

Application for Opening Corporate Account (Up to 9 Signers)

Date of Application:

To: Sumitomo Mitsui Banking Corporation Singapore Branch

1. Request

| | | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|--------------------------------|
| We request and authorize you to open the following accounts: | | | | | |
| <input type="checkbox"/> Current Account | <input type="checkbox"/> SGD | <input type="checkbox"/> USD | <input type="checkbox"/> EUR | <input type="checkbox"/> JPY | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Fixed Deposit | <input type="checkbox"/> SGD | <input type="checkbox"/> USD | <input type="checkbox"/> EUR | <input type="checkbox"/> JPY | <input type="checkbox"/> _____ |

| | |
|-------------------------------|--|
| For and in the name of | |
| Alias (if any) | |
| Former name (if any) | |
| Date of Company Incorporation | |
| Registration Number | |
| Registered Office Address | |
| Place of Business Address | |
| Mailing Address | |

Subject to your Terms and Conditions Governing Accounts and Private Wealth Terms and Conditions found at <https://www.smbc.co.jp/asia/singapore/forms/index.html> and **enclose**:

- Certified true copy of our Memorandum and Articles of Association/constitutive documents.
- Certified true copy of the Directors' Resolution / Power of Attorney dated: _____
- Certified true copy of the identification documents.
- Certified true copy of evidence of incorporation.

The accounts will be used for the following purposes:

| | |
|---|--|
| Please tick all applicable purposes: | |
| <input type="checkbox"/> Payment and receipt of funds/settlement of business expenses | <input type="checkbox"/> Fixed deposits for investment |
| <input type="checkbox"/> Credit facilities / loans | <input type="checkbox"/> Treasury products |
| <input type="checkbox"/> Others (please specify) _____ | |

We have dealings in or with persons from any of the following countries, whether directly or indirectly (including via other countries) [Please tick all applicable]

| | | | | |
|---|--------------------------------------|--------------------------------|-------------------------------|---|
| <input type="checkbox"/> Iran | <input type="checkbox"/> North Korea | <input type="checkbox"/> Syria | <input type="checkbox"/> Cuba | <input type="checkbox"/> Crimea Region of Ukraine |
| <input type="checkbox"/> Donbas Region (including Donetsk and Luhansk) of Ukraine | | | | <input type="checkbox"/> None of the above |

2. Common Reporting Standard (“CRS”) / Foreign Account Tax Compliance Act (“FATCA”) Matters

We understand that you require us to furnish a valid CRS & FATCA self-certification prior to opening of any new financial account. In this regard [Please tick all applicable boxes and input the relevant dates where requested]:

| |
|---|
| <input type="checkbox"/> We enclose a new CRS & FATCA self-certification form signed by the authorized signer(s). |
| <input type="checkbox"/> We confirm that the following CRS & FATCA documentation provided to you previously <u>remains valid as at the date of completing this form</u> : |
| <input type="checkbox"/> (Mandatory) CRS / CRS & FATCA self-certification dated _____ |
| <input type="checkbox"/> (If applicable) Form W-8 dated _____ (for non-US tax residents only) |
| <input type="checkbox"/> (If applicable) Form W-9 dated _____ (for US tax residents only) |

We further note that you may request for additional information / confirmation on the CRS & FATCA documentation provided prior to account opening.

3. Other Instructions

We also request and authorize you to execute any funds transfers and pay all cheques purporting to be drawn on behalf of the Company provided that the same are signed by any of our Directors and authorized signatories whose respective specimen signatures are enclosed herewith and in accordance with the signature requirements established in the list of Specimen Signatures of the Company.

We authorize you to follow all instructions on the operation and conduct of the account (including withdrawal and renewal of fixed deposits) which are signed in accordance with the signing conditions established in the list of Specimen Signatures or given in accordance with the Indemnity for Transactions by Telephone/Fax in favour of your Bank (where applicable).

You are to debit our account for any funds transfers and cheques drawn as above on the Company’s said account whether the same be in credit or not, it being understood, however, that in the absence of any special written arrangement you are not bound to honour any cheque, if the said account is not sufficiently in credit to meet it.

You will be advised in writing of all changes in the above procedure.

Tax Related Matters

1. We are responsible for ensuring we comply with our tax obligations.
2. From time to time, you may require information from us regarding our tax matters. We agree to provide you with such information upon your request.
3. We have not committed or been convicted of any tax crime.
4. We will promptly notify you of any change in the above-mentioned information.



We have read your Terms and Conditions Governing Accounts and Private Wealth Terms and Conditions found at <https://www.smbc.co.jp/asia/singapore/forms/index.html> and agree to abide by the same.

We certify that our **Company stamp** _____ required as part of our mandate.

Authorized Signature & Company Name / Stamp
(if applicable)

Authorized Signature & Company Name / Stamp
(if applicable)

Name of Signatory

Name of Signatory

Alias (if any)

Alias (if any)

Nationality

Nationality

Passport / ID No. of Signatory

Passport / ID No. of Signatory

Position

Position

Deposit Insurance Scheme:

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$100,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

4. Specimen Signatures

| | | | |
|--|--|------------------|--|
| Name in Japanese Character | | | |
| Full Name (including Alias and former names) | | | |
| Signature | | | |
| Passport/ID No | | Current Position | |
| Date of Birth | | Nationality | |
| Residential Address | | | |
| Permanent Address (if different from above) | | | |
| Mailing Address (if applicable) | | | |

| | | | |
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5. Signing Condition:

Singly
 Jointly
 Others (please describe): _____

 Authorized Signature & Company Name / Stamp
(if applicable)

 Authorized Signature & Company Name / Stamp
(if applicable)

Section for Our Bank Use

For Business Promotion Department

Date Opened:
 Account Number:

| MGMT | Approver | Checker | Maker |
|------|----------|---------|-------|
| | | | |

| Approver | Checker | Maker |
|----------|---------|-------|
| | | |