

SBM

STATE BANK OF MAURITIUS LTD.

INDIA OPERATIONS

Account Opening Form - Business Banking (FOR SOLE PROPRIETOR/HUF/TRUST/FIRM/CORPORATE)

For Internal use only

Date of A/c Opening

A/c No

Cust. ID

Branch _____

Date ____/____/____

PLEASE FILL THE FORM IN BLOCK LETTERS AND TICK BOXES WHERE APPLICABLE NO FIELDS SHOULD BE LEFT BLANK

CUSTOMER DETAILS

Name of Company	
Contact Person/s	Email ID _____
Contact Details	Phone No./s _____ Fax No./s _____
Date of Incorporation	
Registration Number	
Paid Up Capital	
PAN/GIR no. of the Organisation	
Nature of Business	
Registered Address	
Trading / Business Address	
Mailing Address (if different from above)	
Type of Organisation	<input type="checkbox"/> - Partnership <input type="checkbox"/> - Limited Company <input type="checkbox"/> - Government Entity _____ <input type="checkbox"/> - Recognised International Charity / NGO / Trust <input type="checkbox"/> - Sole Proprietorship <input type="checkbox"/> - Private Limited Company <input type="checkbox"/> - HUF <input type="checkbox"/> - Others (Please Specify) _____
Listed in which Stock Exchange (if Any)	

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OTHER DETAILS

Name of Parent / Holding Company <i>Please tick</i> <input type="checkbox"/> - Parent <input type="checkbox"/> - Holding % of shareholding _____	
Registered Address of Parent/Holding	
Trading / Business Address (if different from above) of Parent / Holding	
Contact Details	Telephone - _____ Fax - _____ Email ID _____
Where incorporated	
Listed in which Stock Exchange	
Bearer Shares (<i>State whether the Company has issued any Bearer shares or has acquired any Bearer shares</i>)	

ACCOUNT DETAILS

Type of Account <input type="checkbox"/> - Current Account <input type="checkbox"/> - Fixed Deposit	Interest Payment details for fixed deposit		
	<input type="checkbox"/> - Monthly <input type="checkbox"/> - Quarterly <input type="checkbox"/> - Half Yearly <input type="checkbox"/> - Annually <input type="checkbox"/> - On Maturity		
	Period _____ (Days / Months / Years)		
Currency (in case of other than INR, additional documents required)			
Purpose of the Account (eg: Borrowing etc)			
Primary Source of Funds			
Anticipated volumes of transactions to be undertaken in this account	Type of Transactions	Currency	Transaction Amount (per month)

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Other SBM a/c held	
Statement Frequency	<input type="checkbox"/> - Monthly
Details of Cheque Required	<input type="checkbox"/> - Bearer <input type="checkbox"/> - Order

DETAILS OF ACCOUNTS WITH OTHER BANKS (MANDATORY REQUIREMENT AS PER RBI GUIDELINES)

A. I/We maintain Current Account/s with the following Banks (Name and address)

1. _____
2. _____
3. _____
4. _____

B. Credit Facility (Please stick ✓ for applicable)

a) I/We confirm that the following credit facilities have been granted to us by the above Bank/s.

YES NO

Name of Bank	Facility Descriptions	Amount

b) I/We confirm that I/We do not enjoy any Credit Facilities with any Banks.

YES NO

DECLARATIONS

- **Sole Proprietorship** - I, the undersigned _____ carrying on business under the name or style of _____

_____. I/We refer to the captioned account opened by you and declare as under: 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 change that take 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 notice and until all such obligation shall have been liquidated.

Name :

Signature (Please sign without stamp)

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- HUF

As our HUF firm wishes to open an account with your bank in the said name _____ we beg to say that the first signatory to this letter, i.e., _____ is the Karta of the Joint Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the bank from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got our said firm registered under the said Act.

We hereby undertake to inform the bank of the death or birth of a co-parcener of any change occurring at any time in the membership of our joint family during the currency of the account.

Name of Karta

Signature

1 _____

Name of Adult Co-parceners

Signature

1 _____

2 _____

3 _____

4 _____

Name & Date of Birth of Minor Co-Parceners

1 _____

2 _____

3 _____

- Partnership Account - We, the undersigned _____

Carrying on business in co-partnership as _____

Please fill in for a Partnership firm

We refer to the captioned account opened by you and declare as under:

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.

Name of Partner

Signature

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

- Company Account - We _____

(Name of the company) enclose a certified copy

of the resolution passed in the Board of Directors meeting of the company hold on _____ at _____, authorizing opening of account with your Bank.

TERMS & CONDITION

- * I/We agree to comply with the rules of the Bank in force from time to time regarding conduct of the account and agree to be bound by them.
- * I/We understand that the deposits are accepted in accordance per Bank's Policy & directives laid down by the Reserve Bank of India.
- * I/We confirm having read the Bank's tariff and agree to abide by the same and is subject to change without prior notice.
- * I/We confirm that the foreign exchange, which will be used will be within the limits as per FEMA Act and will also adhere to the guidelines, which are issued by Reserve Bank of India concerning use of Foreign Exchange.
- * By accepting to open an account, the Company irrevocably agrees and consents to the Bank, at any time, disclosing or sharing, or in any other manner making available any information concerning the Company, its business, its accounts held with the bank or another Group member, including the financial position of the Company, to : (a) any office or branch of the bank or another Group member; (b) any agent, service provider, professional adviser of the bank or another Group member; (c) any guarantor or third party security provider of the Company; (d) any regulator or governmental authority with jurisdiction over the Bank; (e) any court of law; or (f) any bank or financial institution with which the Company has or proposes to have dealings with.

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PHOTOGRAPHS OF AUTHORISED PERSONNEL

<i>Stick Photograph here</i>	Name _____ _____ Designation _____ _____ Pan no. _____	<i>Signature</i>
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<i>Stick Photograph here</i>	Name _____ _____ Designation _____ _____ Pan no. _____	<i>Signature</i>

- ★ Please sign in Black within the box and across photograph.
- ★ For non-individual account signature should bear stamp of organisation.

FOR INTRENAL BANK USE

- All required Supporting documents furnished by the customer.
- Account Opening Check List completed & attached.

Officer

Head, OPS / Manager, OPS

Country Head / V. P.

