

Networth\* (Actual)

# **Account Opening Form**

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Whether involved in	Export	Import Tur	nover	IEC		(copy to be attached)
No. of Years in Business	Years	Months				
Group Company Details	CIF ID					
Name						
Location						
Existing Banker						
Operating Instruction	ıs					
Mode of Operation*:	Single Signato	· =	Any 2 Jointly	Jointly by All	= '	Authorised Signatory
	Any one Partn	er	Any one Trustee	As per Board reso	olution Other	S
Initial Payment:						
Amount₹	ps					
Cash (To open account	with cash, custo	omer must deposit	t the cash in account opening	Branch only)		
Cheque Cheque No		Date	D D M M Y Y Y Dr	awn on	Bank	Branch
_		Irawn payable to "	'SBM Bank (India) Ltd. A/c <a< td=""><td>oplicant Name&gt;"</td><td></td><td></td></a<>	oplicant Name>"		
Debit my/our existing A	A/c No					
Tran ID		Tran Date	DDMMYYYY		Applicant Signature or	nly for A/c Debit
Channel Registration						
CHANNEL ACCESS REQU	UEST: I/We wo	ould like to apply f	or access to the following cho	nnels		
Tele Banking	Yes	No	CMS Y	No (If Yes, Ban	k representative will get in touch wit	h you)
SMS and Mobile Banking	g* Yes	No	Mobile No.* (Country	Code) (Number)	(Only applicable for P	roprietorship Account)
E-mail ID			Country	(Number)		
E-IIIdit ID						
Corporate Internet Bank	king: Yes	No				
CHEQUE BOOK FACILIT	Y: Yes	No				
ACCOUNT STATEMENT		_		_		
	ent applicable fo	or all accounts	Daily Weekly	Fortnightly	Monthly	
E-mail ID*						
Details of accounts w	ith other bai	<b>iks</b> (mandatory r	equirement as per guidelines			
I/We declare that I/W	le do not enjoy	any credit facilitie	s with other Banks.			
I/We declare that I/W	/e have followin	q deposit account	s and/or other credit facilitie	with you/other branch	nes of your Bank/other Banks:	
Bank Name	•	Branch Name	Branch Address	Account No.	Type of Account/Facility	Amount
Dulk Nulli		Branch Name	Dialicii Address	Account No.	Type of Account/Facility	Alliount
<b>Declaration:</b> I shall inform	m the Bank in co	ise there is any ch	ange in credit exposure from	he Banking System. Bo	ink may convert the account to	collection account or
<b>Declaration:</b> I shall informinitiate closure basis credit				he Banking System. Bo	ink may convert the account to	o collection account or
				he Banking System. Bo	ink may convert the account to	o collection account or
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	exposure or inst		ing Bank.	he Banking System. Bo Signature w		o collection account or
	exposure or inst	ruction from lendi	ing Bank.			o collection account or

Authorised Signatory	1 Existing	Customer:	No Yes		(CIF ID, If yes)	BO/SO POA	LOA (* Fields are Mandatory)
CKYC ID: Aadhaar No. (Only Last 4 di	-it-) / Aadbas	Vistual No.			DIME	DIN DIN	(Applicable for Pvt. Ltd./Ltd.
Name*:	gits) / Addition	II VII LUGI No.:				PIN: [ ] ] ] ] ]	Companies/OPC and LLPs)
Gender*:	Male	Female TG	 :	DOB*: D	MMVVVV		
Mother's Maiden Name*:			, 				
Father's/Spouse's Name:		++++					
Residential Address*:							
					City:		
State:				Co	untry:		PIN:
Gross Annual Income*:					Nationality*: India	n Foreign National/NI	RI Others
PAN*:			or _	Form 60/61 and	d Form 49A	Mobile No.*:	
Occupation*:	Business	Self-emplo	oyed Professi	ional Servi	ce Other	(Country Code)	(Number)
Marital Status*:	Married	Single	Other		Qualification*: Postgr	iduate Graduate	Undergraduate Other
Religion:	Hindu	Muslim	Christian	Sikh	Buddhist Po	rsi Jain	Others
Category:	SC	ST	OBC	General	Others		
E-mail ID*:							
Corporate Internet Bankir	ng*: Yes	No					
If CIB is selected, then Ro	le: Mak	er Checker	Approver	View only			
Limit ₹: Corporate Daily					Recent		
User Daily					Passport Size Photograph		
User Per Txn					to be signed		
Debit Card:	Yes	∐ No			across the photograph		
If yes, type of Debit Card:	VISA	A Master			photograph	Signature	with Stamp
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Identity Proof Document	t Type	ID No.	Issi	uing Authority	Place of Issue	Date of Issue	Date of Expiry
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Authorised Signatory	2 Existing	Customer:	No Yes		(CIF ID, If yes)	BO/SO POA	LOA (* Fields are Mandatory)
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#### **Terms & Conditions**

I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) have read and understood the belowT&C and understand that any changes to the T&C will be available on the website www.sbmbank.co.in only. Account opening/service provision: All services, including opening of the account are subject to verification of information/documents provided by me. In the event this account is not opened, if I/we have initially funded the account in cash for ₹20,000 or more, it will be refunded to me in the form of a DD/Cheque or PO only. RBI approval is required for entity from Pakistan to open account for its Project Office Account Existing Customer ID: In case of existing customers, not declaring their Customer ID and applying as a new customer, the Bank in such instances reserves the right to consolidate the Customer IDs as it may decide, without any prior notice to me Services: All services will be provided by SBM Bank India on a best effort basis. The complete list of services available to me will be available on www.sbmbank.co.in Fees & Charges: Fees and Charges will be applicable on my account and for other services availed by me, as described in the schedule of charges and on the website www.sbmbank.co.in. Goods & Services Tax and other statutory imposts as applicable from time to time will be levied on all fees. Change in Fees & Charges & Services: Any change/discontinuation of Fees & Charges, Services, or Interest Rate will be intimated to me at least 30 days in advance through letter/SMS/website/e-mail or other means. Recovery: If no funds are available in the account to pay fees/charges, I authorize SBM Bank India to set off any available credit, including amounts flowing into the account from collection proceeds or any deposits. Account Freeze: We authorize the bank to freeze my account in the following circumstances, with intimation to me except where specified otherwise. a. If it is suspected by the bank that deposits pertaining to all cash, cheque, DDs and other deposits / transactions by way of NEFT, RTGS etc in my account are not in accordance with or in violation of the Laws and Regulations applicable from time to time, the bank can freeze the account and we shall be responsible/accountable for such deposits/ transactions. b. If it is suspected that my account is being misused as a money mule or as a channel for unauthorized money pooling or a conduit for any illegal activity. (I will not receive a notice in this case) Account Closure: I authorize the bank to close my account, with prior intimation to me, in case of: a. There is no customer induced transaction in account for 3 months or more. b. Balance in the account remains zero for 3 months or more; c. high occurrences of dishonoured payments from my account; d. Such other instance which the Bank may decide pursuant to any  $order, instructions, directions, guidelines is sued/directed by any Court/Statutory/Regulatory authorities from time to time. {\it Transactions:} Any instructions to SBM Bank regarding the account, and the contractions of the contractions of the contractions of the contraction o$ both of a financial/non-financial nature (eg: Issuance of Cheque book/card, financial transactions, updation of personal details etc.) will be provided by me through the authorized channels only, which will be specified by the bank, based on regulatory guidelines prevailing at that time. SBM Bank is not expected to act on instructions that do not come in through the authorized channels but reserves the right to act upon its discretion to provide such facilities under extraordinary circumstances. Channel Facility: Non-authorised Signatory who wants channel service facility must fill the Channel Registration Form and submit it with supporting documents. Cheque Book: No fresh cheque book will be issued if cheques of 🔻 1 crore and above are returned on four occasions during a financial year for want of sufficient funds or 8 cheque of below ₹1 crore are returned during a quarter for want of sufficient funds. Debit Card: All facilities provided by SBM Bank are subject to specific guidelines that are provided on the website www.sbmbank.co.in. SBM Bank is not liable for fraud in the event that I disclose sensitive information such as passwords, PINs, or IDs to anybody. Inoperative/Dormant Accounts: An account would be treated as inoperative / dormant if there are no customer induced transactions for over a period of two years. I am aware of the restrictions imposed in inactive/dormant account.

#### **Declaration**

I/We have read, understood, and hereby agree to the terms stated in this Application Form as well as the Terms and Conditions governing the Current Account/ EEFC account/Non Operative/Collection accounts and the various facilities/services such as mobile banking, Corporate Internet Banking, debit cum ATM card and such other services available under SBM Bank current account / EEFC/Non Operative/Collection accounts and as displayed on www.sbmbank.co.in and agree to abide by the same. I/We understand that the said terms are subject to revision from time to time and I/we agree to keep ourselves updated of such changes and be bound by the terms as are inforce from time to time.

 $I/We confirm that the authorised signatories as approved by me/our Board/all the partners of the firm/all members of the Managing Committee, are authorised to operate the account. \\I/We agree and understand that SBM Bank Ltd./Affiliates reserve the right to reject any application without providing any reason.$ 

I/We agree and understand that SBM Bank Ltd. reserves the right to retain the Application, and the documents provided therewith, including photographs, and will not return the same to me/us.

I/We further agree that any false/misleading information given by me/us, or suppression of any material fact will render my/our account liable for closure and further action.

I/We also hereby agree to indemnify SBM Bank and their successors or assignees if any of the representations and declarations made here under by me/us is incorrect, false or misleading in any of its particulars. I/We declare, confirm, and agree: Insta A/c Declaration: "I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) londerstand that the account; should be operated by me only after it has been activated. I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) further undertake that any violation of this will constitute as a default on I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) further undertake that any violation of this will constitute as a default on I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) and aware that delivery and/or receipt of the Welcome Kit cannot be construed to mean that SBM Bank has opened or agreed to open the account. SBM Bank Ltd. at its sole discretion, can either call for further documents or reject the application for any reason whatsoever. In case of rejection, I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) am aware that the Welcome Kit & Letter shall be construed as withdrawn and I / We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) am aware that the Welcome Kit & Letter shall be construed as withdrawn and I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) am aware that the Welcome Kit & Letter shall be construed as withdrawn and I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) am aware that the Welcome Kit & Letter shall be construed as withdrawn and I/We (In this context, "I/we", "my/ours" and "me/us" refers to all holders of the account) am aware that the Welcome Kit & Letter shall be construed as withdrawn and I/We (In this context, "I/we", "my/ours" and

The Applicant/s has/ have no objection to SBM Bank Limited, its group companies, agents/ representatives to provide me / us information on various products, offers and services provided by SBM Bank/ its group companies / other entities through any mode (including without limitation through telephone calls/SMS/E-mail} and authorize SBM Bank / its group companies/its agents/ its representatives for the above purpose.

I/We have read and understood the facilities available under SBM Bank Current Account/ EEFC/Non-Operative/Collection account as listed on the SBM Bank Website. I/We have also gone through the schedule of charges and understand that to be eligible for the concessions, I/we have to maintain the minimum Monthly average balance (MAB), as indicated in the Schedule of Charges and agreed upon by me/us on a Monthly/Quarterly basis and in the event I/we fail to do so, I/we shall be liable to pay a fee every Month/Quarter as indicated in the schedule of charges. I/We also understand that continuation of the account is at SBM Bank's sole discretion and in case SBM Bank is dissatisfied with the conduct of the account, SBM Bank has the right to close the account after giving me/us 30 days' notice or withdraw the concessions in all or any service charges granted to me/us and/or charge SBM Bank's applicable rates for services availed by me/us.

I/We hereby authorize SBM Bank to exchange share or part with all the information/data provided herein including personal and business information with SBM group companies/other institutions/such other persons as may be necessary/ required for the purpose of, including but not limited to, marketing, cross selling of various products and services etc.to me/us, use or process the aforesaid information / data by such persons/s, or furnishing of the processed information/data/ products thereof to other Banks/ institutions / other persons as may be necessary, and I/we shall not hold SBM Bank liable in connection with the use of such information or otherwise. I/We hereby further confirm having read and understood the applicable rules/ regulations/instruction/guidelines as framed by the Reserve Bank of India, including the FEMA regulations 2000 governing EEFC Accounts, and the Foreign Exchange Management Act, 1999, In force from time to time and agree to abide by and to be bound by all such applicable Law, rules, regulations and guidelines in force from time to time. I/We hereby authorize SBM Bank to exchange, share or part with all the information/data provided herein including personal and business information with financial institutions/credit bureaus/agencies/ statutory bodies/other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations, and standards. I/We shall not hold SBM Bank Ltd. or its agents/ representatives liable for using/sharing information provided herein for the said purpose. 2.The company had not altered objects clause of memorandum without prior approval of regional director (this is in addition to the provision of section 17) 1.The company had not applied its profits or income by way of dividends to its members. Section 25 Companies Declaration: We hereby declare that: 3. Conditions of license complied with.

Aadhaar Updation of Authorized Signatory/Beneficial Owner: I submit my Aadhaar number and voluntarily give my consent to: (i. Use my Aadhaar Details to authenticate me from UIDAI. ii. Use my Mobile Number provided for sending SMS alerts to me. iii. Link the Aadhaar Number to all my existing/new/future accounts and customer profile (CIF) with your Bank.) B. I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law. C. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

**Restrictions on Electronic Transactions:** The Bank may not offer facility of electronic transactions, other than ATM cash withdrawals, to customers who do not provide mobile numbers to the Bank. **Entity PAN Updation:** Wherever the Current account is opened with Form 49A of Entity, it is mandatory to submit Entity's PAN within 30 days of account opening to avoid debit freeze in the said account.

 $\textbf{Section 25 Companies Declaration:} \ We hereby declare that: 1. The company had not applied its profits or income by way of dividends to its members. 2. The company had not altered objects clause of memorandum without prior approval of regional director (this is in addition to the provision of section 17) 3. Conditions of license complied with.$ 

**CKYC Declaration:** 1) I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it. 2) My/Our personal/KYC details may be shared with Central KYC Registry 3) I/We hereby consent to receiving information from Central KYC Registry through SMS/E-mail on the above registered number/e-mail address.

GST Declaration: 1. I/We hereby provide my/our express consent to SBM Bank Limited ("Bank") and authorise: a) The Bank to use, access, process and store my/our PAN or GSTN Number, for the purposes of sharing the same with Banks' Technology Service Provider (TSP) to retrieve my/our Entity Details, Digital Returns, GST Payment History ("GSTN Data") from the [GST/GST Portal], and to share, transfer and disclose GSTN Data with the Bank including with its group companies (b) the Bank and Group Companies to use, access, process, store, verify, profile, analyse, share, transfer and disclose the GSTN Data for the purposes of marketing, promoting & offering the products & services of the Bank and Group Companies; monitoring, evaluating & improving the quality of the products & services of the Bank and Group Companies; for credit appraisal, credit bureau checks, developing credit scoring models and business strategies by the Bank and Group Companies; for fraud detection and anti-money laundering obligations of the Bank and Group Companies; for sharing and disclosing the GSTN Data to the service providers and consultants of the Bank and Group Companies for the purposes as mentioned above; for sharing and disclosing the GSTN Data to credit information companies, information utilities, other Banks and Financial Institutions for the purposes as mentioned above and with regulatory authorities, investigation agencies, judicial, quasi-judicial and statutory authorities for the purposes as mentioned above. 2. I/We will not hold Bank liable or responsible for any breach or misuse by TSP of the GSTN Data in any manner whatsoever and I/We, agree, confirm and acknowledge that Bank is not obligated to audit, monitor, review and assess the use of my/our GSTN Data by TSP in any manner.

FATCA CRS Terms and Conditions: The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax dentification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation, and attach this to the form. Name of Authorized Signatory 1: Signature 1 Name of Authorized Signatory 2: Signature 2 Name of Authorized Signatory 3: Signature 3 Name of Authorized Signatory 4: Signature 4 No Yes (if Yes, please attach stamp paper) Indemnity Letter Relating to Instructions given by E-mail I/We, the undersigned, hereby request and authorize you to act and rely on any instructions or communications for any purpose (including but no limited to the instructions / communications for any purpose).pertaining to the operation of my account which may from time to time be or purported to be given, by e-mail by me including such instructions / communications as may be purported to be given by those authorized to operate my account(s) with you), the details of which are given below: \_Account Number(s)\_\_\_\_\_ CIF (i) Registered E-mail ID (from which to accept the instructions): I/We understand and acknowledge that there are inherent risks involved in sending the instructions to you via e-mails and hereby agree and confirm that all risks shall be fully borne by me, and I assume full responsibility for the same and shall not hold the Bank liable for any losses or damages including legal fees arising upon your performing or your non performing or any delay/default in performing any act, wholly or in part in accordance with the instructions so received which could be a result of any miscommunication, or technological error beyond the control of the Bank considering the mode in which the same was conveyed. In view of you agreeing, subject to the terms and conditions hereunder, to act upon the instructions as aforesaid, I hereby irrevocably agree and undertake:That the Bank shall be entitled to act as it may seem fit, without incurring any liability what so ever to me or to any other person, upon any instructions for any purpose which may from the person of the persotime to time be or purport to be given by facsimile, e-mail or other electronic mode of communication by me (including such instructions as may be or purported to be given by those authorized to operate my account (s) with you), even if such instructions or communications are not followed up by written confirmation to the Bank.That the instructions shall be conclusively presumed for your benefit to be duly authorized by and legally binding on me, and I shall be fully responsible for the same.You shall not be responsible to ensure the authenticity, validity, or source of any instructions and shall not be liable if any instructions turned out to be unauthorized, erroneous, or (iii) fraudulent. That you shall be entitled (but not obliged) to keep records of our instructions given or made by e-mail, as you may in your sole discretion deem fit, and your records shall be conclusive and binding on me. You shall be entitled to dispose of or destroy any such records at any time and determined by your sole discretion. That you shall be authorized to disclose all instructions as you may deem fit, to your affiliated, counter parties, service providers, regulators and other authorities or where you are required by law to do so or to protect the interest of your bank; That you shall be entitled to require any instruction in any form to be authenticated by use of any password, identification code or test as may be specified by you from time to time and I shall ensure the secrecy and security of such password, code or test and I shall be solely responsible for any improper use of the same and I shall not make any claim on you; (vii) I/We agree and comprehend the risk and vulnerability involved in the electronic communication process and shall extend our full co-operation and support to the Bank for resolving any issues or disputes if any arising due to the any technical error which could not be anticipated by the Bank inclusive of the force majeure situations. Further, I agree that this communication would be applicable to the working hours and working days of the Bank, its Branches and offices only. (viii) That, notwithstanding the above, you may, under circumstances determined by you in your absolute discretion, require from me confirmation of any instructions in such form as may specify before acting on the same; and I shall submit such confirmation to you immediately upon receipt of your request. Pursuant to receipt of instructions, you shall have the right but not the obligation to act upon such instructions. That you shall not be liable to me or any third party for, and that I shall indemnify you and keep you indemnified from and against but not limited to all claims either by me or any other, actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature (including legal fees on a full indemnity basis) and howsoever arising which may be brought or preferred against you or that you may suffer, incur or sustain by reason or on account of you having so acted whether wrongly or mistakenly or not, or of your failing to act wholly or in part in accordance with the instructions and the terms of this letter. That I shall duly inform the bank in writing about any changes in our communication methods, i.e., change in e-mail ID, and further indemnify the bank against any miscommunication, error, loss, and damage monetary and otherwise caused to the bank due to the same. (xi) I/We confirm that I have the capacity and authority to accept this document and that this document constitutes my valid, legally binding, and enforceable obligation. (xii) This undertaking-cum-indemnity letter shall be governed and construed in accordance with the laws of India, and I hereby submit to the exclusive jurisdiction of the courts in This undertaking is an irrevocable letter, and binding on my / our heirs and assigns. (Authorised Signatory) (Authorised Signatory) (Authorised Signatory) Letter of Proprietorship Re: Opening of a new account in the name of  $M/s_{\perp}$ Ner Opening of a new decount in the indice of P/S.

We refer to the captioned account to be opened with your Bank and declare as under: I, the undersigned, is the Sole Proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation, which may be standing in the firm's name in your books. On the date of the receipt of such change and until all such obligation shall have been liquidated. (Please sign without stamp) Name:\_ Signature:\_\_\_ Place:\_\_ **Letter of Partnership** We request you to take notice that we are trading in partnership under the name and style of M/s  $\_$ and that our firm has been registered under the provision of the Indian Partnership Act with Registrar of Firms at \_\_\_\_\_ as No. \_\_\_\_ and further request that all transactions entered into with you by all or any one or more of us and all obligations incurred by all or any one or more of the firm or subscribed by the individual signature of the person or persons entering upon the transaction or incurring the obligation, with or without co-obligants may be regarded by you as entered into and incurred for and behalf of all of us jointly and severally and also the assets of the firm shall be liable for amount due to the bank. We also request you to take notice that everyone of us is authorized to draw, execute endorse/accept and negotiate cheques, promissory notes, hundies, bills and other negotiable instruments on behalf of all of us and our firm and we also request you to take notice that our liability or liability or liability or our firm to you as aforesaid shall not in any way be affected even if any third party joins in the transaction as co-obligant. We further hereby intimate to you that as per an agreement between SBM Bank India Ltd. on the one part and ourselves on the other part to be estate whether joint or separate and person of each or every one of us is liable to you in respect of all or any of the aforesaid transactions or obligations. The retiring partner shall be liable to issue notice to you regarding retirement in the manner required under section 32 of the Partnership Act and such retiring partner/s shall be liable and continue to be liable for any act done by any of the partners until public notice is given of the retirement as aforesaid. Further, in the matter of making payment towards the liability arising in the account or acknowledging the liabilities or any part thereof as and when called upon by the bank to do so for the specific purpose saving limitation we declare that the payment or acknowledgement/s so made or given by one or more of us shall be liable shall save limitation against all of us jointly and or severally for the purpose of Law of Intimation, and the purpose of Law of Intimation, and the payment of the purpose of Law of Intimation, and the payment of the purpose of Law of Intimation, and the payment of the paas such acknowledgement/s of debt and or payment/s shall be taken as given and made as agent/s of the other partners. This letter shall operate and be effective not with standing any provision on our deed of partnership which may conflict with any of the terms herein. (Please sign without stamp) Name of Partner 1: Signature:\_\_\_ Signature:\_\_\_\_ \_\_\_\_\_ Place:\_\_\_\_\_ Name of Partner 2: Signature:\_\_\_ Place:\_\_\_\_\_ Name of Partner 3: \_ Date:\_\_\_\_

Signature:

Name of Partner 4:

\_\_\_\_\_ Place: \_\_\_\_\_

Letter of Undertaking cum Indemnity of Priva	te Limited/Public Limited (For Debit Card )	Issuance)
This is with reference to our request for issuance of debit card <b>("De</b>	bit Card") linked to the current bearing number	held by
Limited, being a company incorporated under the Companies Ac	t, 1956/2013, holding CIN	and having its registered office at
		he Company namely,, being an Indian
_	, holding PAN and holding PAN	ng DIN ("Authorised Director") for ease
of operation of doing business of the Company.  In respect of the said Debit Card, the Company and the Authorised	Director hereby represent warrant confirm covenant and u	indertake that:
1) the Debit Card linked to the Company Account being issued to t		
		pany, and not for the personal use of the Authorised Director
("Permitted Use").		
2) the Debit Card shall only be used for the Permitted Use by the	Authorised Director and shall not be used by any other direct	tors, employees or representatives of the Company or any other
person.		A
<ol> <li>that the Debit Card is for ease of operation of doing business of 2013, and that the Debit Card shall not be used in contravention of the Companies Act, 2013.</li> </ol>		ne Authorised Director under Section 185 of the Companies Act, he Companies Act, 2013, and/or any other applicable provisions
4) that the Debit Call shall at all times be used in accordance with time) including Section 185, Section 186 and Section 188 of the		
5) the Bank shall not, in any manner, be liable to the Company or	•	
		ether arising from negligence, breach of contract or otherwise) nitted Use, or any applicable law, or usage of the Debit Card for
6) The Company shall indemnify and keep the Bank (which include	- · · · · · · · · · · · · · · · · · · ·	om and against all direct or indirect actions, suits, proceedings, co, the Debit Card being used or operated by the Director in
contravention of the Permitted Use, or usage of the Debit Card		
7) the Bank is relying upon these undertaking and indemnities con		it Card to the Authorised Director of the Company; and in lieu of ssors and/or assigns for all the time hereafter, inter alia, against
		des its successors and/or assigns) may suffer and/or incur due to
any breach of this undertaking.	, ,	3,,,
8) this undertaking has been approved by the board of directors $$	of the Company vide resolution dated and the authoriz	zed signatory of the Company (who have affixed their signature
below) have been duly authorised to sign it on behalf of the Cor	npany.	
Signature of the Chairman	Signature of the Director	Signature of the Director
Letter of Indemnity of Partnership Firm (For D	ebit Card Issuance)	
	·	
We, 1	are the partners in the firm M/s	
We hereby confirm that we have entered into a partner	ship deed dated ("Partnership Deed") ar	nd are carrying out business in the name and style of
		ed under the Indian Partnership Act, 1932 and and is enclosed
herewith along with this application form are the partners in the fi	rm [M/s	] and are hereby executing this letter
of indemnity as herein below:		
We hereby acknowledge that in terms of the Partnership Deed, Sh to conduct day to day affairs of the business and also open and open		ignated as the Managing partner and has the necessary powers
We are aware and acknowledge that the Partnership Firm wi		
Branch bearing no.	("The Bank").	menerally been has opened an account with 3511 bank Eta,
The Bank has agreed to issue an ATM/Debit card in the name of th	re Managing Partner vide this application form to enable him	n to operate the Partnership Firm's account through ATM/Debit
Card  on  the  request  of  the  Partnership  Firm  and  we  agree  and  acknowledges  and  acknowledges  ack	owledge the same. We, in our capacity as partners of the Par	tnership Firm, hereby indemnify the Bank jointly and severally in
considerations  of  the  Bank  is suing  the  ATM/Debit  Card  to  the  Partner  and  the  Card  to  the  Card  the	•	
1) That all or any transactions carried by the said Managing Partne		
2) We shall at no point of time raise any objection or claim on the		n the said transactions so effected as valid, binding transactions
conducted by the Partnership Firm represented by all its partners of 3) We hereby confirm and consent that the Partnership Firm and		ansactions done by the Managina Partner who is authorized to
receive and operate the ATM/Debit Card Vis-à-vis the Partnership		unsuctions done by the Flundging Further who is dutilonized to
4) We, jointly and severally as partners of the Partnership Firm, ag		ed by the Bank, from time to time, in relation to the operation of
the ATM/Debit Card. We also agree that we shall forthwith surrend		
5) We further confirm that we shall jointly and severally be liable	, , , , , , ,	· · · · · · · · · · · · · · · · · · ·
business by virtue of the said operations of the said account by the	e Managing Partner or by any other partner by the use of t	he said ATM/Debit Card. We jointly and severally undertake to
indemnify the Bank and make good the said claims to the Bank.	miking albanya amanahan ana ingka Dari albanya a	addition and attended to the state of the st
6) We further undertake that we shall keep the Bank informed in w the Partnership Firm shall be notified to the Bank forthwith and the		
7) We confirm that this understanding shall be binding not only in a		
Datedday of Signed and Delivered by the wit		
- ,		
(Signature of the Partner)	(Signature of the Partner)	(Signature of the Partner)

# 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.

For SBM Bank Use Onl	y <sub>l</sub>
Name of SBM Bank Official	(in whose presence signed)  Signature
Account Manager Name:	Emp Code:
RM Name:	RM Code:
All required supporting do	cuments furnished by the customer • Account Opening Check List completed & attached
	<b>h:</b> to identify the beneficial owners/controlling persons of the said Company. The details furnished above have been verified from information onal documents, public domain and confirm the AOF and documents are complete in all respects as per extant guidelines of the Bank.
	Officer/RM  Location Head/Operations Head  Branch Seal Mandatory
Date: DDMMYYY	Place:

## Annexure 1

	Custo	omer Profile Deta	iils - Custome	er ID Level			
Name of the Customer*:							
No of Years in Current Business*:	'ears M	lonths	Nature of Tr	ansaction*:	Cash Che	eque RTG	S/ NEFT CMS
Credit facility (with other banks)*: Yes	No	Tro	ade Finance*:	Yes	No (if yes, please	fill part B)	
Is the entity filing IT returns?*: Yes	No	NA Entity is ope	rating from*:	Single	Multiple premis	ses	
Principal Place of operation*:		Whether	er entity has ar	ny foreign collal	ooration*: Te	chnical No	n-Technical NA
Source of Fund*: Business Income	Other Income	Donation / G	rant Borro	wing Eq	uity investment		
Customer Business Details*							
Business / Sales Turnover for Last FY:		Business / Sales Tu		ent FY:	Net Worth o	of the Company	Last FY:
Accounts with Other Bank*: Yes	No If yes, ple	ase fill the followir	ıg details*:				
Name of Bank			Ave	g Bal (in Rs.)	•	CA CMS	Trade & Forex
1							
2							
3							
Any special service:							
Forex Remittances (Total Values):					<b>nip</b> (in Lacs):		
Group Company Details* (To be filled by TxB	RM / Designated		ne with client di	· · · · · · · · · · · · · · · · · · ·	of Dunings	Dled	\A/:4h
Name of Group Company (ies)		Location		Nature	of Business	Бапк	ing With
*Any other relationship with the Bank (of	the Entity / Group	Company / Person	al Relationship	) (Please specify	the product, which	n the customer av	ails from the Bank):
Name of Group Company (ies)	Pr	oduct / Services	availed				
*Whether the customer/company is under any inves	tigation by any Lav	v Enforcement Agenc	y:	J			
*Whether client is part of Special approved list (SAL	,						
*Any registration/License/permission required to car *Distribution network (Dealers/Franchisee/Retail Or			_		sion details with Da	ite of permission g	ranted, expiry date etc.
			rt A*	,			
Expected Value of Transaction in a Month	in rupees Expe			ted			
Total Cash deposit (in Rs.):							
Percentage of Total Cash deposit: In E	Base Location	% In Non-B	ase Location _	%			
Total Cash withdrawal (in Rs.):							
Percentage of Total Cash withdrawal: In I				%			
Total Non-Cash deposit in A/c:							
Total Non-Cash withdrawal in A/c:							
		Pa	rt B*				
Applicable only if the customer is engage	d in the Intern	ational Trade / Fo	rex:				
IEC Code No:					Date of Issue	ance of IEC Co	de: / /
Exporter Importer Exporter	•						
<ul> <li>Actual Annual Turnover Import (Last FY)</li> </ul>							
• Expected Annual Turnover Import (Current	FY):	•	Expected Ann	ual Turnover Ex	port (Current FY_	):	
Industry specific details:	D	f Fordalla Class	::		- Manadatanata	L - £:11 - 4\	
• Actual Annual Turnover in Last FY:							
Media & Entertainments: (Annual turnover for							to be filled)
Actual Annual Turnover in Last FY::		3	5		,	,	,
Software (IT / ITeS / BPO / Ecommerce / F	intech / Online	e):					
Actual Annual Turnover in Last FY::		• Expected A		_			
Principal Suppliers (Imports)			Principal B	uyers (Exports	5)		
Name	City	Country	Name			City	Country
Type of Product/ Services/ Goods:		Please specify			-	-	
RM Name:					TxB RM / Design		_
Emp ID:					V	vith Branch Seal	
Note:							
<ul> <li>TF unit should have repository of Customer profile</li> <li>In case of credit with other banks, CA opening wo</li> </ul>						tion Head Signat	
Validity period for Customer profile sheet is One F			ted at the start o	feach FY.	V	vith Branch Seal	

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#### **Annexure 2**

### Site Verification Form - Non Individual

(It is mandatory to fill in all fields)

Date and Time of Visit:	
Name of Entity:	$\perp$
EntityType: Financial Non-Financial	
Name of the Proprietor/ Partner/Authorised Signatory:  (In case of partnership or other entity mentioned name of anyone)	$\perp$
Address of Business (Full address including City & State):	_
Address of Business (rutt dutress including City & State):  PIN:	$\pm$
	<del>_</del>
Landmark: Distance of office from Branch:	
Name of the neighbour entity:	$\perp$
Number of years in the current business: Years	
Complete address of the neighbour entity:	
No. of Workers/ Employees in the Office: Business Board seen outside: Yes No	
Name of the person contacted: Relationship with the firm/entity: Relationship with the firm/entity:	
Whether the customer is operating from a single location/ multiple locations? Yes No. of Location	
Whether the proprietor is a political person/ related to any political party? $\square$ Yes $\square$ No	
<b>Business Details:</b> In case answers of either of the questions are "YES" please mention the details of the business in Line of activity:	
a. Whether the proprietor/entity is engaged in export and/or import business? Yes No	$\perp$
b. Is the business activity involving cash intensive business?  Yes No No	
c. Nature of transactions: Cash/Remittance (domestic)/Foreign Remittances:	
Line of activity (complete description to be mentioned):	$\perp$
Office ownership:  Owned Rented/leased Pagdi Others (please specify)  Office situated and operated from (definition of premises):  Business Centre Residence Factory Resi cum Office Office Complex Shopping Mall Others (please specify)	
Details Verified from:  Office Staff Receptionist VendorVisitor Neighbour One of the Authorised Signatory Others (please specify)  Asset Noticed in Office of the entity:  Air conditioner Telephone/Fax Photocopier Computers/Laptop Furniture/Fixture Others (please specify)  Nature of business activity:	
Office Staff Receptionist VendorVisitor Neighbour One of the Authorised Signatory Others (please specify)  Asset Noticed in Office of the entity:  Air conditioner Telephone/Fax Photocopier Computers/Laptop Furniture/Fixture Others (please specify)	
Office Staff Receptionist VendorVisitor Neighbour One of the Authorised Signatory Others (please specify)  Asset Noticed in Office of the entity: Air conditioner Telephone/Fax Photocopier Computers/Laptop Furniture/Fixture Others (please specify)  Nature of business activity:	 eller
Office Staff Receptionist VendorVisitor Neighbour One of the Authorised Signatory Others (please specify)  Asset Noticed in Office of the entity: Air conditioner Telephone/Fax Photocopier Computers/Laptop Furniture/Fixture Others (please specify)  Nature of business activity: Self-employed Agent/Broker Manufacturer Service Provider Agriculture Product Whole Section 1.	
Office Staff Receptionist VendorVisitor Neighbour One of the Authorised Signatory Others (please specify)  Asset Noticed in Office of the entity:  Air conditioner Telephone/Fax Photocopier Computers/Laptop Furniture/Fixture Others (please specify)  Nature of business activity:  Self-employed Agent/Broker Manufacturer Service Provider Agriculture Product Whole Self-activity:  Trader Jeweller Others (please specify)	eller
Office Staff Receptionist VendorVisitor Neighbour One of the Authorised Signatory Others (please specify)  Asset Noticed in Office of the entity:  Air conditioner Telephone/Fax Photocopier Computers/Laptop Furniture/Fixture Others (please specify)  Nature of business activity:  Self-employed Agent/Broker Manufacturer Service Provider Agriculture Product Whole Self-activity:  Trader Jeweller Others (please specify)	ative
Office Staff Receptionist VendorVisitor Neighbour One of the Authorised Signatory Others(please specify)  Asset Noticed in Office of the entity:  Air conditioner Telephone/Fax Photocopier Computers/Laptop Furniture/Fixture Others(please specify)  Nature of business activity:  Self-employed Agent/Broker Manufacturer Service Provider Agriculture Product Whole Self-employed Jeweller Others(please specify)  Additional Comments/Information on the verification: Positive Negation by person conducted the site verification and contact point verification:  I hereby confirm that I have personally verified the address and nature of business activity to establish the existence of the firm. On the basis of Inquiries made, I satisfied about the existence of the firm and the line of activity which is in line with the document produced for the same.  Place: Signature ( Sourcing Staff)  Name of the Official: Designation:	ative
Office Staff Receptionist VendorVisitor Neighbour One of the Authorised Signatory Others (please specify)  Asset Noticed in Office of the entity: Air conditioner Telephone/Fax Photocopier Computers/Laptop Furniture/Fixture Others (please specify)  Nature of business activity: Self-employed Agent/Broker Manufacturer Service Provider Agriculture Product Whole Self-employed Jeweller Others (please specify)  Additional Comments/Information on the verification: Positive Negational Comments/Information on the verification and contact point verification:  I hereby confirm that I have personally verified the address and nature of business activity to establish the existence of the firm. On the basis of Inquiries made, I satisfied about the existence of the firm and the line of activity which is in line with the document produced for the same.  Place: Signature Sourcing Staff Name of the Official: Designation: Employee No.:	ative
Office Staff	ative
Office Staff	ative
Office Staff	ative
Office Staff	ative

 $Guideline for the staff for completing the Field Verification/ Contact Point Verification: {\bf undertaken without prior intimation.}$ 

- Branch to ensure that field & contact point verification form is complete in all respect. In case if <u>field left blank in the form will be rejected and put on hold.</u>

  Branch also ensure that in no circumstance any of the field is field with remark like "NA/Nil/Other". In case of such remark the form will be rejected and put on hold.
- Customer assistance should not be taken even if the Branch official is unable to locate the address. In extreme case of difficulty, nearest post office may be approached for assistance in locating the address.
- If the entity is a tenant, the landlord must be compulsorily contacted to ascertain the bonafide of the arrangement and know whether the landlord has done his due diligence.
- v. Call all the contact numbers provided by the applicant to satisfy about the bonafide/authenticity.

# Checklist - Non-Individual Account (For Bank Use Only)

CIF:	
Account No	

Name of Customer	r:	 	
		 1 6: / 5: 1 5	

Sr. No.	Action to be taken	RM (Branch)	Branch Operation Manager/ Location Head
1	Completely filled up Account opening form (All fields of * are correctly filed up) including complete RM page	Yes/No	Yes/No
	KYC documents of Entity obtained and verified - (constitution wise documents as below)  a) Proprietor - Any Two Entity proof (As RBI Master direction point 28), Power of Attorney (In case Account is operated by other than Proprietor)  b) Partnership/LLP- (i) Registration Certificate/COI (ii) Partnership Deed/LLP agreement iii) Partnership letter/Board Resolution (incase LLP) iv) List of Partners/Designated Partners (For non-registered firm, document	-	
	required as per RBI Master direction point no 28)  c) Pub./Pvt./OPC- (i) Certificate of Incorporation (ii) MoA & AoA (iii) Board Resolution (iv) Certificate of commencement (if Pub. Ltd.) iv) List of Directors	Mention the	Mention the
2	d) Bank- (i) Banking License (ii) Certificate of Incorporation/ Registration Certificate (iii) MoA & AoA/Bye Laws (iv) Board Resolution	correct option	correct option
	e) Trust, Association, Society, Club- (i) Registration Certificate (ii) Deed/Bye Laws (iii) Board Resolution (iv) List of Trustees/Members, Tax exemption Certificate (In case of opening Saving Account)		
	f) Unincorporated Association or Body of Individuals- (i) Resolution (iii) any such inf to establish the legal existence of Association, Power of Attorney (In case Account is operated by other than Members), Agreement/ deed g) Hindu Undivided Family (HUF) Or Joint Hindu Family Firm: Joint HUF Letter, Pan card in the name of HUF, Latest Proof of Address, Name of Karta & Co-parceners with their residential address		
3	Escrow Account:		
	Approval fromTxB Product     Pricing Approval fromTxB Head	Yes/No	Yes/No
	3. Agreement copy duly vetted by Legal		
	4. Confirmation required that all changes by legal has been incorporated		
4	Beneficiary Ownership declaration along with CIF creation form (mandatory for all except Proprietorship) If no BO then Senior Managing official's details required on BO declaration	Yes/No	Yes/No
5	KYC documents of POA/Authorized Signatory/Ultimate Beneficiary Owner/Partner/Directors obtained and verified	Yes/No	Yes/No
6	In case Deemed OVD (latest utility bill not more than 2 months old, Property or Municipal tax receipt, Family pension payment order, letter of allotment issued by employer - describe as per RBI master circular) along with declaration to submit current OVD within 3 months is also submitted	Yes/No	Yes/No
7	Original Seen and Verified (OSV) and customer self attestion on photocopy of documents	Yes/No	Yes/No
8	Authorized Signatory's latest Photograph obtained, pasted in AOF and signed across the photo	Yes/No Yes/No	Yes/No
9			Yes/No
10	PAN card ( mandatory for all) obtained	Yes/No	Yes/No
11	GSTIN number submitted OR declaration for non-avalibility of GSTIN number submitted	Yes/No	Yes/No
12	Mandatory Site Verification report submitted	Yes/No	Yes/No
13	If existing customer ID, name on AOF should be matched with existing customer ID  Sanction Letter (In case of OD/CC Cases)	Yes/No	Yes/No
15	Customer profile sheet submitted (Not mandatory for Credit customer)	Yes/No Yes/No	Yes/No Yes/No
16	ID proof require for person who has signed the BR	Vos/No	Vos/No
17	In case of foreign company - necessary regulatory approvals in place	Mention if applicable	Mention if applicable
18	IEC or Transaction Banking Head approval submitted to enable Trade flag	Mention if applicable	Mention if applicable
19	Sanction Letter (In case of OD/CC Cases)	Yes/No	Yes/No
20	Branch confirms that the original set of documents are in their possession for future Audit checks	Yes/No	Yes/No
21	Exception approval (if any)		
	a) IP approval / Low IP	Yes/No	Yes/No
	b) Deferral approval if any	Yes/No	Yes/No
22	Declaration if applicable for Authorised Signatories:		
	a) Signature mismatch/Name mismatch/DOB Mismatch	Yes/No	Yes/No
23	Cheque Book & Debit Card apply in AOF	Yes/No	Yes/No
	Additional mandatory field details are as under -		
	Sector-	Please mention	Please mention
2.4	Sub-sector-	Please mention	Please mention
24	Contact Details (E-mail ID & Mobile No.) updated in 'Finacle Alerts System'	1	
26	Risk Category (High, Medium, Low) to specify  CKYC uploading on CERSAI site and CKYC no. to be updated in Finacle (where applicable)	For B	
27	MCA Check (Pub./Pvt./OPC/LLP)		
28	Customer's name verified in LEI, CFR, PAN and world-check	tea	
29	Signature & Photo Linked in system\	-	
		1	
F	EmpID:	RM Signature with B	ranch Stamp
iOM/I	EmpID:	BOM/LH Signature with	n Branch Stamp