1) I intend to open_____account/s with your Bank. As part of the account opening process and KYC documents, I submit my Aadhaar number and voluntarily give my consent to: Use my Aadhaar Details to authenticate me from UIDAI • Use my Mobile Number mentioned below for sending SMS Alerts to me • Link the Aadhaar number to all my existing/new/future accounts and customer profile (CIF) with your Bank • We are submitting Aadhaar number as part of KYC but not authenticating with UIDAI and necessary KYC documents are submitted by me. 2) 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 requirement of law. 3) I hereby declare that all the above information voluntarily furnished by me is true, correct, and complete.

CKYC Consent

I hereby authorize you to retrieve the KYC records online from the CKYCR using the KYC Identifier and the customer shall not be required to submit the same KYC records or information or any other additional identification documents or details, unless – i. there is a change in the information of the customer as existing in the records of CKYCR; ii. the current address of the customer is required to be verified; iii. the RE considers it necessary in order to verify the identity or address of the customer, or to perform enhanced due diligence or to build an appropriate risk profile of the client.

Signature(s)/Thumb impression(s) of Applicant

PEP Declaration

Are you a Politically Exposed Person ☐ Yes ☐ No (If Yes, please provide details _____)

FATCA - CRS Declaration Please tick the applicable tax resident declaration (Any one)*

☐ I am a tax resident of India and not resident of any other country OR ☐ I am a tax resident of the country(ies) mentioned in the table below: (Mandatory to fill up all information)

Please indicate the country(ies) in which the entity is a resident for tax purposes and the associated Tax ID Number below:

City of Birth* ☐☐☐☐☐☐☐☐☐☐☐☐ Country of Birth ☐☐☐☐☐☐☐☐ Address Type for Tax Purpose: ☐ Residential ☐ Business ☐ Registered Office

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)%	Address for Tax Purpose* ☐ Communication Address ☐ Permanent Address ☐ Please note the address below
			Landmark
			PIN: ☐☐☐☐☐☐ State_____ Country_____

#To also include USA, where the individual is a citizen/green card holder of USA% In case Tax Identification Number is not available, kindly provide functional equivalent $FATCA - CRS Certification: I have understood the information requirements of this Form (read along with the FATCA - CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Place: _____

Date: _____

Signature(s)/Thumb impression(s) of Applicant

RFC Declaration

Please open an RFC Account in my name. The relevant particulars are as under:

1. Origin (State whether you are of Indian origin):
2. Date of arrival in India to become a resident in India:
3. Particulars of residence outside India: Country: _____ Period From: _____ To: _____ Nature of Occupation: _____
   (An attested copy of the relevant pages of the Passport must be enclosed.)
4. Do you continue to have any employment or business or vocation outside India?: If so please give full particulars
5. Foreign Currency(ies) in which RFC Account(s) is/are to be opened: ☐ USD ☐ GBP ☐ EURO ☐ CAD ☐ AUD
6. Type of Account desired (Savings Account, Current Account, Fixed Deposit)

I hereby declare that I have gone through the provisions of the RFC Accounts Scheme.
I declare that the particulars stated hereinabove are correct and I am eligible to open and maintain RFC Account under the Scheme as applied. I agree that the RFC Account shall be governed by the RFC Accounts Scheme and the directions issued by the Reserve Bank of India under the Foreign Exchange Regulation Management Act 1999, as updated from time to time.

Signature(s)/Thumb impression(s) of Applicant

Instructions to the Applicant

1. Applicant is advised to read carefully the RFC Accounts Scheme before making the application.
2. Account will not be opened unless full particulars are furnished in the application form.
3. Application form duly filled in and signed must be accompanied by copies of the relevant pages of the Passport duly certified by the applicant as true copies. The Passport should be submitted along with the application for verification.
4. Furnishing any false information in the application amounts to a contravention of the Foreign Exchange Regulation Management Act 1999.
5. Applicant should furnish such other particulars or documents, as may be required by the Bank for the latter to satisfy himself that the applicant is an eligible person and the funds proposed to be credited to the RFC Account are eligible for the purpose.
6. Nomination facility is available to the RFC accounts as in the case of resident Rupee accounts.

Mode of Operation*

☐ Self ☐ Either/Anyone or Survivor ☐ Former or Survivor ☐ Jointly (Debit Card to Primary Holder)
☐ Power of Attorney ☐ Letter of Authority ☐ Minor by Guardian (Guardian's KYC required)

Payment Details: Payment done by below mode (tick one)*

☐ Cheque ☐ SBM Bank A/c Transfer ☐ Cash (To open an account with cash, customer must deposit the cash in person in A/c opening branch only) + copy of PAN

Total Amount (₹) ☐☐☐☐☐☐☐☐☐☐☐☐ Cheque No./Account No. for FD/RD ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cheque Date D D M M Y Y Y Y Bank Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

Amount (₹) for SB account ☐☐☐☐☐☐☐☐☐☐☐☐ Amount (₹) for FD/RD account ☐☐☐☐☐☐☐☐☐☐☐☐

Service Requests*

Debit Card: ☐ Yes ☐ No Variant:_____

Network *(Tick Anyone)* ☐ Visa ☐ Master ☐ RuPay

Name to be embossed ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Net Banking: ☐ Yes ☐ No **AePS:** ☐ Enable ☐ Not to enable

Other Facilities ☐ SMS Alert ☐ Mobile Banking ☐ Cheque Book Facility

Send Account Statement through ☐ E-mail (To 1st applicant only)

Statement frequency ☐ Quarterly ☐ Monthly

Rupee Term Deposit & Recurring Deposit for Resident & Non-Resident

Deposit Type ☐ Fixed* ☐ Cumulative ☐ Recurring

*In case of Fixed Term Deposit, Interest Payout:

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

Amount _____

Deposit Period ☐☐ Years ☐☐ Months ☐☐☐ Days

☐ Waive TDS (Attach 15G/15H Form) ☐ Senior Citizen Deposit*

Auto-renewal: ☐ Yes ☐ No

FCNR/RFC Deposit

Deposit Period ☐☐ Years ☐☐☐ Months ☐☐☐ Days

Currency _____

Amount _____

Auto-renewal: ☐ Yes ☐ No

*Not applicable for NRE/NRO Deposits

(A) Auto-renewal by default, if no option exercised. (B) It is mandatory to fill in payment instructions, if auto-renewal not opted for.

Standing Instruction for Recurring Deposit: I/We authorise SBM Bank to debit monthly instalment of ₹ ☐☐☐☐☐☐

(Rupees _____ only) from my/our operative account no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Term Deposit Interest Payment

Payment Mode:

☐ Credit my Account with SBM Bank

☐ Issue DD/PO

☐ Credit my account with other bank

Beneficiary Account Details: (Payment to other bank)

Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name & Branch _____

IFS Code: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Declaration

I/We have read and understood the terms, conditions, rules and regulations of the product(s)/service(s) opted for from SBM Bank (India) Limited ("Bank") including the 'Terms & Conditions' document displayed on the Bank's website www.sbmbank.co.in and I/We accept and agree to abide by the same. The Bank is entitled to amend the 'Terms & Conditions' document displayed on their website from time to time and the same shall be binding on me/us. I/We declare, confirm and agree that all particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, accurate, complete and up-to-date in all respects and no relevant information has been withheld/suppressed. I/We undertake to provide all updated KYC documents or such other information that the Bank may require from time to time including any change in my/our occupation/postal address and I/We authorise the Bank to conduct such credit checks, references and make enquiries in respect of the application as it may consider necessary in its sole discretion and also authorise the Bank, without any notice to me/us, to share or disclose or exchange or part with all the information, data or documents including any sensitive personal data relating to me/us or my/our application, to other banks/financial institutions/credit bureaus/agencies/ statutory bodies/enforcement agencies/such other persons including Bank's affiliates, service providers, counter parties, regulators, authorities as the Bank may deem necessary or appropriate including for use or processing of the said information/data/products by such person(s) or furnishing of the processed information/data/products thereof to other banks/financial institutions/credit providers/users registered/sister concerns/its associated group companies/agents/advisers or with such other persons as the Bank deems fit and that I/We shall not hold any person liable for use of this information. I/We hereby give my consent to the Bank to carry out my/our Aadhaar EKYC authentication and to fetch EKYC data from Aadhaar data base. I/We agree to indemnify and keep the Bank indemnified and harmless from and against all and any fraud, loss, costs, demands, claims, damages, expenses (including attorney fees), litigations, proceedings, suits etc. which the Bank may have to suffer, incur or face due to my/our providing any incorrect or incomplete information or failure to communicate any change in such particulars/information or provide true, correct and updated documents. I/We agree and understand that the Bank reserves the right to reject any application without providing any reason. I/We agree and understand that the Bank reserves the right to retain the application forms, and the documents and information provided therewith, including photographs and will not return the same to me/us. I/We authorise the Bank to use my/our contact number mentioned in the form for transactional/promotional/service calls/telemarketing calls/messages by itself or through any appointed agency. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on our registered number/E-mail address. I/We hereby provide our consent to SBM to obtain the Applicant(s) information from Credit Information Company and/or information utility and/or such institution set up under the provisions of law from time to time as and when required.

I/We confirm that I/We have read and understood the above Declaration, and that the details provided by me in the form will be updated in all the systems of the bank.

I/We also confirm that my/our account has been opened by Bank Officer Mr./Ms. _____ and I/We have signed in his/her presence.

Note: Do not sign this form if it is BLANK, please ensure all relevant sections and columns are completely filled to your satisfaction and then only sign the form.

Name :

_____

_____

_____

Date : _____

Please paste latest Passport Size photo of the 1st Applicant.

Photo to be signed across

1st Applicant Signature

Name :

_____

_____

_____

Date : _____

Please paste latest Passport Size photo of the 2nd Applicant.

Photo to be signed across

2nd Applicant Signature

Name :

_____

_____

_____

Date : _____

Please paste latest Passport Size photo of the 3rd Applicant.

Photo to be signed across

3rd Applicant Signature

Name :

_____

_____

_____

Date : _____

Please paste latest Passport Size photo of the 4th Applicant.

Photo to be signed across

4th Applicant Signature

Nomination

☐ **Yes, I/We wish to nominate (as per details below)**

☐ **No, I/We declare that I/We do not wish to make a nomination in my/our account.**
(I have understood the benefits of nomination and still do not wish to nominate)

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 2025 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 above opened Account/Fixed Deposits/Recurring Deposits, may be returned by SBM Bank by the account opening branch. This Nomination will be applicable for Savings/Current/Fixed Deposit/Recurring Deposit/KGCSB & CA/SSA.

Nominee

Sr. No.	Name of Nominee	Address	Email/ Mobile No., if any	Relationship with depositor, if any	Age	If Nominee is Minor, his/her 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)	(I)
1.							First Nominee	
2.							Second Nominee	
3.							Third Nominee	
4.							Fourth Nominee	

Note:
(i) Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.
(ii) Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.
(iii) In respect of the deposits, out of column (H) and (I), only one column is to be filled.
(iv) Total percentage across all nominees in column (I) must equal 100%.
(v) If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B).
(vi) In the case of an individual who cannot read and/or write, the signature must be their thumb impression, which should be attested by two witnesses.

Appointee Details (if any nominee is minor)*

Sr. No.	Name of Nominee	Name of Appointee	Relationship with Nominee	Address	Email/Mobile No. of Appointee, if any
1.					
2.					
3.					
4.					

Declaration
I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will supersede any previous nominations for the above-mentioned account(s).

**Signature(s)/ Thumb Impression(s) of Depositor(s)

Witnesses:***

Signature(s)/ Thumb Impression(s) of 1st Witness

Name: _____

Address: _____

Place: _____ Date: _____

Name: _____

Address: _____

Place: _____ Date: _____

Strike out if nominee is a not a minor. ** Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor.
*** Thumb impression(s) to be attested by two witnesses.

Nomination Acknowledgement

Date: D D M M Y Y Y Y

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

_____ Age ☐☐ years

With respect to your account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

For Bank use only

	Product Code	Account Number	Promo Code
CASA A/c			
Reimbursement A/c/KGC CA			ROI ___ + Variance _____ =NI_____
FD/RD/PPF/SSA			

	Customer ID	Customer Category			
1st Applicant			☐ ID Proof	☐ Add Proof	☐ Photo
2nd Applicant					
3rd Applicant					
4th Applicant					

☐ No cheque book to be issued for 2nd, 3rd and 4th applicant

☐ CPV Initiated

Branch codes

Servicing

Sourcing

Sourcing

Sourcing

Program to be raised to

Service ID/Emp. Code (For Defence Account Only) Company Code LC Code LG Code MIS Code

Value Date Funds Parked A/c No. UDIN

UDF 1 UDF 2

CUSTOMER SIGNED IN MY PRESENCE		
	Emp Name	Signature
	Emp Code	

Declaration by the Branch: I hereby certify that this account opening form is complete in all respect and relevant documents have been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer. The account may please be set up in Finacle.

LC Signature & Date

BM Signature & Date

Mariner's Declaration

I hereby declare and confirm that I am a Non-Resident Indian and I am presently on contract with a foreign registered company, details of which are provided in the documents submitted. I also confirm that I will inform the Bank, in case I do not renew my contract or choose to go on a new contract or I am unable to proceed on a new contractor in any case in the event that my status of Non-Resident Indian is altered. Accordingly, I will have the Non-Resident accounts opened in my name re-designated to Resident/RFC accounts (as applicable).

Signature_____

Details of accounts with other banks

(mandatory requirement as per guidelines for current account)

☐ 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 my current account to collection account or initiate closure basis credit exposure or instruction from lending Bank.

Signature with Stamp

Signature with Stamp

PIO/OCI

I/We _____hereby declare that I/We am/are a person of Indian Origin/and I/We satisfy one of the following conditions. (Please pick the choice applicable to you):

☐ I/We was/were a holder of an Indian Passport in the past.

☐ My/Our father/mother/grandfather/grandmother (name)_____is/was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (57 of 1955)

☐ I am the spouse of an Indian Citizen/Person of Indian Origin

☐ The father/mother/grandfather/grandmother (name) _____of my spouse is/was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (57 of 1955)

Signature_____

Signature Mismatch

In case of major mismatch, customer needs to submit affidavit

The signature on the Passport/Existing Account is different from my signature on the Account Opening Form. Please consider the signature on the Account Opening Form as my updated signature in your Bank records.

I am providing:

- ☐ Government Issued Photo ID Proof carrying my Current Signature
- ☐ A Self-signed personalised Cheque from my existing NRE/NRO Account
- ☐ Notarised Affidavit Confirming the Current Signature

Old signature as per documents/Existing Customer ID	New signature as per account opening form

I agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties (including attorney fees) suffered and/or incurred by for any act done or omitted to be done on account of the above declaration.

Minor Declaration

Type of Guardian: ☐ Father ☐ Mother ☐ Court Appointed ☐ Testamentary Guardian

Full Name of Guardian: ☐ Mr. ☐ Ms. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I hereby declare that the date of birth of the minor who is my _____is _____/_____/_____ and I am his/her natural and lawful guardian/ guardian appointed by court order, dated _____/_____/_____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Form No. 60 and 61 (to be filled by those who do not have Income Tax PAN)

To be annexed wherever required

SBM WEALTH

Annexure 1

Savings Bank Account Rules

- The attention of the customer is invited to the "Savings Bank Account" Rules as applicable for all savings account in the bank.
- Customer is expected to adhere to and subscribe uniform signature as per the specimen signature recorded with the bank, while operating the account or addressing any correspondence to the bank.
- Customer should mention distinctive account number in each transaction with the bank.
- The customer must provide Permanent Account Number (PAN) which is mandatory as per the Income Tax Act from the person(s) opening the account.
- Fresh proof of identity/address has to be furnished to the bank whenever called for.
- The account holder is required to maintain a certain minimum balance in the account, as specified by the bank from time to time depending on classification of account. Non-maintenance of this would attract charges.
- Details with regard to minimum balance to be maintained and the penalty to be levied for non-maintenance are available in the bank's branch notice board and on the bank's website www.sbmbank.co.in
- Interest rates are subject to change from time to time.
- Cheque, Dividend warrants, etc. drawn in the name of account holder(s) will only be collected through this account. Instruments endorsed in favour of the account holder(s) will not be collected through Savings Bank Account.
- Customer should not route his/her Business transactions through Savings Bank Account. If routed, the bank reserves the right to take requisite action. The bank has the right to close any undesirable/un-remunerative account after giving due notice.
- Customer should keep the cheque book in a safe place to avoid any misuse.
- The Customer cannot have any other Savings Bank Account, If he/she has a Basic Savings Bank Deposit Account (BSBDA). If the customer is holding a regular Savings Bank Account, the same needs to be closed within 30 days of opening a Basic Savings Bank Deposit Account.
- Detailed rules are available on the bank's Website www.sbmbank.co.in. The bank reserves the right to amend rules and service charges, which will be available in the bank's branch notice board and on the bank's website www.sbmbank.co.in
- International debit cards is not issued to NRO savings account as per RBI guidelines

Term/Recurring Deposit Rules

In the event of the death of the depositor, premature termination of term deposits would be allowed to the joint account holder, nominee, legal heir(s) on production of the relevant documents. Such premature withdrawal would not attract any penal charge.

Mandatory Documents required for

Resident Individual: Photograph (latest), PAN Card or Form 60, Address proof & Identity Proof (Proof of Aadhaar Card, Job Card by NREGA, Driving Licence, Passport, Voter's ID Card).

NRI: Photocopy of valid Passport (featuring Name, Date of Birth, Date & Place of issue, Expiry Date, Photograph & Signature), Passport size Colour Photo, Valid Visa and Work Permit/Contract Letter.

PIO/OCI: Photocopy of Current Passport (featuring Name, Date of Birth, Date & Place of Issue, Expiry Date, Photograph & Signature), Copy of PIO or OCI Card. In absence of PIO/OCI Card, the applicant will have to prove that he is a person of Indian Origin and was not a citizen of Pakistan or Bangladesh and the applicant was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (57 of 1955); or The applicant belonged to a territory that became part of India after the 15th day of August, 1947; or The applicant is a child or a grandchild or a great grandchild of a citizen of India or The applicant is a spouse of foreign origin of a citizen of India or spouse of foreign origin of a person referred in the above clauses.

Acceptable Documents for Indian Address Proof: Valid Passport, Driving Licence issued by Regional Transport Authority, Voter ID Card, Job Card issued by NREGA duly signed by an officer of the State, Electricity Bill/Telephone Bill (not more than 3 months old), Government ID Card, Aadhaar Card.

Acceptable Documents for Overseas Address Proof: Address on the Passport, Utility bill (not older than 3 months) i.e. Electricity, Gas, Water, Land line Telephone bill, Overseas/Indian Bank Statement, Rent receipt along with duly stamped/registered lease deed, Letter from Existing banker (account should be minimum 3 months old), Visa/Resident permit/Work permit, Driving Licence, PIO/OCI Card, Letter from Government postal authorities, National ID Card.

Account Opening Acknowledgement

Appl. Regn. No. *(Workflow)*

Primary A/c Holder Name

1st Joint A/c Holder Name

2nd Joint A/c Holder Name

3rd Joint A/c Holder Name

We acknowledge the receipt of application for opening a ☐ Savings ☐ Fixed Deposit ☐ Cumulative Deposit ☐ Recurring Deposit

with initial deposit of_____through ☐ Cash ☐ Cheque ☐ NEFT/RTGS

SBM WEALTH

Annexure 2

Joint Application/POA*

Cust. ID (in case of existing customer) ☐☐☐☐☐☐☐☐☐☐

☐ I confirm that I do not have any existing Customer ID/Customer IDs apart from the one mentioned. In case found otherwise, Bank reserves the right to consolidate the Customer IDs as it may decide, without any prior notice to me.

Name (Same as ID proof)* ☐☐☐ First Name ☐☐☐☐☐ Middle Name ☐☐☐☐☐ Last Name

Alias Name ☐☐☐ First Name ☐☐☐☐☐ Middle Name ☐☐☐☐☐ Last Name

Father's Name* ☐☐☐ First Name ☐☐☐☐☐ Middle Name ☐☐☐☐☐ Last Name

Mother's Name* ☐☐☐ First Name ☐☐☐☐☐ Middle Name ☐☐☐☐☐ Last Name

Nationality ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Citizenship ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Communication Address* (Overseas address for NRI's only) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Joint Application/POA Profile Details*

Source of Funds/ Wealth ☐ Salary ☐ Business ☐ Investment ☐ Inheritance ☐ Pension ☐ Rent ☐ Agriculture ☐ Others _____
☐ Sale of Assets ☐ Others _____
☐ Expected value of Transaction _____

Gross Annual Income ☐ < 1 lac ☐ 1-3 lac ☐ 3-5 lac ☐ 5-7.5 lac ☐ 7.5-10 lac ☐ 10-15 lac ☐ 15-25 lac ☐ 25-50 lac ☐ 50 lac-1 cr ☐ >1 cr

Net Worth

Education Qualification ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Illiterate

Residential Type ☐ Owned ☐ Rented/Leased ☐ Ancestral/Family ☐ Company Provided

Religion/Caste / (not mandatory)

Customer Type ☐ Resident Indian/Non-Resident Indian ☐ Senior Citizen ☐ Minor ☐ Others _____

Differently Abled Status* ☐ Yes ☐ No *If Yes, then provide below details:
Type of Impairment: _____ Percentage of Impairment: _____
UDID Number: _____

Service Requests*

Debit Card: ☐ Yes ☐ No Variant: _____

Network *(Tick Anyone)* ☐ Visa ☐ Master ☐ RuPay

Name to be embossed

Consent & Additional Declarations (Resident Individual, Non Resident Individual) Joint applicant / POA

Aadhaar Consent

1) I intend to open_____account/s with your Bank. As part of the account opening process and KYC documents, I submit my Aadhaar number and voluntarily give my consent to: Use my Aadhaar Details to authenticate me from UIDAI • Use my Mobile Number mentioned below for sending SMS Alerts to me • Link the Aadhaar number to all my existing/new/future accounts and customer profile (CIF) with your Bank • We are submitting Aadhaar number as part of KYC but not authenticating with UIDAI and necessary KYC documents are submitted by me. 2) 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 requirement of law. 3) I hereby declare that all the above information voluntarily furnished by me is true, correct, and complete.

CKYC Consent

I hereby authorize you to retrieve the KYC records online from the CKYCR using the KYC Identifier and the customer shall not be required to submit the same KYC records or information or any other additional identification documents or details, unless - i. there is a change in the information of the customer as existing in the records of CKYCR; ii. the current address of the customer is required to be verified; iii. the RE considers it necessary in order to verify the identity or address of the customer, or to perform enhanced due diligence or to build an appropriate risk profile of the client.

PEP Declaration

Are you a Politically Exposed Person ☐ Yes ☐ No

(If Yes, please provide details _____)

Place: _____

Date: _____

Signature(s)/Thumb impression(s) of Applicant

FATCA - CRS Declaration Please tick the applicable tax resident declaration (Any one)*

☐ I am a tax resident of India and not resident of any other country OR ☐ I am a tax resident of the country(ies) mentioned in the table below: (Mandatory to fill up all information)

Please indicate the country(ies) in which the entity is a resident for tax purposes and the associated Tax ID Number below:

City of Birth* Country of Birth Address Type for Tax Purpose: ☐ Residential ☐ Business ☐ Registered Office

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)%	Address for Tax Purpose* ☐ Communication Address ☐ Permanent Address ☐ Please note the address below
			Landmark
			PIN: State_____ Country_____

#To also include USA, where the individual is a citizen/green card holder of USA% In case Tax Identification Number is not available, kindly provide functional equivalent $FATCA - CRS Certification: I have understood the information requirements of this Form (read along with the FATCA - CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Place: _____

Date: _____

Signature(s)/Thumb impression(s) of Applicant

SBM WEALTH

Email Indemnity Request Letter

Date D D M M Y Y Y Y

To,
The Location Head,
SBM Bank (India) Limited
_____ Branch

Dear Sir/Madam,

I/We _____, _____, _____ maintain below mentioned accounts ("the said account/s") in my/our name with the Bank, the list of the said accounts is as follows:

Sr. No.	Account No.

AND WHEREAS in the day-to-day business I/We am/are required to give urgent instructions to the Bank for operation of any of the said accounts. Therefore, we wish to avail Email Indemnity Facility for the said account/s. We hereby attached an Email Indemnity in Bank format duly executed on stamp paper/franked and signed by all holders for activation of the email indemnity facility. I/We agree that I/We have requested the Bank and agree and acknowledge that the Bank shall be entitled to treat any email submission from email ID_____ as issued and fully authorized by, and binding upon me/us.

Bank has the rights to reject any instruction sent from any other / email id other than the details mentioned above.

I/We have read and understood the terms and conditions as applicable for the same and made available in the Indemnity. I/We further agree and undertake that the Bank shall not be held liable or responsible for any delay/error in transmission or reception or in completion/ not effecting of transaction and any resulting loss or damage to the Account Holder(s) on account thereof.

Thanking You.

Yours Sincerely

Customer Signature	Customer Signature
Customer Signature	Customer Signature

SBM WEALTH

Indemnity Letter Relating To Instructions Given By Email (On stamp paper)

Date D D M M Y Y Y Y

To,

The Branch Manager,

SBM Bank (India) Limited

_____ Branch

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.

Yours faithfully,

Name: _____	Name: _____
Signature: _____	Signature: _____
Name: _____	Name: _____
Signature: _____	Signature: _____

AMB Maintenance Declaration for Savings Account

Customer Details

Name:

Mobile No.: Email Id:

I/We understand that the Average Monthly Balance (AMB) requirement for SBM Savings Account is as below:

Savings Account Variant	AMB Requirement	Applicable Variant (Select one)
Wealth Savings Account	₹1,00,000	☐
Classic Savings Account	₹25,000* *₹10,000 for URC branches	☐

I/We also understand that non-maintenance of the above Average Monthly Balance (AMB) will attract charges, which have been explained to me/us for the respective Product. I/We have understood the detailed charging structure for non-maintenance and acknowledge that the same is available on SBM Bank India's website and may be revised from time to time.

To avoid these charges and maintain the required AMB, I/we can regularly monitor my/our account balance via the SBM Mobile Banking App and/or Internet Banking.

Customer Signature: _____

Place: _____

Date: _____

For Bank Use Only

Employee Name/ID: _____

Place: _____

Date: _____

Branch Stamp & Sign

Note: This declaration is part of the Savings Account opening process and should be retained as per Bank policy.