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SMBC					umber			
Account	Openin	a Form		200 200 200	umber			
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Foreign Currency Acc	count	EEFC		JSD IPY	EURO OTHER (GBP		
SMAR&TS (Intern	net Banking Fa	cility) Required	Yes	No C	hequebook Required	Yes No		
Company Details								
Customer Name								
Date of Incorporation / Registration Registered	DMMY	YYY						
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Country				Otate				
Tel. No.				Fax No.				
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Nature of	Manufactur	ring Finance / Ins	urance	Agriculture / Forest	try / Fishery Teleco	mmuncation		
Business	Export/ Imp	port Service		Investment	Dealer	s in precious		
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	Consultant			NGO / NPO		cation of various condominium residents,		
	Real Estate	e Other ()	Transportation	1,000,000 •0	on, circle, social gathering etc.)		
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Credit Facilities We declare that we	do not enjoy any credit fac	cilities with other bank(s)		
We enjoy the followi	ng credit facilities with oth	er bank(s)		
Bank	Address	Name of Facility	Account Number	Amount Rs.
Export Finance, Mortgage Lo	Term Loans, Overdraft, Cash o lans, Warehouse Receipt Final imit either secured or unsecured	nce, Factoring, Bill Discountii	s, Bank Guarantee, Docume ng. Cheque Discounting, Im	ntary Credit (Letter of Credit), port Finance (Buyer's Credit),
Initial Funding Details		**		
Cheque No			Date	
Drawn on Bank			Amount	
(Cheque should be crossed, A/C paye the specimen signature(s) provided to	ee and payable to "Customer Name" and the bank).		er bank. please ensure that the sign	ature(s) on funding cheque match with
Amount				
Incoming Remittance	/ Transfer	Sender Bank	v.	
Amount				
Special Instructions of I	Delivery of Statement	Will collect persona	allv	-
Loan I Expected Source of Funds Principal Shareholders / Be Note: Principal Shareholder shall mea	activities Saving/Asset nvestment / Loan / Repaym s: neficial Owners Information an and include; any person entitled to ex	nent of Loan Other	· :	
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Former or Other Name				
(if any) Nationality			Date of Birth	D D M N Y Y Y Y
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Address				
			Pin	Code
City			State	
Permanent				
Address				
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Document Type :		Other please specify _	VOICE S ID	
Identification Document Num	Driving License	Outor please specify)	
Customer Type :	Principal Shareholder	Beneficial Owner	Ownership (%)	

Page 5

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Customer Type			e identification proof):		
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