Page 1

| | SUMITON | 10 MITSU | JI BAN | NKING | ING CORPORATION | | | | |
|--|--|------------------------|----------------|------------------|----------------------------|------------------------------------|----------------|----|--|
| | BRANCH: | | | For Bar | nk Use only | | | | |
| SMBC | | | | | ner Number | | | | |
| |)noning E | orm | | Account Number | | | | | |
| Account (Corporate Custo | - | Orm | Date of | Account Opening | | | | | |
| (Please use blue / bla | ck pen for filling the o open the following | account. Terms no | | | ccount Opening Form ns. | shall | | | |
| Type of Account (Ple | ease tick whichever is | applicable) | | | | | | | |
| Rupees Account | | Current | | Fixed Deposit | | | | | |
| Foreign Currency Accou | unt | EEFC | | USD JPY | EURO OTHER (|) | GBP | | |
| SMAR&TS (Internet | t Banking Facility | Required | Yes | No | Chequebook Red | quired | Yes | No | |
| Customer Name Date of Incorporation / Registration Registered Office Address | D M M Y Y Y | Y | | | | | | | |
| | | | | | | Pin Code | | | |
| City | | | | State | | | | | |
| Country | | | | | | | | | |
| Tel. No. | | | | Fax No. | | | | | |
| Mailing | | | | | | | | | |
| Office Address | | | | | | | | | |
| | | | | | | Pin Code | | | |
| City | | | | State | | | | | |
| Country | | | | | | | | | |
| Tel. No. | | | | Fax No. | | | | | |
| Email | | | | | | | | | |
| PAN/ GIR No./ Tax Iden | | | | | | | | | |
| Importer Exporter Code GSTIN | | | | | | | | | |
| Constitution | Sole Proprietorsh | ip | | Private Lin | nited Company | | | | |
| | Public Limited Co | | | | lubs/ Associations | | | | |
| | Partnership Firm | (Registered / Unreg | istered) | Trust | | | | | |
| | Statutory Corpora | | , | Others | | | | | |
| Nature of | Manufacturing | Finance / Insu | rance | Agriculture / F | orestry / Fishery | Telecommu | ıncation | | |
| Business | Export/ Import | Service | | Investment | , | Dealers in | | | |
| | Trading | Retailing | | Construction | | metal or sto | | | |
| | Consultant | Wholesale | | NGO / NPO | | Organisation | of various | | |
| | Real Estate | Other (|) | Transportatio | n | kinds (condon association, circ | | | |
| | | | mn corbins = | | | | | | |
| | Law office/judicia | r scriverier onice/adi | iiii. scrivene | r/cerunea public | accountant office/licen | seu lax accol | IIIIaiil Offic | ,e | |

| serve as my/ our sp | ecimen signa | ture(s) for the | selected Accoun | t to be held in | the Bank's recor | rd. | | | | |
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| 1st Authorised S | Signatory's | Details : | | | | | | | | |
| Name | | | | | | | | | | |
| Father's/ Spouse Name | | | | | | | | | | |
| Designation | | | | | | | | | | |
| Registration Gender | Male | Female | Third Gender | Nationality | | | | | | |
| Contact No. | Walc | Terriale | Tillia Octiaci | radoriality | Date of Birth | DDM | M Y Y Y Y | | | |
| Residential | | | | | Date of biltin | D D M I | VITTT | | | |
| Address | | | | | | | | | | |
| | | | | | | | Pir | Code | | |
| City | | | | | State | | | . 0000 | | |
| Country | | | | | | | | | | |
| Tel. No. | | | | | Fax No. | | | | | |
| PAN | | | | Passport/ Drivir | ng Licence No. | | | | | |
| Aadhar No. | | | | | | | | | | |
| | | | Account Opera | tion | | | | | | |
| | | Sin | | | / Unlimited | | | | | |
| PHOTOG | RAPH | Joi | ntly Rs. | | / Unlimited | (to be signe | d jointly with | | |) |
| (Please paste the I | | | instructions | | | | | | | |
| size colored Photo acros | | (if any): | • | | | | | | | |
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| | Specimen Signature with Stamp | | | | | | | | | |
| | | | | | S | Specimen Sian | ature with Star | mp | _ | |
| 2nd Authorised | Signatory's | Details : | | | S | Specimen Sign | ature with Star | тр | | |
| 2nd Authorised | Signatory's | Details : | | | S | Specimen Sign | ature with Star | np | | |
| Name Father's/ Spouse | Signatory's | Details : | | | S | Specimen Sign | nature with Star | mp | | |
| Name Father's/ Spouse Name | Signatory's | Details : | | | S | Specimen Sign | nature with Star | тр | | |
| Name Father's/ Spouse Name Designation Registration | | | | | S | Specimen Sign | nature with Star | mp | | |
| Name Father's/ Spouse Name Designation | Signatory's Male | Details : | Third Gender | Nationality | S | | | | | |
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| Name Father's/ Spouse Name Designation Registration Gender Contact No. Residential Address | | | Third Gender | Nationality | Date of Birth | | M Y Y Y Y | | | |
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| 3rd Authorised | Signatory's | s Details : | | | | | | | |
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| | | | | | | | | | |
| Name Father's/ Spouse | | | | | | | | | |
| Name | | | | | | | | | |
| Designation | | | | | | | | | |
| Registration Gender | Male | Female | Third Gender | - Nationality | | | | | |
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| Contact No. | | | | Date of Birth D D M M Y Y Y Y | | | | | |
| Residential Address | | | | | | | | | |
| Address | | | | | | | | | |
| | | | | Pin Code | | | | | |
| City | | | | State | | | | | |
| Country | | | | | | | | | |
| Tel. No. | | | | Fax No. | | | | | |
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| Aadhar No. | | | | | | | | | |
| | | 1 14 1 | | | | | | | |
| | | | of Account Opera | | | | | | |
| | | | ngly Rs. | | | | | | |
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| size colored Photog | | (if any) | (if any): | | | | | | |
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| 4th Authorised | Signatory's | s Details : | | Specimen Signature with Stamp | | | | | |
| 4th Authorised | Signatory's | s Details : | | Specimen Signature with Stamp | | | | | |
| Name Father's/ Spouse | Signatory's | s Details : | | Specimen Signature with Stamp | Ħ | | | | |
| Name Father's/ Spouse Name | Signatory's | s Details : | | Specimen Signature with Stamp | | | | | |
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| Name Father's/ Spouse Name | Signatory's | s Details : | Third Gender | | | | | | |
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| Name Father's/ Spouse Name Designation Registration Gender Contact No. Residential | | | Third Gender | - Nationality | | | | | |
| Name Father's/ Spouse Name Designation Registration Gender Contact No. Residential | | | Third Gender | - Nationality Date of Birth D D M M Y Y Y Y | | | | | |
| Name Father's/ Spouse Name Designation Registration Gender Contact No. Residential Address City | | | Third Gender | - Nationality Date of Birth D M M Y Y Pin Code | | | | | |
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| Name Father's/ Spouse Name Designation Registration Gender Contact No. Residential Address City Country Tel. No. | | Female | | Nationality Date of Birth D M Pin Code State Fax No. Passport/ Driving Licence No. | | | | | |
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| Name Father's/ Spouse Name Designation Registration Gender Contact No. Residential Address City Country Tel. No. PAN | | Female Mode of | Account Opera | Nationality Date of Birth Pin Code State Fax No. Passport/ Driving Licence No. | | | | | |
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| Credit Facilities We declare that we | do not enjoy any credit fac | ilities with other bank(s) | | | |
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| | ng credit facilities with other | ` ' | | | |
| Bank | Address | Name of Facility | Account Number | Amount Rs. | |
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| Export Finance, Mortgage Lo | Term Loans, Overdraft, Cash (ans, Warehouse Receipt Finar imit either secured or unsecured | nce, Factoring, Bill Discountir | s, Bank Guarantee, Documer ng. Cheque Discounting, Imp | ntary Credit (Letter of Credit), ort Finance (Buyer's Credit), | |
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| the specimen signature(s) provided to | ee and payable to "Customer Name" and the bank). | | er bank. please ensure that the signa | ture(s) on funding cheque match with | |
| | | | | | |
| Amount Incoming Remittance | | | | | |
| Amount | | | | | |
| Special Instructions of I | | Will collect persona | | | |
| Loan I Expected Source of Funds Principal Shareholders / Be Note: Principal Shareholder shall mea | s activities Saving/Asset nvestment / Loan / Repaym s: neficial Owners Information an and include; any person entitled to ex | ent of Loan Other | s: | nent of Goods or Services ny should be regarded as a 'principal | |
| shareholder' of the company. If more than 2 principal share holders, | , please use extra sheet. | | | | |
| 1. Full Name Former or Other Name | | | | | |
| (if any) | | | Data (Didl | | |
| Nationality Residential | | | Date of Birth | D D M N Y Y Y Y | |
| Address | | | | | |
| | | | Pin (| Code | |
| City | | | State | | |
| Permanent Address | | | | | |
| City | | | State Pin (| Code | |
| Identification | PAN Card/ GIR No. | Passport | Voter's ID | | |
| Document Type : | Driving License | Other please specify _ | | | |
| Identification Document Num | | , | | | |
| Customer Type : | Principal Shareholder | Beneficial Owner | Ownership (%) | | |
| | | | | | |

| 2. Full N Former or Name (if a Nationali Residenti Address | r Other | | | | | M Y Y |
|---|--|---|-------------------------------------|--------------------------|---|------------------|
| City Permane | ent | | | State | Pin Code | |
| Address | | | | | Pin Code | |
| City | | | | State | | |
| | fication | PAN Ca | rd/ GIR No. | Passport | Voter's ID | |
| Docur | ment Type : | Driving | License | Other please speci | fy | |
| Identit | fication Document N | lumber : | | | | |
| Custo | omer Type : | Principa | l Shareholder | Beneficial Owner | Ownership (%) | |
| Shar | eholding pattern | of the comp | any | | | |
| | Name | | Holding % Country | | Listed in Stock Exchange | Non-Listed |
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| | se the shareholde orn of such Non Lis | | | s stated above is Non | Listed Company, please mention the | ne shareholding |
| | Name | | Holding % | Country | Listed in Stock Exchange | Non-Listed |
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| A. II | entity directly/ indiress. n case of foundati | e entities the ectly through ons & trusts | "beneficial owners a shareholding o | r voting rights of 25% o | tural person(s) who ultimately own or having the controlling state in the dister and distribute funds, the bene | entity whichever |
| r | natural person who | receives the | benefits of 15% o | r more of the property, | assets or income of the legal entity. | |
| Whet | ther carrying out tra | ansactions for | a client: | es No | | |
| If Yes | s, please specify the | e relation and | also fill the UBO | details below: | | |
| A | Acting as formation | agent of lega | ıl person(s). | | | |
| | • | • | . , | s) a Director or Secreta | ry of a Company. | |
| | | - | | s) a Partner of a Partne | | |
| | | • | • | s) a Trustee of an Expre | | |
| | • • • | , , | er person to act as | s) a nominee sharehold | der of another person. | |
| F | Any other (Please | Specify) | | | | |

| Ultimate Beneficial Number of Ultimate Details of Ultimate | e Beneficial Owners: _ | | | | |
|--|--|--|---|--|---|
| Customer Type | First Name | Last Name | Entity Name | % Ownership | Country of Residence |
| Declaration: 1. I/ We declare that the party agent. I/ We interest on the Accomplete ac | he information given he also agree that, if any count(s) opened by me/e that the Bank may displic or regulatory or if seation from me/us. It was also acknowledge that if the and acknowledge that if CRA. The by the rules/ provision or any other applicable or or approval from the firm and declare that are banned / restrict on the minimum balance of minimum balance of minimum balance he Bank in writing. It ake to intimate the Baredge that I/ We have | erein by me/ us is true as a such declaration made us and is entitled to teresclose information about such disclosure is requireles and regulations in any violation or non-compact and a such disclosure is requireles and regulations in any violation or non-compact and a such disclosure is requireles and regulations in any violation or non-compact and a such disclosure is prescribed by the dertake any activity/ tree Policy or guidelines of concerned authorities I/we am/are not dealined by UNO/ OFAC/ Exprequirement as application of the concerned authorities in case of Change in the concerned authorities are requirement as application of the concerned authorities are requirement as application and the concerned authorities are requirement as application and are requirement as application and are requirement as application are requirement as application and are requirement as application and are requirement as a proper are requirement as a proper are requirement as a proper are requirement as application and are requirement as a proper are requirement as a proper are requir | and correct, which Bank de by me/ us are found minate the Account rela ut me/ us if required or p ired for the purposes of Exchange Managemer nade thereunder and ar observance of the under ansaction which is not the Government of India ansaction which is not of the Government of India under advice to the Bar ng with or shall have European Union Sanct cable at all times and th of mailing address a | k is entitled to verify directory to be incorrect, Bank ationship. Dermitted by any law, reference from time from time to time. Dermissible under the ia/ Reserve Bank of Ink. Dermissible under the ia/ Reserve Bank | rectly or through any third is not bound to pay any ule or regulation or at the thout any further specific |
| facilities, products and Signatures of Chairman/ | | | | | rs (with rubber stamp) |
| | | | | | |
| | of the Bank Employ | yee in whose prese | _ | | |
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| Date : | | | Signature / S | tamp : | |

Signature / Stamp : _____