SUMITOMO MITSUI BANKING CORPORATION

New Delhi Branch

SMBC

# Account Opening Form

(Savings / Trust / HUF Account)

**For Bank Use only**

Customer Number _____

Account Number _____

Date of Account Opening _____

(Please use blue / black pen for filling the form.)
I/We hereby request SMBC New Delhi Branch 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 | ☐ Savings | | ☐ NRE / NRO | ☐ Basic Banking Saving Account | |
| Foreign Currency Account | ☐ FCNR | Currency | ☐ USD | ☐ EURO | ☐ GBP |
| | | | ☐ JPY | ☐ 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 ☐ Male ☐ Female ☐ Third Gender

Nationality ☐ Indian ☐ Foreigen Category ☐ Resident ☐ Non-Resident

Mother's Maiden Name

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

**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

Tel. No. Fax No.

**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 :** _____

## Guardian Details (Incase applicant is minor):

Guardian Name

Date of Birth of Minor D D M M Y Y Y Y *(Please enclose copy of birth certificate)*

Relationship with Minor : ☐ Mother ☐ Father ☐ By Court Order (if yes, please affix a copy)
☐ Others _____ (please specify)

## Joint Holder(s) Details:

### 1st Joint Holder's Details :

Name

Father's / Spouse Name

Date of Birth : D D M M Y Y Y Y Gender ☐ Male ☐ Female ☐ Third Gender Nationality :

Mother's Maiden Name : Marital Status : ☐ Yes ☐ No

Relation with first applicant (if any) : Contact No. :

Occupation :

Residential Address :

Pin Code:

Tel. No. : Fax No. :

PAN Number :

PHOTOGRAPH
(Please paste the latest Passport size colored Photograph, signed across

Mode of Account Operation

☐ Singly ☐ Jointly ☐ Either or Survivor ☐ Anyone or Survivor

☐ Former or Survivor ☐ Power of Attorney ☐ Other : _____ (please specify)

Special instruction (if any):

Specimen Signature with Stamp

### 2nd Joint Holder's Details :

Name

Father's / Spouse Name

Date of Birth : D D M M Y Y Y Y Gender ☐ Male ☐ Female ☐ Third Gender Nationality :

Mother's Maiden Name : Marital Status : ☐ Yes ☐ No

Relation with first applicant (if any) : Contact No. :

Occupation :

Residential Address :

Pin Code:

Tel. No. : Fax No. :

PAN Number :

PHOTOGRAPH
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Mode of Account Operation

☐ Singly ☐ Jointly ☐ Either or Survivor ☐ Anyone or Survivor

☐ Former or Survivor ☐ Power of Attorney ☐ Other : _____ (please specify)

Special instruction (if any):

_____
Specimen Signature with Stamp

**Initial Funding Details**

☐ Cheque Details

Date _____

Cheque No._____

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:**

☐ Settlement of living Expense

☐ Settlement of goods and services

☐ Receipt of salary/pension

☐ Loan

☐ Foreign Exchange

☐ Settlement of Business Activities

☐ Settlement of overseas travel expenses

☐ Saving/ Asset management

☐ Investment/Repayment of Loan

☐ Application for Insurance

Expected source of funds : _____

## 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

**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 _____

## 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 : _____

## Guardian Details (Incase applicant is minor):

Guardian Name

Date of Birth of Minor D D M M Y Y Y Y *(Please enclose copy of birth certificate)*

Relationship with Minor : ☐ Mother ☐ Father ☐ By Court Order (if yes, please affix a copy)
☐ Others _____ (please specify)

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Father's / Spouse Name

Date of Birth : D D M M Y Y Y Y Gender ☐ Male ☐ Female ☐ Third Gender Nationality :

Mother's Maiden Name : Marital Status : ☐ Yes ☐ No

Relation with first applicant (if any) : Contact No. :

Occupation :

Residential Address :

Pin Code:

Tel. No. : Fax No. :

PAN Number :

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Mode of Account Operation
☐ Singly ☐ Jointly ☐ Either or Survivor ☐ Anyone or Survivor
☐ Former or Survivor ☐ Power of Attorney ☐ Other : _____ (please specify)

Special instruction (if any):

_____
Specimen Signature with Stamp

**2nd Joint Holder's Details :**

Name

Father's / Spouse Name

Date of Birth : D D M M Y Y Y Y Gender ☐ Male ☐ Female ☐ Third Gender Nationality :

Mother's Maiden Name : Marital Status : ☐ Yes ☐ No

Relation with first applicant (if any) : Contact No. :

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☐ 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 _____