

## Application for Opening Joint Personal Account

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"/> _____	

In the name of:	
and:	
subject to your Terms and Conditions Governing Accounts and Private Wealth Terms and Conditions found at <a href="https://www.smbc.co.jp/asia/singapore/forms/index.html">https://www.smbc.co.jp/asia/singapore/forms/index.html</a> and enclose:	
<input type="checkbox"/> Copy of our valid and most recent passport/identification document	
<input type="checkbox"/> Proof of Residential Address (e.g. ID Documents, Utility Bill, Telephone Bill)	
<input type="checkbox"/> Power of Attorney (if operating the account for someone else)	

The accounts will be used for the following purposes (Please tick all applicable purposes):

<input type="checkbox"/> Payments and receipt of funds/living expenses	<input type="checkbox"/> Fixed deposits for investment
<input type="checkbox"/> Savings	<input type="checkbox"/> Receipt of salary/pension
<input type="checkbox"/> Others (please specify) _____	

Please indicate if you 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

I/We understand that for joint accounts, the main applicant and joint applicant are each required 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]:

<b><u>To be completed by Main Applicant</u></b>	<b><u>To be completed by Joint Applicant</u></b>
<input type="checkbox"/> I enclose a new CRS & FATCA self-certification form signed by me (account holder) / a person with authority to sign on my behalf.	<input type="checkbox"/> I enclose a new CRS & FATCA self-certification form signed by me (account holder) / a person with authority to sign on my behalf.
<input type="checkbox"/> I 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"/> I 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"/> (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-8 dated _____ (for non-US tax residents only)
<input type="checkbox"/> (If applicable) Form W-9 dated _____ (for US tax residents only)	<input type="checkbox"/> (If applicable) Form W-9 dated _____ (for US tax residents only)

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

## 3. Other Instructions

I/We also request and authorize you to execute any funds transfers and pay all cheques purporting to be drawn by me/us.

I/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 enclosed list of Specimen Signatures.

You are to debit my/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.

I/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.

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.

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Signature of Main Applicant / Attorney (if applicable)

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Signature of Joint Applicant

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. Signing Condition:**

- Singly (Either applicant)  Jointly
- Others (please describe):
-

## 5. Specimen Signatures

Name in Japanese Character			
Full Name (including Alias and former names)			
Specimen Signature of Main Applicant			
Passport/ID No			
Date of Birth		Nationality	
Place of Birth			
Residential Address			
Permanent Address (if different from above)			
Mailing Address (if applicable)			
Occupation			
Employer's Name			
Current Position			
Contact Number			

Name in Japanese Character			
Full Name (including Alias and former names)			
Specimen Signature of Joint Applicant			
Passport/ID No			
Date of Birth		Nationality	
Place of Birth			
Residential Address			
Permanent Address (if different from above)			
Mailing Address (if applicable)			
Occupation			
Employer's Name			
Current Position			
Contact Number			

**Section for Our Bank Use**

For Business Promotion Department

Date Opened:

Account Number:

Approver	Checker	Maker

Approver	Checker	Maker