



SUMITOMO MITSUI BANKING CORPORATION

SMBC

Account Opening Form (Corporate Customer)

BRANCH : _____

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	<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													
											Pin Code		
City								State					
Country													
Tel. No.							Fax No.						
PAN				Passport/ Driving Licence No.									
Aadhar 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	<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													
											Pin Code		
City								State					
Country													
Tel. No.							Fax No.						
PAN				Passport/ Driving Licence No.									
Aadhar 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															
													Pin Code		
City									State						
Country															
Tel. No.								Fax No.							
PAN					Passport/ Driving Licence No.										
Aadhar No.															

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

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															
													Pin Code		
City									State						
Country															
Tel. No.								Fax No.							
PAN					Passport/ Driving Licence No.										
Aadhar No.															

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

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

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 : _____