Page 1

	SUMITOM	O MITSUI	BANKI	NG C	ORPORA	TION		
	Branch:							
	DIAIICH		 ;	For Bank Use Customer No	ers transfer			
SMBC				200	Account Number			
	Opening F t / HUF Account)	orm		Date of Acco	ount Opening			
	lack pen for filling the form	· X :						
I/We hereby reques	t to open the following acceptance defined in this account op	count	e same meaning	g as in the ger	neral part of the Acc	ount Opening	Terms & condition	
Type of Account	(Please tick whichever is a	applicable)						
Rupees Account		Savings NRE		/ NRO	Basic Ba	ınking Saviı	ing Account	
Foreign Currency Ac	ecount	FCNR Currency	USD		EURO	EURO GBP		
Totalgit Guitarity Ac	Scourit	T CNIX Currency	JPY		OTHER ()		
SMAR&TS (Inter	net Banking Facility)	Required	Yes	No	Chequebook R	equired	Yes No	
Constitution:	Individual	HUF	Trust		Others	50. J	(please specify	
		Арј	plicant Details	ļ				
Applicant Name								
	D D M M Y Y Y	Y Gender M	ale Fe	male	Third Gender		Please paste	
					W B		the latest Passport size	
Nationality Mother's	Indian	Foreigen C	ategory	Resident	Non-Res	sident	colored Photograph,	
Maiden Name							signed across.	
Mailing								
Address								
City				State		Pin Code		
Country				Mate				
Tel. No.				Fax No.				
Residential Address								
Addiess						Pin Code		
City			5	State		riii oode		
Country								
Mobile No.		PAN	GIR No./ Tax lo	lentification No	о.			
Email ID								
Tel. No.				Fax No.				
Occupation :	Service Retire	ed Self Emplo	yed F	Housewife	Student	Retire pecify)	e/non occupation	
If self Employed :	L	crivener/Administrative	scrivener/Certif	ied public acc			nt Doct	
	Restaurant/Retail		orestry/Fishery				cious metals or sto	
	Finance/Insurance	1770	Inves					

SMBC Account Opening Form V 1.04

Academic Qualification:

Source of Income:

Graduate

Post Graduate

Professional

Others _

	Guardian	Details (Incase applic	cant is minor):		
Guardian Name						
Date of Birth of Minor D D M	M Y Y Y Y (Plea	ise enclose copy c	of birth certificate)			
Relationship with Minor: M	lother Father	By Court	Order (if yes,	please affix a copy)	
0	thers		(ple	ase specify)		
		Joint H	older(s) Deta	ils:		
1st Joint Holder's Details :						
Name						
Father's / Spouse Name						
Date of Birth: D D M M Y	Y Y Y Gender	Male	Female		Nationality:	N.
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 :						
		72- Va				
	Mode of Account (Fither or Sundyer	Anu	one or Sundiver
	Singly	Jointly		Either or Survivor		one or Survivor
PHOTOGRAPH	Singly Former or S	Jointly urvivor				one or Survivor (please specif
PHOTOGRAPH (Please paste the latest Passport size colored Photograph, signed	Singly	Jointly urvivor				
(Please paste the latest Passport	Singly Former or Singly	Jointly urvivor				
(Please paste the latest Passport size colored Photograph, signed	Singly Former or Singly	Jointly urvivor		ttorney Ot	her:	
(Please paste the latest Passport size colored Photograph, signed across	Singly Former or Singly	Jointly urvivor			her:	
(Please paste the latest Passport size colored Photograph, signed across 2nd Joint Holder's Details :	Singly Former or Singly	Jointly urvivor		ttorney Ot	her:	
(Please paste the latest Passport size colored Photograph, signed across	Singly Former or Singly	Jointly urvivor		ttorney Ot	her:	
(Please paste the latest Passport size colored Photograph, signed across 2nd Joint Holder's Details :	Singly Former or Singly	Jointly urvivor		ttorney Ot	her:	
(Please paste the latest Passport size colored Photograph, signed across 2nd Joint Holder's Details: Name Father's / Spouse Name	Singly Former or Singly Special instruction (if any):	Jointly urvivor on	Power of At	Specimen Signa	her :	
(Please paste the latest Passport size colored Photograph, signed across 2nd Joint Holder's Details: Name Father's / Spouse Name Date of Birth: D D M M Y	Singly Former or Singly Special instruction (if any):	Jointly urvivor		Specimen Signa Third Gender	ture with Stamp	(please specif
(Please paste the latest Passport size colored Photograph, signed across 2nd Joint Holder's Details: Name Father's / Spouse Name Date of Birth: D D M M Y Mother's Maiden Name:	Singly Former or Singly Special instruction (if any):	Jointly urvivor on	Power of At	Specimen Signa Third Gender Marital Status	her :	
(Please paste the latest Passport size colored Photograph, signed across 2nd Joint Holder's Details: Name Father's / Spouse Name Date of Birth: D D M M Y Mother's Maiden Name: Relation with first applicant (if any)	Singly Former or Singly Special instruction (if any):	Jointly urvivor on	Power of At	Specimen Signa Third Gender	ture with Stamp	(please specif
(Please paste the latest Passport size colored Photograph, signed across 2nd Joint Holder's Details: Name Father's / Spouse Name Date of Birth: D D M M Y Mother's Maiden Name: Relation with first applicant (if any) Occupation:	Singly Former or Singly Special instruction (if any):	Jointly urvivor on	Power of At	Specimen Signa Third Gender Marital Status	ture with Stamp	(please specif
(Please paste the latest Passport size colored Photograph, signed across 2nd Joint Holder's Details: Name Father's / Spouse Name Date of Birth: D D M M Y Mother's Maiden Name: Relation with first applicant (if any)	Singly Former or Singly Special instruction (if any):	Jointly urvivor on	Power of At	Specimen Signa Third Gender Marital Status	ture with Stamp	(please specif
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(Please paste the latest Passport size colored Photograph, signed across 2nd Joint Holder's Details: Name Father's / Spouse Name Date of Birth: D D M M Y Mother's Maiden Name: Relation with first applicant (if any) Occupation:	Singly Former or Singly Special instruction (if any):	Jointly urvivor on	Power of At	Specimen Signa Third Gender Marital Status	nture with Stamp Nationality: Yes	(please specif

Page 3

	Mode of Account Operation	n				
	Singly Joi	ntly	Either or S	Survivor	Anyone or Survivor	
PHOTOGRAPH	Former or Survivor	Power	of Attorney	Other: _	(please specify)	
(Please paste the latest Passport size colored Photograph, signed across	Special instruction (if any):					
			Specir	nen Signature wit	h Stamp	
Initial Funding Details			Ороон	non oignaturo wit	ar otamp	
Cheque Details			Da	ate		
Cheque No						
Drawn on Bank						
Amount (in Figures)						
(Cheque should be crossed A/C payee & dr with the specimen signature(s) provided to t		ould be from own a	ccount with other bank. I	Please ensure that the	signature(s) on funding cheque match	
Via RTGS/NEFT						
Remitting Bank Name :			_ Branch Name	e:		
Account No.:			Remitter's Na	me :		
Amount	Amount (in Fig	ures)				
Introduction Details:		,				
Name of Introducer		Д	ccount No.		. I/We confirm	
that we maintain an account with SMBC,Branch for over 6 months.						
I/vve personally know th	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)						
(VVIII) Starrip II applicable	<u>.,</u>					
Special Instructions of Deliv	very of Statement	Will collec	t personally			
KYC Details :						
Purpose of Account Openin	g:					
Settlement of living Expense			Settlement of Business Activities			
Settlement of goods and services			Settlement of overseas travel expenses			
Receipt of salary/pension			Saving/Asset management			
Loan			Investment/Repayment of Loan			
Foreign Exchange			Applicatio	n for Insuranc	ce	
Expected source of funds :						

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	Whether carrying out transactions for a client: Yes No					
and the second s	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 f	Acting as formation agent of legal person (s)					
Acting as (or arranging for another person to ac	t as) a Director or	Secretary of a Company.			
Acting as (or arranging for another person to ac	t as) a Partner of	a Partnership.			
Acting as (or arranging for another person to ac	t as) a Trustee of	an Express Trust.			
Acting as (or arranging for another person to ac	t as) a nominee s	hareholder of another person.			
Any Other	(Please Specify)					
1. Full Legal Na	me of Customer :					
2. Number of Ul	timate Beneficial Owner :					
3. Details of Ultir	mate Beneficial Owners (please subn	nit respective iden	tification proof):			
Name	Name Address Date of Birth Country of Residence					
Minor Declaration						
I hereby declare that the date of birth of the minor who is my						
Signature of Parent /	Guardian: Name	e of Parent / Guardian				

Page 5

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 f	fields.			
	ominee to be printed on the deposit YES NO.	confirmation ad	vice and statement of	
Nomination under Sec. 45ZA of the (Nomination) Rules, 1985, in respe	e Banking Regulation Act, 1949, and ect of bank deposit.	Rule 2 (1) of the	Banking Companies	
——————————————————————————————————————	on to whom in event of my/our* deat tails whereof are given below, may b			
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				
Name of witness 1 : Signature of Witness 1 :				
Place : Date :				
Address of witness 1 :				
	Signature of			
Place : Date :				
Address of witness 2 :				
Signature of Sole/First Applica	ant	Signature of 2	 2nd Applicant	

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.

"Whether Transaction E-mail Alerts Facility Required" Yes No If Yes, Please Specify The E-mail Address To Be Registered As Below: (i)		
If Yes, Please Specify The E-mail Address To Be Registered As Below: (i)		Authorized signatory(s)/ Account Holder
(ii)		17
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 acknowledge that I/We have received, read and understood the Bank's prevailing Terms, Conditions and Rules Coverning 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 tim		
 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. 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. 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. 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. I/We agree to abide by the rules/provisions as prescribed by the Reserve Bank of India from time to time. 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. 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. 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 ope	(i)(ii)	(iii)
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For Bank Use Only Full Name and ID of the Bank Employee in whose presence signed		
For Bank Use Only Full Name and ID of the Bank Employee in whose presence signed		
Full Name and ID of the Bank Employee in whose presence signed	Signature of Sole/First Applicant	Signature of 2 nd Applicant Signature of 3rd Applicant
Full Name and ID of the Bank Employee in whose presence signed	For Bank Use Only	
		se presence signed
	Date :	Signature / Stamp :