



SUMITOMO MITSUI BANKING CORPORATION

Branch : _____

For Bank Use only

Customer Number _____
Account Number _____
Date of Account Opening _____

SMBC

Account Opening Form

(Savings / Trust / HUF Account)

(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"/> Savings	<input type="checkbox"/> NRE / NRO	<input type="checkbox"/> Basic Banking Saving Account		
Foreign Currency Account	<input type="checkbox"/> FCNR	Currency	<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

Constitution : Individual HUF Trust Others _____ (please specify)

Applicant Details

Applicant Name	_____											
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender
Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Foreign	Category	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident							
Mother's Maiden Name	_____											
Mailing Address	_____											

	Pin Code											
City	_____					State						
Country	_____											
Tel. No.	_____					Fax No.						
Residential Address	_____											

	Pin Code											
City	_____					State						
Country	_____											
Mobile No.	_____					PAN/ GIR No./ Tax Identification No.						
Email ID	_____											
GSTIN	_____					Aadhar No.						
Tel. No.	_____					Fax No.						

Please paste the latest Passport size colored Photograph, signed across.

Occupation : Service Retired Self Employed Housewife Student Retiree/non occupation
 Others _____ (pls specify)

If self Employed : Lawyer/Judicial scrivener/Administrative scrivener/Certified public accountant/Licensed tax accountant Doctor
 Restaurant/Retail Agriculture/Forestry/Fishery Real estate Dealer in precious metals or stones
 Finance/Insurance Consulting Investment

Academic Qualification : Graduate Post Graduate Professional Others _____

Source of Income : _____

<p style="text-align: center; font-weight: bold; font-size: 1.2em;">PHOTOGRAPH</p> <p style="font-size: 0.8em;">(Please paste the latest Passport size colored Photograph, signed across</p>	<p>Mode of Account Operation</p> <p> <input type="checkbox"/> Singly <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor </p> <p> <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other : _____ (please specify) </p> <p>Special instruction (if any):</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
_____ Specimen Signature with Stamp	

Initial Funding Details

Cheque Details

Cheque No. _____ Date _____

Amount _____

Drawn on Bank _____

Amount (in Figures) _____

(Cheque should be crossed A/C payee & drawn payable to "Customer Name" and should be from own account with other bank. Please ensure that the signature(s) on funding cheque match with the specimen signature(s) provided to the bank).

Via RTGS/NEFT

Remitting Bank Name : _____ Branch Name : _____

Account No. : _____ Remitter's Name : _____

Amount _____ Amount (in Figures) _____

Introduction Details:

Name of Introducer _____ Account No. _____. I/We confirm that we maintain an account with SMBC, _____ Branch for over 6 months.

I/We personally know the applicant (s) detailed in the Account Opening Application Form for more than six months and confirm his/her/their identity, occupation and address as stated in this application.

Introducer's Signature _____

(With stamp if applicable)

Special Instructions of Delivery of Statement Will collect personally

KYC Details :

Purpose of Account Opening:

- | | |
|--|---|
| <input type="checkbox"/> Settlement of living Expense
<input type="checkbox"/> Settlement of goods and services
<input type="checkbox"/> Receipt of salary/pension
<input type="checkbox"/> Loan
<input type="checkbox"/> Foreign Exchange | <input type="checkbox"/> Settlement of Business Activities
<input type="checkbox"/> Settlement of overseas travel expenses
<input type="checkbox"/> Saving/ Asset management
<input type="checkbox"/> Investment/Repayment of Loan
<input type="checkbox"/> Application for Insurance |
|--|---|

Expected source of funds : _____

Ultimate Beneficial Owner (UBO) (For trust and HUF accounts) :

When the client is a trust, the banking company and financial institution, as the case may be, shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Whether carrying out transactions for a client: Yes No

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

(UBO here refers that you are maintaining or propose to maintain the account for the benefit of other person)

- 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.
- 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) _____

1. Full Legal Name of Customer : _____

2. Number of Ultimate Beneficial Owner : _____

3. Details of Ultimate Beneficial Owners (please submit respective identification proof) :

Name	Address	Date of Birth	Country of Residence

Minor Declaration

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. Upon attaining majority, I undertake to produce the Minor at the bank along with required documents for conversion of account status from minor to major and shall not operate the account further on behalf of the Minor. I understand that the bank may temporarily freeze operations in the account until the required formalities have been fulfilled by me/Minor turned Major.

Date: _____

Signature of Parent / Guardian: _____ Name of Parent / Guardian _____

Nomination Form

YES, I / We want to nominate the following person.

NO, I / We do not want to nominate anyone on my / our behalf.

If yes, please complete the below fields.

Would you like the name of your nominee to be printed on the deposit confirmation advice and statement of accounts issued to you. YES NO.

Nomination under Sec. 45ZA of the Banking Regulation Act, 1949, and Rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposit.

I/We* nominate the following person to whom in event of my/our* death, all amount of deposit in the account of the above account holder(s), details whereof are given below, may be returned by SMBC.

Account/Deposit No/s

Name of Nominee & Address	Relationship with Depositor, if any	Nominee Age	Nominee DOB

*(incase nominee is minor) As the nominee is a minor on this date, I appoint _____ his/her natural guardian to receive the amount of the deposit in the account on behalf of the nominee in the event of my death during the minority of the nominee.

Name of witness 1 : _____ Signature of Witness 1 : _____

Place : _____ Date : _____

Address of witness 1 : _____

Name of witness 2 : _____ Signature of Witness 2 : _____

Place : _____ Date : _____

Address of witness 2 : _____

Signature of Sole/First Applicant

Signature of 2nd Applicant

For NRO Accounts

I / We declare that the Entity will not make available to any person resident in India any foreign exchange against reimbursement in India in Rupees or in any other manner.

I / We undertake that in cases of debits to the NRO account for the purpose of investment in India and credits representing sale proceeds of investments, I / We will ensure that such investments/disinvestments will be in accordance with the regulations made by the Reserve Bank of India in this regard.

Authorized signatory(s)/ Account Holder

Declaration

1. I / We declare that the information given herein by me/us is true and correct, which SMBC is entitled to verify directly or through any third party agent. I/We also agree that, if any such declarations made by me/us are found to be incorrect, SMBC 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 authority 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 hereby confirm and declare that I/we 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.
7. 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.
8. I / We hereby undertake to intimate SMBC about any change 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 Account 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.

Signature of Sole/First Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

For Bank Use Only

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

Name : _____ Employee ID : _____

Date : _____ Signature / Stamp : _____