

For Bank Use only

Customer Number _____
 Account Number _____
 Date of A/c. Opening _____

**Account Opening Form
 (Corporate Customer)**
CKYC No. : _____

Branch : _____

(Please use blue / black pen for filling the form)

I/We hereby request to open the following account. Terms not otherwise defined in this Account Opening Form shall have the same meaning as in the general part of the Account Opening Terms & Conditions.

Type of Account (Please tick whichever is applicable)

Rupees Account	<input type="checkbox"/> Current	<input type="checkbox"/> Fixed Deposit
Foreign Currency Account	<input type="checkbox"/> EEFC	<input type="checkbox"/> USD <input type="checkbox"/> EURO <input type="checkbox"/> GBP <input type="checkbox"/> JPY <input type="checkbox"/> Other ()

SMART & TS (Internet Banking Facility) Required ☐ Yes ☐ No **Chequebook Required** ☐ Yes ☐ No

Company Details

Customer Name																														
Date of Incorporation / Registration	<div> <div>DD</div> <div>MM</div> <div>YY</div> <div>YY</div> </div>																													
Registered Office Address																														
																													Pin Code	
City																State														
Country																														
Tel. No.																Fax No.														
Mailing Office Address																														
																													Pin Code	
City																State														
Country																														
Tel. No.																Fax No.														
Mailing																														
PAN/ GIR No./ Tax Identification No.																Importer Exporter Code														
GSTIN																														

Constitution	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Trust
	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society/ Clubs/ Associations	<input type="checkbox"/> Others
	<input type="checkbox"/> Partnership Firm (Registered/ Unregistered)	<input type="checkbox"/> Statutory Corporation	

Nature of Business	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance/ Insurance	<input type="checkbox"/> Agriculture/ Forestry/ Fishery	<input type="checkbox"/> Telecommunication
	<input type="checkbox"/> Export/ Import	<input type="checkbox"/> Service	<input type="checkbox"/> Investment	<input type="checkbox"/> Dealers in precious metal or stone
	<input type="checkbox"/> Trading	<input type="checkbox"/> Retailing	<input type="checkbox"/> Construction	
	<input type="checkbox"/> Consulting	<input type="checkbox"/> Wholesale	<input type="checkbox"/> NGO/ NPO	<input type="checkbox"/> Organisation of various kinds (condominium residents, association, circle, social gathering etc.)
	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Other ()	<input type="checkbox"/> Transportation	
	<input type="checkbox"/> Law office/ judicial scrivener office/ admn. scrivener/ certified public accountant office/ licensed tax accountant office			

Authorized Signature(s)

I/ We hereby sign below to signify my/ our agreement to the details provided and the Declaration below, the signature(s) of which I/ we agree shall also serve as my/ our specimen signature(s) for the selected Account to be held in the Bank's record.

1st Authorised Signatory's Details :

Name																															
Father's/ Spouse																															
Name																															
Designation																															
Registration																															
Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Third Gender	Nationality																								
Contact No.													Date of Birth	D	D	M	M	Y	Y	Y	Y										
Residential																															
Address																															
City													State																		
Country																															
Tel. No.													Fax No.																		
PAN							Passport/ Driving Licence No.																								

PHOTOGRAPH

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

Mode of Account Operation

☐ Singly Rs. / Unlimited
☐ Jointly Rs. / Unlimited (to be signed jointly with)

Special instructions
(if any):

Specimen Signature with Stamp

2nd Authorised Signatory's Details :

Name																															
Father's/ Spouse																															
Name																															
Designation																															
Registration																															
Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Third Gender	Nationality																								
Contact No.													Date of Birth	D	D	M	M	Y	Y	Y	Y										
Residential																															
Address																															
City													State																		
Country																															
Tel. No.													Fax No.																		
PAN							Passport/ Driving Licence No.																								

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Passport size colored
Photograph, signed across

Mode of Account Operation

☐ Singly Rs. / Unlimited
☐ Jointly Rs. / Unlimited (to be signed jointly with)

Special instructions
(if any):

Specimen Signature with Stamp

3rd Authorised Signatory's Details :

Name																																	
Father's/ Spouse Name																																	
Designation																																	
Registration Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender	Nationality																													
Contact No.													Date of Birth	D	D	M	M	Y	Y	Y	Y												
Residential Address																																	
City													State																				
Country																																	
Tel. No.													Fax No.																				
PAN													Passport/ Driving Licence No.																				

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Passport size colored
Photograph, signed across

Mode of Account Operation

☐ Singly

Rs.

/ Unlimited

☐ Jointly

Rs.

/ Unlimited (to be signed jointly with)

Special instructions
(if any):

Specimen Signature with Stamp

4th Authorised Signatory's Details :

Name																																	
Father's/ Spouse Name																																	
Designation																																	
Registration Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender	Nationality																													
Contact No.													Date of Birth	D	D	M	M	Y	Y	Y	Y												
Residential Address																																	
City													State																				
Country																																	
Tel. No.													Fax No.																				
PAN													Passport/ Driving Licence No.																				

PHOTOGRAPH

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

Mode of Account Operation

☐ Singly

Rs.

/ Unlimited

☐ Jointly

Rs.

/ Unlimited (to be signed jointly with)

Special instructions
(if any):

Specimen Signature with Stamp

Credit Facilities

☐ We declare that we do not enjoy any credit facilities with other bank(s)

☐ We enjoy the following credit facilities with other bank(s)

Bank	Address	Name of Facility	Account Number	Amount Rs.

* Credit facility would include Term Loans, Overdraft, Cash Credit, Working Capital Limits, Bank Guarantee, Documentary Credit (Letter of Credit), Export Finance, Mortgage Loans, Warehouse Receipt Finance, Factoring, Bill Discounting, Cheque Discounting, Import Finance (Buyer's Credit), Treasury Limited or any other limit either secured or unsecured.

Initial Funding Details

☐ Cheque No. _____ Date _____

Drawn on Bank _____ Amount _____

Amount (in Figures) _____

(Cheque should be crossed, A/C payee and 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).

☐ Debit A/C No. _____

Amount _____ Amount (in Figures) _____

☐ Incoming Remittance / Transfer Sender Bank _____

Amount _____ Amount (in Figures) _____

Special Instructions of Delivery of Statement

☐ Will collect personally

KYC Details :

Purpose of Account Opening:

☐ Settlement of business activities ☐ Saving/Asset management ☐ Foreign Exchange ☐ Settlement of Goods or Services

☐ Loan ☐ Investment/ Loan/ Repayment of Loan ☐ Others : _____

Expected Source of Funds : _____

Principal Shareholders / Beneficial Owners Information

Note : Principal Shareholder shall mean and include; any person entitled to exercise or control the exercise of 10% or more of the voting rights of a company should be regarded as a 'principal shareholder' of the company.

If more than 2 principal share holders, please use extra sheet.

1. Full Name _____

Former or Other Name (if any) _____

Nationality _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Residential Address _____

_____ Pin Code _____

City _____ State _____

Permanent Address _____

_____ Pin Code _____

City _____ State _____

Identification ☐ PAN Card/ GIR No. ☐ Passport ☐ Voter's ID

Document Type : ☐ Driving License ☐ Other please specify _____

Identification Document Number : _____

Customer Type : ☐ Principal Shareholder ☐ Beneficial Owner ☐ Ownership (%) _____

1. Full Name																										
Former or Other Name (if any)																										
Nationality													Date of Birth	D	D	M	M	Y	Y	Y	Y					
Residential Address																										
City													Pin Code													
Permanent Address																										
City													Pin Code													
Identification	<input type="checkbox"/> PAN Card/ GIR No.						<input type="checkbox"/> Passport						<input type="checkbox"/> Voter's ID													
Document Type :	<input type="checkbox"/> Driving License						<input type="checkbox"/> Other please specify _____																			
Identification Document Number : _____																										
Customer Type :	<input type="checkbox"/> Principal Shareholder						<input type="checkbox"/> Beneficial Owner						<input type="checkbox"/> Ownership (%) _____													

Shareholding pattern of the company

Name	Holding %	Country	Listed in Stock Exchange	Non-Listed
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

In case the shareholder holds 10% or more shares as stated above is Non Listed Company, please mention the shareholding pattern of such Non Listed Company.

Name	Holding %	Country	Listed in Stock Exchange	Non-Listed
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Ultimate Beneficial Owner (UBO) :

- A. In case of corporate entities the "beneficial owner" is defined as the natural person(s) who ultimately own or control the legal entity directly/ indirectly through a shareholding or voting rights of 10% or having the controlling state in the entity whichever is less.
- B. In case of foundations & trusts/ unincorporated entities which administer and distribute funds, the beneficial owner is any natural person who receives the benefits of 10% or more of the property, assets or income of the legal entity.

Whether carrying out transactions for a client: ☐ Yes ☐ No

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

- ☐ 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 Firm.
- ☐ 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) _____

Ultimate Beneficial Owner (UBO) for Corporate Entities

1. Number of Ultimate Beneficial Owners: _____
2. Details of Ultimate Beneficial Owners (please submit respective identification proof):

Customer Type	First Name	Last Name	Entity Name	% Ownership	Country of Residence

“Whether Transaction E-mail Alerts Facility Required”

☐ Yes ☐ No

If Yes, Please Specify The E-mail Address To Be Registered As Below:

(i) _____ (ii) _____ (iii) _____

Declaration :-

1. I/ We declare that the information given herein by me/ us is true and correct, which Bank is entitled to verify directly or through any third party agent. I/ We also agree that, if any such declaration made by me/ us are found to be incorrect, Bank 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 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 also confirm not to commence or undertake any activity/ transaction which is not permissible under the prevalent Foreign Direct Investment Policy or any other applicable Policy or guidelines of the Government of India/ Reserve Bank of India save and except after obtaining specific prior approval from the concerned authorities under advice to the Bank.
7. I/We hereby confirm and declare that I/we am/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.
8. 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.
9. I/ We hereby undertake to intimate the Bank about any changes in my/ our residential status as per FEMA.
10. I/We hereby acknowledge that I/ We have received, read and understood the Bank's prevailing Terms, Conditions and Rules governing Deposit Accounts found at https://www.smbc.co.jp/asia/india/forms/Account_Opening_Terms.pdf and Schedule of Fees and Charges found at <https://www.smbc.co.jp/asia/india/standard-tariff.pdf> 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.

Signatures of Chairman/ Person authorized for account opening as per the Board Resolution/ Sole Proprietor/ all Partners (with rubber stamp)

For Bank Use Only

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

Name : _____ Employee ID : _____

Date : _____ Signature/ Stamp : _____