

Account Opening Form

To be filled by the applicant

Fields marked with * are mandatory

A/c Opening Date

A/c No.

Cust. ID

Appl. Regn. No. (Workflow)

Type of Applicant: Sole Proprietor Male Female Third Gender
 Resident Individual Male Female Third Gender
 Resident Non-individual
 Non-Resident Non-individual
 Foreign Entity Others _____

Type of Account: Current
 Currency: INR
 Foreign Currency USD EUR GBP Others _____
 Scheme Code
 CIF ID UCIF ID

Account Detail

Title* Entity Name

 Title* Account Name

Applicant Detail

Existing Customer* Yes No If Yes, Customer ID
 PAN* or FORM 60 & 49A or FORM 60/61 If PAN is not available, please fill up ADD-ON Form 60/61 and Form 49A
 GSTIN TAN LEI No. (Compulsory for entities having credit exposure of INR 50 Crores & above)
 Date of Incorporation/Registration* Registration/CIN No*
 Validity Period From* To Place/City of Incorporation/Registration*
 Country of Incorporation/Registration
 Listed Company Yes No If yes Listing Code (BSE/NSE/MCX)

Registered Address*

Address 1
 Address 2
 Landmark
 City PIN
 State Country
 Phone Premises Owned Rented/Leased

Communication Address* Please tick if same as Registered Address

Address 1
 Address 2
 Landmark
 City PIN
 State Country
 Phone Premises Owned Rented/Leased

Business Address* Please tick if same as Communication Address Please tick if same as Registered Address

Address 1
 Address 2
 Landmark
 City PIN
 State Country
 Phone Premises Owned Rented/Leased

Contact Person (Any one of the authorized signatory for this account)

For all communication related to this current account will be sent to the below mentioned contact person. In case of any change in future please inform the Bank about the same.

Name*
 Tel No. Mobile No*
 Email ID*
 Name*
 Tel No. Mobile No*
 Email ID*
 Name*
 Tel No. Mobile No*
 Email ID*

Customer Business Profile

Nature of Business*

- | | | | | |
|----------------------------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Stock Broker | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Trading(Retail/wholesale) |
| <input type="checkbox"/> Agri | <input type="checkbox"/> Jewellers | <input type="checkbox"/> Transport | <input type="checkbox"/> Education | <input type="checkbox"/> Trust |
| <input type="checkbox"/> NGO | <input type="checkbox"/> Bullion | <input type="checkbox"/> Regulator | <input type="checkbox"/> Mining | <input type="checkbox"/> Exploration of Oil/Gas/Minerals |
| <input type="checkbox"/> Electronics & Telecommunication | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Aviation | <input type="checkbox"/> Shipping |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Retail | <input type="checkbox"/> e-Commerce | <input type="checkbox"/> Fintech | <input type="checkbox"/> Start Ups |
| <input type="checkbox"/> Digital Services | <input type="checkbox"/> SME | <input type="checkbox"/> MSME | <input type="checkbox"/> Others (Please specify) _____ | |

Group Company Yes No (If yes, please provide below details)

Name of Group Company

Location

Nature of Business

Bank Name

Type of Products/ Goods Dealing in

Annual Turnover*(Actual) <5cr >5-25cr >25cr-50cr >50-100cr >100-150cr >150-250cr >250-500cr >500-750cr >750cr

Networth (Actual) <5cr <5-25cr <25cr-50cr <50-100cr <100-150cr <150-250cr <250-500cr <500-750cr >750cr

Whether involved in Export Import Turnover IEC (copy to be attached)

No of Years in Business Years Months

Constitution*

Proprietorship Partnership Limited Liability Partnership Public Ltd Company Private Ltd company

Trust Self Help Group Societies Section 25 Company Credit Co-operative

University Bank Financial Service Cos Foreign Bodies-Project Office Foreign Bodies-Branch Office

Foreign Bodies-Liasion Office Club Association Consulate/Embassy Educational Institution

State Government Local Authority Central Government HUF Others _____

Operating Instructions

Mode of Operation: Single Signatory Any 2 Jointly Jointly by All Prop / Authorised Signatory

Any one Partner Any one Trustee As per Board resolution Others _____

Initial Payment:

Amount ₹ ps

Cash (To open account with cash, customer must deposit the cash in account opening branch only)

Cheque Cheque No Date Drawn on _____ Bank _____ Branch _____

Cheque should be crossed A/C payee and drawn payable to "SBM Bank (India) Ltd. A/c <Applicant Name>"

Debit my/ our existing A/C No

Tran ID Tran Date

Online Transfer _____

Applicant Signature only for A/C Debit

Channel Registration*

CHANNEL ACCESS REQUEST*: I/we would like to apply for access to the following channels

Tele Banking* Yes No CMS Yes No (If Yes, Bank representative will get in touch with you)

SMS Banking* Yes No

MS and Mobile Banking Yes No Mobile No (Only applicable for Proprietorship Account)

E-Forex Yes No Mobile No

E-mail ID

Retail Internet Banking: Yes No (Applicable for Sole Proprietorship only)

Corporate Internet Banking: Yes No (Applicable for all constitutions, please fill corporate internet banking form to avail the facility)

DEBIT CARD (only for Non Insta) Yes No (If yes, fill in details below)

First Holder

Your Debit card will be a chip card activated for international & Domestic usage. Deactivation of International Usage on Debit Card can be done through - Internet Banking / Mobile App / SBM Bank IVR

Name

Date of Birth of the Applicant

Name as desired on the Card (Maximum upto 18 characters)

Nomination Details (For Insurance Cover) (Nominee will be same as account nominee, insurance cover applicable only for debit card)

Name of the Nominee

Address

Relationship with the Card Holder Date of Birth (for minor)

Name of the Guardian (for minor)

Existing Account Linking Details (Applicable only for Sole Proprietorship)

I would also like to link my following SBM Bank (India) Ltd. Savings Bank/Current Account to my Debit Card

A/C No. (i) A/C No. (ii)

CHEQUE BOOK FACILITY: Yes No

ACCOUNT STATEMENT OPTION*:

E-mail E-statement applicable for all accounts Daily Weekly Fortnightly Monthly

E-mail ID*

Authorised Signatory - 1 (* Fields are Mandatory)

Existing Customer: No Yes (CIF ID, If yes) CKYC ID:

DIN/DPIN: (Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)

Aadhaar: Yes No (copy attach) (not mandatory)

Name*:

Gender*: Male Female TG DOB*: Nationality*: Indian Foreign National/NRI Others (Please Specify)

Mother's Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

Mobile No.*: PAN*: or Form 60/61 and Form 49A

Occupation: Business Self-employed Professional Service Other (Please Specify)

Marital Status: Married Single Other Qualification: Postgraduate Graduate Undergraduate Other

Financial Limits for Funds Transfer through Internet Banking and Cheque Payment (Signing Power)

E-mail ID:

View Only (Non-Financial) Transaction (Financial)

Internet Banking Yes No

Phone Banking Yes No

(Available only if the mode of operation is Singly/Severally)



Authorised Signatory - 2 (* Fields are Mandatory)

Existing Customer: No Yes (CIF ID, If yes) CKYC ID:

DIN/DPIN: (Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)

Aadhaar: Yes No (copy attach) (not mandatory)

Name*:

Gender*: Male Female TG DOB*: Nationality*: Indian Foreign National/NRI Others (Please Specify)

Mother's Maiden Name*:

Father's/Spouse's Name:

Residential Address*:

Mobile No.*: PAN*: or Form 60/61 and Form 49A

Occupation: Business Self-employed Professional Service Other (Please Specify)

Marital Status: Married Single Other Qualification: Postgraduate Graduate Undergraduate Other

Financial Limits for Funds Transfer through Internet Banking and Cheque Payment (Signing Power)

E-mail ID:

View Only (Non-Financial) Transaction (Financial)

Internet Banking Yes No

Phone Banking Yes No

(Available only if the mode of operation is Singly/Severally)



Authorised Signatory - 3 (* Fields are Mandatory)

Existing Customer: No Yes (CIF ID, If yes) CKYC ID:

DIN/DPIN: (Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)

Aadhaar: Yes No (copy attach) (not mandatory)

Name*:

Gender*: Male Female TG DOB*: Nationality*: Indian Foreign National/NRI Others (Please Specify)

Mother's Maiden Name*:

Father's/Spouse's Name:

Residential Address*: PIN*:

Mobile No.*: PAN*: or Form 60/61 and Form 49A

Occupation: Business Self-employed Professional Service Other (Please Specify)

Marital Status: Married Single Other Qualification: Postgraduate Graduate Undergraduate Other

Financial Limits for Funds Transfer through Internet Banking and Cheque Payment (Signing Power)

E-mail ID:

View Only (Non-Financial) Transaction (Financial)

Internet Banking Yes No

Phone Banking Yes No

(Available only if the mode of operation is Singly/Severally)



Authorised Signatory - 4 (* Fields are Mandatory)

Existing Customer: No Yes (CIF ID, If yes) CKYC ID:

DIN/DPIN: (Applicable for Pvt. Ltd./Ltd. Companies/OPC and LLPs)

Aadhaar: Yes No (copy attach) (not mandatory)

Name*:

Gender*: Male Female TG DOB*: Nationality*: Indian Foreign National/NRI Others (Please Specify)

Mother's Maiden Name*:

Father's/Spouse's Name:

Residential Address*: PIN*:

Mobile No.*: PAN*: or Form 60/61 and Form 49A

Occupation: Business Self-employed Professional Service Other (Please Specify)

Marital Status: Married Single Other Qualification: Postgraduate Graduate Undergraduate Other

Financial Limits for Funds Transfer through Internet Banking and Cheque Payment (Signing Power)

E-mail ID:

View Only (Non-Financial) Transaction (Financial)

Internet Banking Yes No

Phone Banking Yes No

(Available only if the mode of operation is Singly/Severally)



Additional Products & Services (Please tick service interested in)

DOORSTEP BANKING (Please submit Indemnity form for On-Call (> 2 Lacs) or Beat service)

<input type="checkbox"/> Cash Pick-up: _____ Value _____	<input type="checkbox"/> Cash Delivery: _____ Value _____	<input type="checkbox"/> Beat Service	<input type="checkbox"/> On-Call
<input type="checkbox"/> Cheque Pick-up		<input type="checkbox"/> Beat Service	<input type="checkbox"/> On-Call

OTHER SERVICES/PRODUCTS

<input type="checkbox"/> PoS/Payment Gateway	<input type="checkbox"/> Commercial Card	<input type="checkbox"/> Forex Card	<input type="checkbox"/> Corporate Salary	<input type="checkbox"/> Locker	<input type="checkbox"/> Standing Instruction/ECS/Bill Payment facility <small>(Please fill SI/ECS/Bill Payment Form and details)</small>
Insurance	<input type="checkbox"/> Fire (Stock/Property)	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Group Health	<input type="checkbox"/> Marine	
Loans Required	<input type="checkbox"/> Working Capital Loan	<input type="checkbox"/> Loan Against Property	<input type="checkbox"/> Loan Against Card Receivables	<input type="checkbox"/> Term Loan	<input type="checkbox"/> Export Credit

PRODUCTS FOR AUTHORISED SIGNATORY

Product	Authorised Signatory 1	Authorised Signatory 2	Authorised Signatory 3	Authorised Signatory 4
Name				
Credit Card	<small>(Please specify the Credit Card Product)</small>	<small>(Please specify the Credit Card Product)</small>	<small>(Please specify the Credit Card Product)</small>	<small>(Please specify the Credit Card Product)</small>
Personal Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forex Card(FX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Above mentioned products are governed by the applicable Terms and Conditions and would be offered at the sole discretion of the Bank

Instructions/check list/guidelines for filling legal entity kyc application form

General Instructions:

- Fields marked with '*' are mandatory.
- Tick '✓' wherever applicable.
- Please fill the form in English and in BLOCK letters.
- Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle Act, 1988 and ISO 3166 country code respectively list of which is available at the end.
- KYC number of applicant is mandatory for update application.
- For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

A Clarification/Guidelines for filling 'Account Holder' type section

US Reportable

- F1 - Owner-Documented FI with specified US owner(s)
- F2 - Passive Non-Financial Entity with substantial US owner(s)
- F3 - Non-Participating FFI
- F4 - Specified US Person
- F5 - Direct Reporting NFFE
- XX - Not Applicable

Other Reportable

- C1-Passive Non-Financial Entity with one or more controlling person that is a Reportable Person
- C2 - Other Reportable Person
- C3 - Passive Non-Financial Entity that is a CRS Reportable
- XX - Not Applicable

B Clarification/Guidelines for filling 'Nature of Business/Entity Constitution' type section

Entity Constitution Type:

- | | |
|------------------------------------------------------------|-----------------------------------|
| A - Sole Proprietorship | H - Trust |
| B - Partnership Firm | I - Liquidator |
| C - HUF | J - Limited Liability Partnership |
| D - Private Limited Company | K - Artificial Juridical Person |
| E - Public Limited Company | Z - Others |
| F - Society | X - Not Categorized |
| G - Association of Persons (AOP)/Body of Individuals (BOI) | |

C Clarification/Guidelines for filling 'Entity Details' section

Identification Type:

- T - TIN
- C - Company Identification Number
- G - US GIIN
- E - Global Entity Identification Number (EIN)
- O - Other

D Clarification/Guidelines for filling 'Proof of Identity [PoI]' section

- One certified copy of any one of the mentioned Proof of Identity [PoI] needs to be submitted.

E Clarification/Guidelines for filling 'Proof of Address [PoA]' section

- State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.
- In case of multiple correspondence/Local addresses, please fill 'Annexure A2'

F Clarification/Guidelines for filling 'Contact Details' section

- Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

G Clarification/Guidelines for filling 'Related Person Details' section

I Personal Details

- Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Either **father's name or spouse's name** is to be mandatorily furnished. In case PAN is not available, father's name is mandatory.

II Resident outside India for tax purposes

- Jurisdiction(s) of Residence:** It may be mentioned that since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
- Tax Identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification ("Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

III Proof of Identity [PoI]

- If driving license number or passport is provided as PoI, then expiry date is to be mandatorily furnished.
- Mention identification/reference number if 'Z- Others (any document notified by the central government)' is ticked.

IV Proof of Address [PoA]

- PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.

H Clarification/Guidelines for filling 'Details of Controlling Person' section

I Personal Details

- Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the PoI submitted failing which the application is liable to be rejected.
- Either **father's name or spouse's name** is to be mandatorily furnished. In case PAN is not available, father's name is mandatory.

II Proof of Identity [PoI]

- If driving license number or passport is provided as PoI, then expiry date is to be mandatorily furnished.
- Mention identification/reference number if 'Z- Others (any document notified by the central government)' is ticked.

III Proof of Address [PoA]

- PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.

Details of Shareholders/Beneficial Ownership (*KYC Mandatory)

Name of the Company: Dated:

PAN/TAX ID:

(A) Shareholding Pattern*:

Sr. No.	Name of Shareholders	Number of shares owned	% of share	Mention reason if belongs to exempt entity#
1.				
2.				
3.				
4.				
5.				
6.				
7.				

(B) Details of ultimate natural persons ultimately holding 25% or more shares or exercising ultimate control over the company

Sr. No.	Name	Date of Birth	Nationality	Residential Address	DIN/ PAN/Name & No. of other ID proof	Share Holding %
1.						
2.						
3.						

(OR)

(C) We hereby declare that no natural person is holding 25% or more shares/exercise control in the company as per (B) above or information about the ultimate shareholders is not available with the company. The details of senior managing officials (e.g. Managing Director/Chief Executive Officer, etc.*) are as under:

Sr. No.	Name	Designation	Date of Birth	Nationality	Residential Address	DIN/ PAN/Name & No. of other ID proof
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

Details of accounts with other banks (mandatory requirement as per guidelines)

I/We declare that I/We do not enjoy any credit facilities with other bank(s).

I/We declare that I/We have following deposit accounts and/or other credit facilities with you/other branches of your bank/other banks:

Bank Name	Branch Name	Branch Address	Account No.	Type of Account/Facility	Amount

SBM Bank (India) Ltd.

SBM Bank (India) Ltd. A company incorporated under the Companies Act 2013 having its registered office at 101, Raheja centre, Free press Journal Marg, Nariman point, Mumbai, Maharashtra - 400021, (Hereinafter referred to as "the Bank" which expression shall unless repugnant to the context or meaning thereof be deemed to include its successors and assigns) of the OTHER PART.

Terms & Conditions

I/We agree to the following terms & conditions

- I/We agree to maintain the minimum/average quarterly balance which SBM Bank may prescribe as the minimum/average quarterly balance to be maintained to avail the facilities and agree to pay the charges if minimum/average quarterly balance is not maintained and any other charges stipulated by SBM Bank. I/We understand that any change in this respect will be notified by SBM Bank on its website www.smbank.co.in and also will be displayed on the notice board of the branches one month in advance.

Declaration & Agreement

- I/We agree to comply with SBM Bank's rules in force from time to time regarding conduct of the account and agree to be bound by them.
- I/We confirm that the Company or any of its authorised signatories will abide by foreign exchange rules & guidelines as per FEMA being issued by RBI from time to time, for any foreign exchange transactions.
- I/We understand that the Bank will check CRILIC site before opening of the account. Based on CRILIC information Bank may reject or decline an application.
- I/We hereby declare that, I/We am/are enjoying borrowing limit of less than ₹5 crores from another Bank(s) and undertake to inform SBM Bank immediately when the limit reaches Rs. 5 crores or above (fund and/or non-fund based). Total exposure amount is ₹_____.
- I/We confirm having read SBM Bank's tariff and agree to abide by the same.
- I/We also undertake to provide any further information/updated KYC documents that SBM Bank may require from time to time. I/We agree to indemnify SBM Bank against any fraud, loss or damage suffered by SBM Bank due to my/our providing of any incorrect information or failure to communicate any change in such particulars/information or provide true and updated documents.
- I/We agree, undertake and authorize SBM Bank to exchange, share or part with all the information, data or documents relating to my/our application to other SBM Financial Institutions/Credit Bureaus/Agencies/Statutory Bodies/such other persons as deemed necessary or appropriate or as may be required for use or processing of the said information/data by such person(s) or furnishing of the processed information/data/products thereof to other Banks/Financial Institutions/Credit Providers/Users registered with such persons as permitted by law and shall not hold its Group companies liable for use of this information. I/We also understand that SBM Bank would not use my/our KYC information for cross-selling of products.
- I/We agree and understand that SBM Bank reserves the right to reject any application without providing any reason and retain the application forms, and the documents provided therewith, including photographs and will not return the same to me/us.
- I/We have read and understood the rules and regulations of the product(s)/service(s) opted for and agree to abide by the terms and conditions relating to the conduct thereof as also any changes brought about therein from time to time. Further, I/we have read and understood the provisions contained in the 'Terms of Service document' displayed on SBM Bank's website www.smbank.co.in and accept them. SBM Bank is entitled to amend the 'Terms of Service document' displayed on their web site from time to time.

Please mark tick (✓) in box as applicable:

Sole Proprietorship:

I the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any changes that take place in the constitution of the firm and I will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Partnership firm:

We, the undersigned are the only partners in the firm and are jointly & severally responsible for liabilities thereof. We shall advise you in writing of any change that take place in the partnership and, all the present partners will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Company/LLP:

By accepting to open an account, the Company/LLP irrevocably agrees and consents to SBM Bank, at any time, disclosing or sharing, or in any other manner making available any information concerning the Company/LLP, its business, its accounts held with SBM Bank or another Group member, including the financial position of the Company/LLP, to: (a) any office or branch of SBM Bank or another Group member, (b) any agent, service provider, professional adviser of SBM Bank or another Group member; (c) any guarantor or third party security provider of the Company/LLP; (d) any regulator or governmental authority with jurisdiction over SBM Bank; (e) any court of law; or (f) any bank or financial institution with which the Company/LLP has or proposes to have dealings with.

SECTION B : ADDITIONAL INFORMATION

If you have answered "Yes" to any of the above, please complete this section. Write N/A where not applicable.

1	US residence or mailing address	
2	US "in care of "/" hold mail" address	
3	US landline phone number	
4	Purpose/ Type of transfer of fund	
5	Type of income	
6	Name/s and address/es of US authorized signatory or person having power of attorney	
7	US Tax Identification Number (TIN)	
8	Name of Holding company	

SECTION C: US SUBSTANTIAL OWNER (US PERSON WITH 10% OR MORE INTEREST BY VOTE OR VALUE)/UBO WITH US CITIZENSHIP

	Name	Address	TIN
1			
2			
3			
4			
5			

Important Note:

SBM Bank - Hereby informs you that if the above entity is connected to the US (for example if it is a US entity or receive any fixed or determinable, annual or periodic income from the US), SBM Bank - India Branch may be obliged to report information related to its account to the competent tax authority in the United States.

COMPANY SECRETARY/DIRECTOR OR CHAIRMAN DECLARATION

The entity above is/is not a US entity or taxable under the US laws. (Please delete as appropriate)

I confirm that all the information provided above is true and correct.

I understand that it is my responsibility to inform SBM Bank - India Branch of any changes regarding the entity's tax status.

I am aware that SBM Bank - India Branch shall be required to disclose and report to competent US tax authority any tax information, financial account information or any additional due diligence information obtained from me/us in compliance with the FATCA regulation.

Name (1):

Date:

Signature

Name (2):

Date:

Signature

OFFICE USE

FATCA classification: Entity is: Reportable Non-Reportable

Staff Name:

Date:

Signature

Supervisor Approval:

Date:

Signature

Customer's Receipt

Date:

Branch:

Name of the Depositor: Cheque No.:

Amount (in words):

Amount (in figures):

Signature of the Applicant

Signature of the Bank Official

Additional Documents Required

Sole Proprietorship Firm:

- Pan card in the name of the Proprietor
- Latest Proof of Address
- Power of Attorney granted to authorized person to transact the business on its behalf.

Please provide atleast any two of the below listed documents in the name of the proprietary concern.

- Registration Certificate (in case Registered)
- Licence/Certificate issued by the Municipal authorities under Shops & Establishment Act.
- Sales and Income Tax return.
- CST/VAT certificate.
- Certificate/Registration document issued by Sales Tax/Service Tax/Professional Tax authorities.
- Licence/Certificate issued by the Registering authority like Certificate of Practice issued by Institute of Chartered Accountants of India (ICAI), Institute of Company Secretaries of India, Institute of Cost Accountants of India, Food & Drug Control Authorities, Indian Medical Council, etc.
- Registration/Licensing document issued in the name of the proprietary concern by the Central Government or State Government Authority/Department, etc.
- Importer Exporter Code (IEC) issued to the proprietary concern by the office of Directorate General of Foreign Trade (DGFT).

Partnership Firm:

- Registration Certificate (in case Registered)
- Partnership Deed
- Power of Attorney granted to a partner or an employee of the firm to transact the business on its behalf
- A list of all partners along with their addresses
- List of the ultimate beneficiaries with their address and percentage of holding
- KYC document of the beneficial owner where they own or of entitled to more than 15% of capital or profits of the partnership
- Latest Proof of Address of the firm
- Pan card of the firm

Hindu Undivided Family (HUF) Or Joint Hindu Family Firm:

- Joint Hindu family letter signed by Karta and all adult Co-parceners
- Pan card in the name of HUF
- Latest Proof of Address
- Name of Karta & Co-parceners with their residential address

Limited Company (Public/Private):

- Certificate of Incorporation/Certificate of Commencement of business
- Certified copy of Memorandum and Articles of Association of the company made upto date
- A resolution from the Board of Directors of the Company, requesting SBM Bank to open an account in its name and specify the operating instructions and a list of authorized officials to operate the account
- Power of Attorney granted to its managers, officers or employees to transact on its behalf
- A list of present Directors with their residential addresses, their PAN and DIN under the signature of Chairman
- Pan card of the company
- Address proof in name of company
- Shareholding structure of company
- Identification document of the beneficial owners where they own or if entitled to more than 25% of shares or capital or profits of the company

Limited Liability Partnership :

- LLP Certificate of Incorporation
- LLP Constitutional agreement
- List of all existing Designated Partners along with Designated Partner Identification Number (DPIN) Issued by the Central Government
- Resolution passed at the meeting of Designated Partners, requesting SBM Bank to open an account in its name and specify the operating instructions and a list of authorized officials to operate the account
- Sales Tax/Excise/VAT/SVC registration certificate in the name of the LLP
- Property ownership deed i.e. Copy of Title deeds of the property in the LLP's name duly stamped and registered
- List of the ultimate beneficiaries with their address and percentage of holding
- KYC document of the beneficial owners where they own or if entitled to more than 15% of capital or profits of the partnership

Trust and Foundations:

- Trust Deed
- Registration Certificate (in case Registered)
- A Resolution signed by the trustees to open and operate the account and stipulating the conditions for the conduct of account
- List of trustees with their residential address
- Power of Attorney granted to authorized person to transact the business on its behalf
- List of the ultimate beneficiaries with their address and percentage of holding
- Identification document of the author of the trust, the trustee, the beneficiaries who have 15% or more interest in the trust
- Pan card copy
- Latest Address proof

Association/Cooperative Societies/Club:

- Registration Certificate
- By-laws of the Society etc.
- A Resolution of the Management committee requesting SBM Bank open and stipulating the conditions for the conduct of account
- Power of Attorney granted to authorized person to transact the business on its behalf
- Pan card copy
- Latest Address proof

Unincorporated association or body of individuals:

- A Resolution of the managing body of such association or body of individuals
- Power of Attorney granted to authorized person to transact the business on its behalf
- List of the ultimate beneficiaries with their address and percentage of holding
- Identification document of the beneficial owner where they own or if entitled to more than 15% of the property or capital or profits of such association or body of individuals
- Pan card copy
- Latest Address proof

NOTE:

- All Individuals who are Proprietor/Partner/Karta/Adult Co-parceners/Director/Authorized Signatory, etc. must provide separate identity and address proof in conformity with the details furnished in the application form/documents
- Original and photocopy are to be produced. Originals will be returned after verification
- All photocopies should be self attested and certified copy