



SUMITOMO MITSUI BANKING CORPORATION

BRANCH : _____

SMBC

**Account Opening Form
(Corporate Customer)**

For Bank Use only	
Customer Number	_____
Account Number	_____
Date of Account Opening	_____

(Please use blue / black pen for filling the form)
I/We hereby request to open the following account. Terms not otherwise defined in this Account Opening Form shall have the same meaning as in the general part of the Account Opening Terms & Conditions.

Type of Account (Please tick whichever is applicable)

Rupees Account	<input type="checkbox"/> Current	<input type="checkbox"/> Fixed Deposit		
Foreign Currency Account	<input type="checkbox"/> EEFC	<input type="checkbox"/> USD	<input type="checkbox"/> EURO	<input type="checkbox"/> GBP
		<input type="checkbox"/> JPY	<input type="checkbox"/> OTHER ()	

SMAR&TS (Internet Banking Facility) Required Yes No **Chequebook Required** Yes No

Company Details

Customer Name	_____										
Date of Incorporation / Registration	D	D	M	M	Y	Y	Y	Y			
Registered Office Address	_____										
City	_____							State	_____		
Country	_____										
Tel. No.	_____							Fax No.	_____		
Mailing Office Address	_____										
City	_____							State	_____		
Country	_____										
Tel. No.	_____							Fax No.	_____		
Email	_____										
PAN/ GIR No / Tax Identification No.	_____										
Importer Exporter Code	_____										
GSTIN	_____										

Constitution

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company
<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society/ Clubs/ Associations
<input type="checkbox"/> Partnership Firm (Registered / Unregistered)	<input type="checkbox"/> Trust
<input type="checkbox"/> Statutory Corporation	<input type="checkbox"/> Others

Nature of Business

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance / Insurance	<input type="checkbox"/> Agriculture / Forestry / Fishery	<input type="checkbox"/> Telecommunication
<input type="checkbox"/> Export/ Import	<input type="checkbox"/> Service	<input type="checkbox"/> Investment	<input type="checkbox"/> Dealers in precious metal or stones
<input type="checkbox"/> Trading	<input type="checkbox"/> Retailing	<input type="checkbox"/> Construction	<input type="checkbox"/> Organisation of various kinds (condominium residents, association, circle, social gathering etc.)
<input type="checkbox"/> Consultant	<input type="checkbox"/> Wholesale	<input type="checkbox"/> NGO / NPO	
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Other ()	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Law office/judicial scrivener office/admn. scrivener/certified public accountant office/licensed tax accountant office			

Authorized Signature(s)

I/ We hereby sign below to signify my/ our agreement to the details provided and the Declaration below, the signature(s) of which I/ we agree shall also serve as my/ our specimen signature(s) for the selected Account to be held in the Bank's record.

1st Authorised Signatory's Details :

Name													
Father's/ Spouse Name													
Designation													
Registration													
Gender	Male	Female	Third Gender	Nationality									
Contact No.					Date of Birth	D	D	M	M	Y	Y	Y	Y
Residential Address													
											Pin Code		
City					State								
Country													
Tel. No.					Fax No.								
PAN					Passport/ Driving Licence No.								

<p>PHOTOGRAPH (Please paste the latest Passport size colored Photograph, signed across)</p>	Mode of Account Operation											
	<input type="checkbox"/> Singly	Rs.										/ Unlimited
	<input type="checkbox"/> Jointly	Rs.										/ Unlimited (to be signed jointly with)
	Special instructions (if any):											
<p>_____</p> <p>Specimen Signature with Stamp</p>												

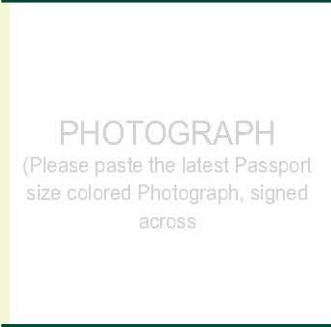
2nd Authorised Signatory's Details :

Name													
Father's/ Spouse Name													
Designation													
Registration													
Gender	Male	Female	Third Gender	Nationality									
Contact No.					Date of Birth	D	D	M	M	Y	Y	Y	Y
Residential Address													
											Pin Code		
City					State								
Country													
Tel. No.					Fax No.								
PAN					Passport/ Driving Licence No.								

<p>PHOTOGRAPH (Please paste the latest Passport size colored Photograph, signed across)</p>	Mode of Account Operation											
	<input type="checkbox"/> Singly	Rs.										/ Unlimited
	<input type="checkbox"/> Jointly	Rs.										/ Unlimited (to be signed jointly with)
	Special instructions (if any):											
<p>_____</p> <p>Specimen Signature with Stamp</p>												

3rd Authorised Signatory's Details :

Name																	
Father's/ Spouse Name																	
Designation																	
Registration																	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender	Nationality													
Contact No.					Date of Birth	D	D	M	M	Y	Y	Y	Y				
Residential Address																	
City											State						
Country																	
Tel. No.											Fax No.						
PAN					Passport/ Driving Licence No.												



Mode of Account Operation

Singly Rs. / Unlimited

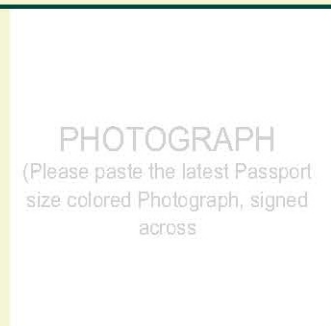
Jointly Rs. Unlimited (to be signed jointly with)

Special instructions (if any):

Specimen Signature with Stamp

4th Authorised Signatory's Details :

Name																	
Father's/ Spouse Name																	
Designation																	
Registration																	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender	Nationality													
Contact No.					Date of Birth	D	D	M	M	Y	Y	Y	Y				
Residential Address																	
City											State						
Country																	
Tel. No.											Fax No.						
PAN					Passport/ Driving Licence No.												



Mode of Account Operation

Singly Rs. / Unlimited

Jointly Rs. / Unlimited (to be signed jointly with)

Special instructions (if any):

Specimen Signature with Stamp

2. Full Name
Former or Other
Name (if any)
Nationality _____ Date of Birth D D M M Y Y Y Y
Residential
Address _____
Pin Code _____
City _____ State _____
Permanent
Address _____
Pin Code _____
City _____ State _____

Identification Document Type : PAN Card/ GIR No. Passport Voter's ID
 Driving License Other please specify _____

Identification Document Number : _____

Customer Type : Principal Shareholder Beneficial Owner Ownership (%) _____

Shareholding pattern of the company

Name	Holding %	Country	Listed in Stock Exchange	Non-Listed
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

In case the shareholder holds 15% or more shares as stated above is Non Listed Company, please mention the shareholding pattern of such Non Listed Company.

Name	Holding %	Country	Listed in Stock Exchange	Non-Listed
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Ultimate Beneficial Owner (UBO) :

- A. In case of corporate entities the "beneficial owner" is defined as the natural person(s) who ultimately own or control the legal entity directly/ indirectly through a shareholding or voting rights of 25% or having the controlling state in the entity whichever is less.
- B. In case of foundations & trusts / unincorporated entities which administer and distribute funds, the beneficial owner is any natural person who receives the benefits of 15% or more of the property, assets or income of the legal entity.

Whether carrying out transactions for a client: Yes No

If Yes, please specify the relation and also fill the UBO details below:

- Acting as formation agent of legal person(s).
- Acting as (or arranging for another person to act as) a Director or Secretary of a Company.
- Acting as (or arranging for another person to act as) a Partner of a Partnership Firm.
- Acting as (or arranging for another person to act as) a Trustee of an Express Trust.
- Acting as (or arranging for another person to act as) a nominee shareholder of another person.
- Any other (Please Specify) _____

Ultimate Beneficial Owner (UBO) for Corporate Entities

1. Number of Ultimate Beneficial Owners: _____
2. Details of Ultimate Beneficial Owners (please submit respective identification proof):

Customer Type	First Name	Last Name	Entity Name	% Ownership	Country of Residence

“Whether Transaction E-mail Alerts Facility Required”

Yes No

If Yes, Please Specify The E-mail Address To Be Registered As Below:

(i) _____ (ii) _____ (iii) _____

Declaration :-

1. I/ We declare that the information given herein by me/ us is true and correct, which Bank is entitled to verify directly or through any third party agent. I/ We also agree that, if any such declaration made by me/ us are found to be incorrect, Bank is not bound to pay any interest on the Account(s) opened by me/ us and is entitled to terminate the Account relationship.
2. I/ We acknowledge that the Bank may disclose information about me/ us if required or permitted by any law, rule or regulation or at the request of any public or regulatory or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from me/us.
3. I/ We also confirm that I/we am/are complying with the Foreign Exchange Management Act of 1999 (FEMA) and Foreign Contribution (Regulation) Act of 1976(FCRA), and the rules and regulations made thereunder and any amendments thereto.
4. I/ We understand and acknowledge that any violation or non-observance of the undertakings given herein will be subject to action under FEMA and FCRA.
5. I/ We agree to abide by the rules/ provisions as prescribed by the Reserve Bank of India from time to time.
6. I/We also confirm not to commence or undertake any activity/ transaction which is not permissible under the prevalent Foreign Direct Investment Policy or any other applicable Policy or guidelines of the Government of India/ Reserve Bank of India save and except after obtaining specific prior approval from the concerned authorities under advice to the Bank.
7. I/We hereby confirm and declare that I/we am/are not dealing with or shall have any transactions with the entities individuals/ organisations that are banned / restricted by UNO/ OFAC/ European Union Sanctions/ Government of India/ RBI or any other authorities.
8. I/ We shall maintain the minimum balance requirement as applicable at all times and the Bank shall levy prescribed charges in case of non-maintenance of minimum balance. In case of Change of mailing address and other contact details, the same shall be communicated to the Bank in writing.
9. I/ We hereby undertake to intimate the Bank about any changes in my/ our residential status as per FEMA.

I/We hereby acknowledge that I/ We have received, read and understood the Bank's prevailing Terms, Conditions and Rules governing Deposit Accounts and Schedule of Fees and Charges relating to the above account being opened by me/ us. I/ We agree to abide by the same as amended from time to time and further agree to abide by any additional terms and conditions governing any facilities, products and/ or services offered by the Bank as I/ We may apply for and/ or utilize from time to time.

Signatures of Chairman/ Person authorized for account opening as per the Board Resolution/ Sole Proprietor / all Partners (with rubber stamp)

For Bank Use Only

Full Name and ID of the Bank Employee in whose presence signed

Name : _____ **Employee ID :** _____

Date : _____ **Signature / Stamp :** _____