

CURRENT ACCOUNT OPENING FORM FOR NON-INDIVIDUALS (OTHER THAN SOLE PROPRIETORSHIP FIRM)

CIF NO. CKYC NUMBER (MANDATORY FOR CKYC UPDATE REQUEST): ACCOUNT HOLDER TYPE*: US REPORTABLE	OTHER REPORTABLE (PLEASE REFER TO GENERAL NISTRUCTIONS POINT 'A') K YOUR ELIGIBILITY TO OPEN CU	updated.
NAME OF THE ENTITY*: (IN BLOCK LETTERS)		
		DI ACT OF INCORPORATION FORMATIONS.
DATE OF COMMENCEMENT OF BUSINESS*:	DATE OF INCORPORATION/ FORMATION*:	PLACE OF INCORPORATION/ FORMATION*:
PAN*: OR FORM	(FOR ENTITIES OTHER THAN	GSTN:
(FOR ENTITIES TAX RESIDENT OF INDIA ONLY, PAN IS EQUIVALENT T	COMPANIES AND PARTNERSHIPS)	
COUNTRY OF INCORPORATION/ FORMATION* (CODE- ISO 3166):		TITY CONSTITUTION TYPE*: (PLEASE REFER INSTRUCTION B IN GENERAL INSTRUCTION
IDENTIFICATION TYPE*: IPLEASE REFER GENERAL INSTRUCTION		_
2. PROOF OF IDENTITY (Pol)* (Please refer 'D' in Ger		
CERTIFICATE OF INCORPORATION / FORMATION REGIS OFFICIALLY VALID DOCUMENT(S) IN RESPECT OF PERSON AUTH		POWER OF ATTORNEY GRANTED TO ITS
OTHER	ONIZED TO TRANSACT	MANAGER, OFFICERS EMPLOYEES TO TRANSACT ON ITS BEHALF
3. DETAILS OF RELATED PERSON/ BENEFICIAL OWI (An 'Annexure II' to be filled for each related person p		ions)
NUMBER OF RELATED PERSONS*: (A RELATED PERSONS APPOINTED OFFICE		PARTNER, AUTHORISED SIGNATORY, BENEFICIARY, BENEFICIAL OWNER, COURT
NUMBER OF RENEFICIAL OWNERS*.		ER OF BENEFICIAL OWNER SHOULD BE DETERMINED SEPARATELY RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)
NUMBER OF RENEFICIAL OWNERS*.	OF RELATED PERSON, BENEFICIAL OWNER IS A PA	RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)
NUMBER OF BENEFICIAL OWNERS*: OUT OF NUMBER	OF RELATED PERSON , BENEFICIAL OWNER IS A PA ment, as applicable, need to be submitt	RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)
OUT OF NUMBER 4. PROOF OF ADDRESS (PoA)* (Copies of the docu	OF RELATED PERSON , BENEFICIAL OWNER IS A PA ment, as applicable, need to be submitt	RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)
4. PROOF OF ADDRESS (PoA)* (Copies of the docu 4.1 BUSINESS / OFFICE REGISTERED ADDRESS DETA	OF RELATED PERSON , BENEFICIAL OWNER IS A PA ment , as applicable , need to be submitt LS*	RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)
4. PROOF OF ADDRESS (PoA)* (Copies of the docu 4.1 BUSINESS / OFFICE REGISTERED ADDRESS DETA PROOF OF ADDRESS*: REGISTRATION CERTIFICATE	OF RELATED PERSON , BENEFICIAL OWNER IS A PA ment , as applicable , need to be submitt LS*	RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)
A. PROOF OF ADDRESS (PoA)* (Copies of the docu 4.1 BUSINESS / OFFICE REGISTERED ADDRESS DETA PROOF OF ADDRESS*: REGISTRATION CERTIFICATE LINE 1*:	OF RELATED PERSON , BENEFICIAL OWNER IS A PA ment , as applicable , need to be submitt LS*	RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)
A. PROOF OF ADDRESS (PoA)* (Copies of the docu 4.1 BUSINESS / OFFICE REGISTERED ADDRESS DETA PROOF OF ADDRESS*: REGISTRATION CERTIFICATE LINE 1*: LINE 2:	OF RELATED PERSON , BENEFICIAL OWNER IS A PA ment , as applicable , need to be submitt LS*	RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18) Led) (Please refer General Instruction 'E')
A. PROOF OF ADDRESS (PoA)* (Copies of the docu 4.1 BUSINESS / OFFICE REGISTERED ADDRESS DETA PROOF OF ADDRESS*: REGISTRATION CERTIFICATE LINE 1*: LINE 2: LINE 3:	OF RELATED PERSON , BENEFICIAL OWNER IS A PA ment , as applicable , need to be submitt LS*	RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18) Led) (Please refer General Instruction 'E') CITY/ TOWN/VILLAGE*:
A. PROOF OF ADDRESS (PoA)* (Copies of the docu 4.1 BUSINESS / OFFICE REGISTERED ADDRESS DETA PROOF OF ADDRESS*: REGISTRATION CERTIFICATE LINE 1*: LINE 2: LINE 3: DISTRICT*: STATE/UT NAME*	OF RELATED PERSON , BENEFICIAL OWNER IS A PA ment , as applicable , need to be submitt LS*	RT / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18) Led) (Please refer General Instruction 'E') CITY/ TOWN/VILLAGE*:
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4. PROOF OF ADDRESS (PoA)* (Copies of the docu 4.1 BUSINESS / OFFICE REGISTERED ADDRESS DETA PROOF OF ADDRESS*: REGISTRATION CERTIFICATE LINE 1*: LINE 2: LINE 3: DISTRICT*: STATE/UT NAME* STATE/UT NAME CODE*: COUNT 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * SAME AS BUSINESS ADDRESS DETAILS (IN CASE OF MULTIPLE PROOF OF ADDRESS*: REGISTRATION CERTIFICATE	OF RELATED PERSON, BENEFICIAL OWNER IS A PA ment, as applicable, need to be submitt LS* OTHER RY CODE*:	ed) (Please refer General Instruction 'E') CITY/ TOWN/VILLAGE*: PIN/POST CODE*:
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4.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS	RESIDENT	0013101				001	.3																			
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PROOF OF ADDRESS (FOR ENTITIES REGISTERED OUT	SIDE INDIA)*	*:	REGIS	TRATIO	ON CE	RTIFIC	ATE OR	EQUIVA	LENT	CER	TIFIC	CATE C	OF IN	ICOF	POR	RATIC	N/F	ORM	IATIC	ON						
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LINE 2:		+									+				$^{+}$		\dashv									
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STATE/UT NAME*																										
STATE/UT NAME CODE*: COUNTRY CODE*:																										
5. CONTACT DETAILS (All communication	s will be s	ent on	prov	/ided	Mobi	ile no.	/Em	ail- ID)	(Plea	se refe	er G	iener	all	nstı	ruct	tion	'F')									
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MLM UNDERTAKING: (Please tick (3) the correct on	e)																									
We Declare that our Company/ Firm is not a				-	-	-																				
We Declare that our Company/ Firm is a ML Marketing and has given an undertaking to			_		-											-			_							of Indi
Ministry of Consumer Afffairs, Food & Public	c Distributio	ons as al	lso any	direct	t sellin	ıg guid	elines	issued b	y the St	ate Gove	rnm	nent, v	vhe	re th	e re	giste	ered					-				0
Further, the Company / Firm is not in violati	on and unde	ertake no	ot to v	violate	the pr	ovisio	ns of P	rize Chi	and Mo	ney Circ	ulati	ion (Ba	anni	ing) /	Act,	1978	3.									
7. MODE OF OPERATION																										
SINGLY JOINTLY SEVE	RALLY		AS PE	ER BOA	RD RES	SOLUT	ION		OTHE	RS:(PLE	ASE	SPECII	FY)													
8. SERVICES REQUIRED																										
CORPORATE INTERNET BANKING: VIEWING RIGHT	rs TRA	ANSACT	ION RI	GHTS		BUSI	NESS	DEBIT (ARD :	PRII	DE				1	PRE	EMIL	JM]
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CASH MGMT PRODUCTS	-PAYMENT [□ ′STEM	:	YES	Mont	POS F	ACILIT QR COI	Y (CARD	SWIPING	SMACHIN SMS	NE) S AL			duc		CHE E-HA	QUE AND	E BOO	KE IN					l	ion)]
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11. OTHER ENTITY DETAILS:												
DETERMINE* WHETHER THE ENTITY IS 'FI' OR 'NFE' [AN ENTITY CAN BE EITHER AN 'FI' OR 'NFE', IT CAN NOT BE BOTH] FINANCIAL INSTITUTION (FI): (IF FINANCIAL INSTITUTION (FI) IS TICKED, PLEASE ALSO FILL ANNEXURE I & ANNE (BANKS, INSURANCE AGENCIES, NBFCS ETC.) OR	XURE II FOR ALL THE RELATED PERSON)											
NON FINANCIAL ENTITY (NFE): IF ENTITY IS NFE, WHETHER IT IS*: ACTIVE NFE OR PASSIVE NFE												
(AN ENTITY CAN BE EITHER AN 'ACTIVE NFE' OR A 'PASSIVE NFE', IT CAN NOT BE BOTH - SEE INSTRUCTIONS 'H' IN GENERAL GUIDELINES FOR ACTIVE & PASSIVE NFE)												
NUMBER OF CONTROLLING PERSON(S): (APPLICABLE ONLY IN CASE OF PASSIVE NFE, FILL ANNEXURE II FOR EACH CONTROLLING PERSON)												
DIRECT REPORTING NON FINANCIAL FOREIGN ENTITY (NFFE): YES NO												
IF YES PLEASE PROVIDE GIIN OF DIRECT REPORTING NFFE:												
LEGAL ENTITY IDENTIFIER (L.E.I CODE. NO.):												
(AS & WHEN APPLICABLE)												
12. COUNTRY OF RESIDENCE AS PER TAX LAWS *												
TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA YES NO LIFT TICKED "YES" THEN THERE IS NO NEED TO FILL IN THE BOX BELOW)												
TAX RESIDENT OF US: YES NO (IF 'YES', PLEASE PROVIDE US TIN) US TIN:	FATCA & CRS BOX											
IF TAX RESIDENT OF US, WHETHER THE PERSON IS												
A US PERSON YES NO (A TAX RESIDENT OF US IS US PERSON, SEE INSTRUCTION 'J')												
A SPECIFIED US PERSON (SEE INSTRUCTIONS 'K') YES NO (IF SPECIFIED US PERSON IS YES, THEN THE E	NTITY IS US REPORTABLE)											
TAX RESIDENT OUTSIDE INDIA OTHER THAN US: YES NO												
IF 'YES', PLEASE PROVIDE COUNTRY CODE & TIN / FUNCTIONAL EQUIVALENT:												
IF 'YES', PLEASE PROVIDE COUNTRY CODE & TIN / FUNCTIONAL EQUIVALENT:												
IF TAX RESIDENT OUTSIDE INDIA OTHER THAN US IS "YES", WHETHER ENTITY FALLS IN ANY OF THE F	OLLOWING CATEGORY (TICK FROM THE FOLLOWING CATEGORY											
AS APPLICABLE - IF NONE OF THE FOLLOWING CATEGORY IS MARKED "YES" THEN THE	ACCOUNT IS AN "OTHER REPORTABLE ACCOUNT")											
I. ANY CORPORATION THE STOCK OF WHICH IS REGULARLY TRADED ON ONE OR MORE ESTABLISHED SECURITIES I	MARKET YES NO											
II. ANY CORPORATION THAT IS A RELATED ENTITY OF A CORPORATION DESCRIBED IN (I) ABOVE YES NO												
III. A GOVERNMENTAL ENTITY YES NO												
IV. AN INTERNATIONAL ORGANIZATION YES NO IF ANY OF THE ITEM (I) TO	(VI) IS TICKED 'YES'THE ACCOUNT IS NOT AN											
	R REPORTABLE ACCOUNT"											
V. A CENTRAL BANK YES NO	THE OF INDIA OR US NOD A TAY OF SIDENT OUTSIDE INDIA											
VI. A FINANCIAL INSTITUTION YES NO	INT OF INDIA OR US NOR A TAX RESIDENT OUTSIDE INDIA ELD NO RESIDENCE FOR TAX PURPOSE WILL BE 'YES'											
NO RESIDENCE FOR TAX PURPOSE YES NO												
LEWEST DE SECRETARION DE COUNTRY CORP. MUERT THE PRINCIPAL OFFICE OF THE FATTERY CONTER.	DV CODE											
IF 'YES' PLEASE PROVIDE , COUNTRY CODE WHERE THE PRINCIPAL OFFICE OF THE ENTITY LOCATED COUNT	RY CODE											
MULTIPLE TAX RESIDENCY*: YES NO (IF 'YES', PLEASE FILL THE TABLE BELOW)												
1. IF AN ENTITY IS A SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCY OUTSIDE INDIA OTHER THA												
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MO	ORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY.											
COUNTRY OF TAX RESIDENCE OUTSIDE INDIA TAX IDENTIFICATION NUMBER OR EQUIVALENT,	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER											
OTHER THAN US IF ISSUED BY JURISDICTION	(CIN), EIN OR OTHER, PLEASE SPECIFY)											
ADDRESS*												
LINE 1:	CITY:											
LINE 2:	STATE:											
LINE 7.	DIN.											
LINE 3:	PIN:											
COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER (CIN), EIN OR OTHER, PLEASE SPECIFY)											
ADDRESS*												
LINE 1:	CITY:											
LINE 2:	STATE:											
LINE 3:	PIN:											

15. APPLICANT DECLARATION

- 1. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting. We are aware that We may be held liable for it.
- We certify that We have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
- 3. We certify and declare that The Company does belong to the class of companies specified in sub-rule (2) of the Companies Rules 2017 (Restrictions on number of Layers) and it (Company) does not have more than two layers of subsidiaries.(As per the details given in Ministry of Corporate Affairs, Gazette notification No. 793 dated 21st Sept 2017.
- We affirm and declare that We have read over and understood the rules and regulations of the State Bank of India ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Tele-banking/Mobile Banking/Virtual Banking and any other facilities. We agree to abide by the same as amended/modified from time to time by the Bank/ Regulator/ Government published through circulars, notifications, notice board/ websites/ newspaper publications, etc. We waive the $rights, if any, to have \, personal \, notice \, in \, respect \, of such amendments / \, modifications. \, We \, agree \,$ that the transactions and requests executed in our account(s) by me/authorized person through internet, mobile, tele-banking or virtual banking under our User ID and password/PIN/OTP will be legally binding on us & We are responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/ details/OTP/PIN, etc., in such matters. We agree that Bank has got all the rights to debit our account for any service charge, expenses or other dues which the Bank is entitled/ liable to recover from us. We also authorise the Bank and agree to close/ discontinue our account without any notice to us in case of any violation of laws/rules/ regulations or terms and conditions of maintaining the account. We hereby undertake to inform the Bank on any changein our communication address or constitution, and We shall submit the address proof in case of transfer of our account from one branch to another branch.
- 5. We confirm and declare that We are not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
- 6. We agree that our personal KYC details may be shared with Central KYC registry or any other competent authority. We hereby consent to receive information from the Bank/Central KYC Registry/Gol/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. We also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage what so ever in nature.
- We hereby certify that We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
- We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the quidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other

- authenticated by us as well as in the documentary evidence provided by us for opening account and availing other services are, to the best of our knowledge and belief, true, correct and complete and that We have not withheld any material information that may affect the assessment/categorization of our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by us is found to be false or untrue or misleading or misrepresenting. We are aware that We may be held liable for
- 10. We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by us or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by us unless revised self-certification as above is provided to the Bank.
- 11. We also agree that our failure to disclose any material fact/information known to us now or in future or our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate us from transacting in the account and the Bank $would\,be\,within\,its\,right\,to\,put\,restrictions\,in\,the\,operations\,of\,our\,account\,or\,to\,close\,it\,or\,to$ $report \ to \ any \ regulator \ and/or \ any \ authority \ designated \ by \ the \ Government \ of \ India \ (GoI)/RBI$ for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines is sued by CBDT/RBI/GoI from time to time.
- 12. We also agree to furnish and in timate to the Bank any other particulars that are called uponus to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- 13. We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by us.
- 14. We undertake to submit data/information together with fresh KYC documents for $updation \, of \, KYC \, details \, at \, periodical \, intervals \, as \, may \, be \, required \, by \, the \, Bank. \, details \, at \, periodical \, intervals \, as \, may \, be \, required \, by \, the \, Bank. \, details \, at \, periodical \, intervals \, as \, may \, be \, required \, by \, the \, Bank. \, details \, at \, periodical \, intervals \, as \, may \, be \, required \, by \, the \, Bank. \, details \, at \, periodical \, intervals \, as \, may \, be \, required \, by \, the \, Bank. \, details \, at \, periodical \, intervals \, as \, may \, be \, required \, by \, the \, Bank. \, details \, at \, periodical \, intervals \, as \, may \, be \, required \, by \, the \, Bank. \, details \, at \, periodical \, intervals \, at \, periodical \, at \, periodi$
- 15. We understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
- 16. We have been advised of Monthly average/minimum balance requirement for the account to be opened and given to understand that these requirements are subject to revision/change and such revision/changes will be uploaded in the Bank's site which will be acceptable to us from time to time as a notice to that effect.
- $17. \ \ We \ Undertake \ to \ submit\ A adhaar \ and \ / \ or\ PAN \ within\ 6 \ months \ from\ the\ date\ of\ opening\ of\ and\ from\ the\ date\ of\ opening\ of\ opening\ of\ opening\ openi$ account, failing to which I understand my account will cease to be operational as per GOI guidelines, as amended from time to time Prevention of Money laundering (Maintenance of Records) Rules 2005. (In case the account is opened without Aadhaar / PAN)
- $18. \ \ We acknowledge and agree that the bank may at its absolute discretion disclose any of our all the bank may be acknowledge and agree that the bank may be absoluted in the bank may be acknowledge and agree that the bank may be acknowledge and be acknowledge and agree that the bank may be acknowledge as a subject to the bank may be acknowledge and the bank may be acknowledge as a subject to the bank may be acknowledge and the bank may be ac$ information if required or permitted by any law rule or regulation or at the request/ direction of any statutory or regulatory authority or court of law or such disclosure is required for the purpose of preventing any fraud without any specific consent authorisation from us.
- 19. We hereby confirm that We have read and understood all the SBI Current Account rules as applicable to Current Accounts as well as the General instructions for filling Current Account

We certify & declare that the information provided by us other services herein or through website/electronically a		e at the Banks website : bank.sbi>>Business>>Current Account. tructions is also available at the Branch.
Please paste photograph here	Please paste photograph here	Please paste photograph here
Signature of Authorised Signatory 1	Signature of Authorised Signatory 2	Signature of Authorised Signatory 3
NAME:	NAME:	NAME:
DESIGNATION:	DESIGNATION:	DESIGNATION:
DATE:	DATE:	DATE:
OFFICER (SIGNATURE)	OFFICER (SIGNATURE)	OFFICER (SIGNATURE)
NAME:	NAME:	NAME:
PF No.:	PF No.:	PF No. :
SS No.:	SS No.:	SS No.:

FOR OFFIC	ICE USE ONLY
1. APPLICANT INTERVIEWED AND PURPOSE ASCERTAINED (SPECIFY THE PURPOSE):	
2. WHETHER SELF - CERTIFICATION & DOCUMENTS SUBMITTED BY THE CUSTOMERS HAVE E (CARE: BRANCH TO PROCEED WITH OPENING OF ACCOUNT ONLY WHEN THIS CERTIFIC	
3. THRESHHOLD LIMIT IS RS:	
4. DOCUMENTS RECEIVED : SELF CERTIFIED TRUE COPIES NO	DTARY 5. RISK CATEGORY: HIGH MEDIUM LOW
6 IN PERSON IDENTITY AND SIGNATURE VERIFIED YES NO	0
7. AUTHORISED OFFICIAL HAS VERIFIED THE BUSINESS ACTIVITY AT THE ADDRESS MENTIC	ONED IN ACCOUNT OPENING FORM:
YES NO	
OFFICIAL NAME :	
PF NO.: DESIGNATION:	SIGNATURE
DATE:	
SS NO.:	
OPEN CIF QUEUE NO. INITIALS	
DATE: CIF:	(AUTHORISED SIGNATORY)
CIF NUMBER:	
OPEN THE ACCOUNT	
BRANCH MANAGER / AUTHORISED OFFICIAL	
ACCOUNT OPENED ON:	SIGNATURE
REMARKS (IF ANY):	
ACCOUNT NUMBER:	
ASSISTANT (SIGNATURE)	OFFICER (SIGNATURE)
NAME :	NAME :
S. S. No. / P.F. No	S. S. No. / P.F. No
EMP. / OFF. DESIGNATION	EMP. / OFF. DESIGNATION
EMP. / OFF. BRANCH	EMP. / OFF. BRANCH

CURRENT ACCOUNT RULES

- 1. Whenever the customer does not use alternate channels for opening the Current Account, payments to credit of an account with the Bank should ordinarily be accompanied by a payin slip duly signed by the constituent. Slips with counterfoils will be supplied in book form and the entry of the transactions made in the counterfoil will be authenticated by the initials of an authorised employee of the Bank. The depositor should satisfy himself that the transaction is so certified.
- 2. Cheques must be drawn on the Bank's printed forms. The Bank reserves its right to refuse payment of any cheque drawn otherwise. The bank reserves the right to refuse payment of cheques that have been altered in any way unless the alternation is authenticated by the drawer under full signature. Cheques should be drawn in such a way as to prevent alteration after issue, and the signature should be uniform with that on record at the Bank.
- 3. Constituents should not overdraw their accounts, even for small amounts without having made previous arrangements. Overdraft are granted in current accounts on terms as per extant instructions. Interest will be charged at the rates stipulated by the Bank and calculated upon the daily balances.
- 4. The Bank will register instructions from the drawer regarding cheques lost, stolen, etc. but cannot guarantee depositors against loss in such cases in the event of such a cheque being paid.
- 5. The bank collects bills, drafts, cheques, pay and pension bills, etc. on behalf of constituents. In personal accounts, the Bank offers up to a specified limit immediate credit in respect of cheques, drafts, dividend warrants, etc., payable at outstation branches.
- 6. Local cheques, etc. will be cleared under CTS Clearing
- $7. \quad Cheques, bills, etc. sent in for collection and credit of an account must not be drawn against until they have been realised.$
- $8. \quad \text{Bills}, notes, \text{etc.} \ not \ payable \ on \ demand, intended for realisation by the Bank, should be sent at least one clear day before due date.}$
- 9. The Bank accepts standing instructions on accounts for making periodic remittances, etc.
- 10. Statements of accounts will be sent to constituents periodically and can be obtained at any time on application. The entries of accounts should be carefully examined by the constituent, and, if any errors or omissions are discovered, the attention of the Bank must be drawn to them immediately. The Bank will not be responsible for any loss arising from neglect of this precaution.
- 11. Any change in the address of the constituent must be promptly advised to the Bank. In all their correspondence with the Bank and on pay-in slips etc. constituents should clearly mention the account number allotted at the time of opening of the account.
- ${\bf 12.}\ \ Accounts\,may\,be\,transferred\,at the request of the\,constituents\,to\,any\,other\,office\,of\,the\,Bank.$
- $\textbf{13.} \ \ \textbf{The Bank accepts securities and shares for safe custody and realisation of interest, dividends, etc. on terms which may be had on application.$
- ${\bf 14. \ \ The \, Bank \, reserves \, the \, right \, to \, alter/add \, to/delete \, any \, of these \, rules \, at \, any \, time.}$

We declare and certify our entity status under Rules 114F to 114H of the Income tax Rules, 1962 notified vide CBDT Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015, as under:

		Tick status of Financial Institution					Yes				N	0	
		Name of Entity											
	a)	Depository Institution											
	ь)	Custodial Institution											
	c)	Investment Entity which is not a passive NFE											
	d)	Specified Insurance Company											
		Owner-Documented FI with substantial US owner(s) – details of substantial US Owner to be captured as per Annexure-II											
		Reporting Financial Institution											
		If 2 OR 3 above is yes, please provide Global Intern	nediary Iden	tification	Number (GIIN)								
		Non-Participating Financial Institution											
		Non-Reporting Financial Entity (If Yes , Please Tick	one of the c	ategory i	n the Table below)								
:	S No.	Category of NRFI	(√)	S No.	Category of NRFI						(√)		
:	1.	Governmental Entity;		13.	Provident fund								1
i	2.	International Organisation;		14.	An Indian investment entity which is wholly held by NRFIs referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFIs referred to in (i) to (xiii) above								
-	3.	Central Bank;		15.	Qualified credit card issuer;					\Box			1
4	4.	Treaty Qualified Retirement Fund;		16.	Specified Investment entity as per CBDT rules (Rule 12	L4F(5)(f));						1
!	5.	Narrow Participation Retirement Fund;		17.	Exempt collective investment vehicle;								1
(6.	Broad Participation Retirement Fund;		18.	Trustee-documented Indian Trust;								1
-	7.	Pension Fund of a Governmental Entity;		19.	Financial Institution with a local client base;								1
ŧ	8.	Pension Fund of an International Organisation;		20.	Local Bank (including Regional Rural Bank, Urban Coop State Cooperative Banks / District Central Cooperativ Local Area Banks provided that the assets test as in Ex to Rule 114F(5);	e Banks	,						
9	9.	Pension Fund of a Central Bank;		21.	Financial Institution with only low-value accounts;								
:	10.	Non-public fund of the armed forces;		22.	Sponsored investment entity and controlled foreign corporation (in case of any U.S. reportable account);								
:	11.	Employees' state insurance fund;		23.	Sponsored closely held investment vehicle (in case of any U.S. reportable account)								
-	12.	Gratuity Fund;		24.	An Indian investment entity which is wholly held by NR to in (i) to (xiii) above and where any debt interest is hel depository institution or NRFIs referred to in (i) to (xiii)	d by a	red						
		Sponsored Investment Entity											
	a)	GIIN of Sponsored entity											

We certify that we have the capacity to sign for the Financial Institution as per CBDT rules/RBI guidelines.	
Date:	
Place:	
	SIGNATURE(S) NAME OF THE AUTHORIZED PERSON OF ENTITY

PERSONAL DETAILS OF CONTROLLING PERSON-CP (FOR PASSIVE NFE ONLY) / RE	LATED PERSON-RP/ BENEFICIAL OWNER ANNEXURE – II
(SEPARATE FORM FOR EACH CONTROLLING PERSON / RELATED PERSON/BENEFICIAL OWNER TO BE FILLED I	N)
FOR OFFICE USE ONLY BRAI	ICH TO AFFIX RUBBER STAMP OF NAME AND CODE NO. OF THE
APPLICATION TYPE* NEW UPDATE	CONTROLLING
APPLICANT (CP/RP) CIF NO.:	PERSON/ RELATED PERSON/
CP/RP Account No.:	BENEFICIAL OWNER.
ENTITY NAME:	
1. DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER	*
(Please refer General Instruction):	
1. A DETAILS OF CONTROLLING PERSON (For Passive NFE Only):	
ADDITION OF CONTROLLING PERSON DELETION OF CONTROLLING PERSON	UPDATE CONTROLLING PERSON DETAILS
CKYC / KYC NUMBER (IF AVAILABLE *):	(IF CKYC / KYC NUMBER IS AVAILABLE, ONLY' CONTROLLING TYPE' & 'NAME' IS MANDATORY
TYPE OF CONTROL*:	
	NIOR MANAGING OFFICIALS
IN CASE OF OTHER	DTECTOR BENEFICIARY Others
LEGAL ARRANGEMENT: SETTLOR-EQUIVALENT TRUSTEE-EQUIVALENT PR	DTECTOR-EQUIVALENT BENEFICIARY-EQUIVALENT OTHER-EQUIVALENT
IN CASE OF UNKNOWN	
1. B DETAILS OF RELATED PERSON	
ADDITION OF RELATED PERSON DELETION OFRELATED PERSON UPDATE	E RELATED PERSON DETAILS
CKYC / KYC NUMBER OF RELATED PERSON (IF AVAILABLE*):	F CKYC / KYC NUMBER IS AVAILABLE, ONLY RELATED PERSON TYPE' & 'NAME' IS MANDATORY)
RELATED PERSON TYPE*: DIRECTOR PROMOTER KARTA TRUSTEE	PARTNER AUTHORISED SIGNATORY Power of Attorney Holder
BE TICKED AS APPLICABLE) COURT APPOINTED OFFICIAL BENEFICIARY BENEFICIARY	LOWNER POWER OF ATTORNEY HOLDER OTHERS
2. PERSONAL DETAILS* (Please refer Instruction G II)	
PREFIX F I R S T N A M E M	IDDLENAME LASTNAME
NAME (SAME AS ID PROOF)*:	
MAIDEN NAME (IF ANY):	
FATHER NAME*:	
SPOUSE NAME :	
MOTHER NAME *:	
UID / AADHAAR NO.: OR	AADHAAR ENROLMENT NO.:
DATE OF BIRTH*:	(FOR DIRECTOR OF THE COMPANY)
GENDER*: M - MALE F - FEMALE T- TRANSGENDER	
MARRIED UNMARRIED OTHERS NATI	ONALITY: IN-INDIAN OTHERS COUNTRY CODE (ISO 3166)
RESIDENTIAL STATUS*: RESIDENT INDIVIDUAL NON RESIDENT INDIA	
CITIZENSHIP*: INDIAN OTHERS	
OCCUPATION TYPE*: S - SERVICE PUBLIC SECTOR PRIVATE SECTOR	GOVERNMENT SECTOR
O - OTHERS PROFESSIONAL SELF EMPLOYED	RETIRED HOUSE WIFE STUDENT
B - BUSINESS NOT CATEGORIZED (PLEASE SPECIFY	
ANNUAL INCOME	
	ed person are individuals who are or have been entrusted with prominent public function in y, eg. Heads of States or of Governments, senior government / judicial / military officers,
senior executiv	es of state-owned corporations, important political party officials, etc
COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS " IN ") (ISO 3166)	
COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE IND	
PAN /TAX IDENTIFICATION NUMBER OR EQUIVALENT*:	(IF JURISDICTION OF RESIDENCE FOR 'TAX PURPOSE' IS INDIA ONLY, THE PAN IN THIS FIELD')
PLACE / CITY OF BIRTH*: COUNTRY CODE (ISO 3166)	OF BIRTH*:

3. PROOF OF ADDRESS* (Copies of the document, as applicable, need to be submitted) (Please refer General Instruction 'E')												
COPY OF ANY ONE OF THE FOLLOWING OVD WITH CURRENT ADDRESS NEEDS TO BE SUBMITTED												
A- PASSPORT B- VOTER ID CARD C- DRIVING LICENCE D- NREGA JOB CARD												
Issued Date:												
E- LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING F- AADHAAR CARD Date of Expiry:												
OR Issued at:												
Issued by:												
PROOF OF ADDRESS IN CASE OVD IN POINT NO 3 DOES NOT CONTAIN UPDATED ADDRESS.												
COPY OF ANY ONE DEEMED OVD NEEDS TO BE SUBMITTED												
PROOF OF ADDRESS*: UTILITY BILLS (Not more than two months old) PROPERTY / MUNICIPAL TAX RECEIPT PENSION PAYMENT ORDER (PPO)												
LETTER OF ALLOTMENT OF ACCOMODATION FROM EMPLOYER ISSUED BY STATE/CENTRAL/GOVT/STATUTORY OR REGULATORY BODIES/PUBLIC SECTOR UNDERTAKINGS/SCHEDULED												
COMMERCIAL BANKS/FINANCIAL INSTITUTIONS/LISTED COMPANIES												
4. ADDRESS DETAILS:												
LINE 1*:												
LINE 2:												
LINE 3: CITY/ TOWN/VILLAGE*:												
DISTRICT*: PIN/POST CODE*:												
STATE/UT NAME*												
STATE/UT NAME CODE*: COUNTRY CODE*:												
5. CONTACT DETAILS												
MOBILE :												
EMAILID 1:												
EMAIL ID 2:												
TELE (OFF.): TELE (RES.):												
6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or in any other Country or Territory Outside India as Under:												
of the Early of the transfer secure of the tr												
COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION IDENTIFICATION TYPE (TIN OR OTHER, PLEASE	SPECIFY)											
# In case, country of tax residence is India, PAN is treated as TIN.												
1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenship).												
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 A citizen of US including individual born in US but resident in another country (who has not given up US citizenship). A person residing in US including US green card holder. 												
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1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenship). 2. A person residing in US including US green card holder. 3. Certain persons who spend more than 180 days in US each year. 7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES ADDRESS TYPE* RESIDENTIAL/BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED LINE 1*: LINE 2: LINE 3: LINE 3: DISTRICT*: STATE / UT NAME CODE*: (ISO 3166) 8. FORM - 60 (In Case PAN is not Available) NAME: (SAME AS ID PROOF) IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION ABOVE TRANSACTION IS HELD AGRICULTURE INCOME (IRS) OTHER THAN AGRICULTURAL INCOME (IRS) OTHER THAN AGRICULTURAL INCOME (Income (Including income of spouse, minor child, etc.) as per section 64 Of hereby declare that what is stated above is to ofmy knowledge and belief. If further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 OTHER THAN AGRICULTURAL INCOME VERIFICATION do hereby declare that what is stated above is to ofmy knowledge and belief. If further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 OTHER THAN AGRICULTURAL INCOME (including income of spouse, minor child, etc.) as per section 64 OTHER THAN AGRICULTURAL INCOME (including income of spouse, minor child, etc.) as per section 64 OTHER THAN AGRICULTURAL INCOME (including income of spouse, minor child, etc.) as per section 64 OTHER THAN AGRICULTURAL INCOME (including income of spouse, minor child, etc.) as per section 64	ue to the best of Income Tax											
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1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenship). 2. A person residing in US including US green card holder. 3. Certain persons who spend more than 180 days in US each year. 7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES ADDRESS TYPE*: RESIDENTIAL BUSINESS REGISTERD OFFICE UNSPECIFIED LINE 1*: LINE 1*: LINE 2: LINE 3: DISTRICT*: PIN / POST CODE*: ISO 31661 8. FORM - 60 (In Case PAN is not Available) NAME: SAME AS ID PROOF) IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION SHOWLED GEMENT NUMBER ABOVE TRANSACTION IS HELD AGRICULTURE INCOME (RS) OTHER THAN AGRICULTURAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WAS ABOVE TRANSACTION IS HELD VERIFICATION VERIFICATION JOHN CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WAS ACT 1961 CONTROL OF TAX ACT 1961 FOR FINANCIAL YEAR IN WAS ACT 1961 CONTROL OF TAX ACT 1961 FOR FINANCIAL YEAR IN WAS ABOVE TRANSACTION IS HELD VERIFICATION VERIFICATION JOHN CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WAS ACT 1961 CONTROL OF TAX ACT 1961 FOR FINANCIAL YEAR IN WAS ACT 1961 CONTROL OF TAX ACT 1961 FOR FINANCIAL YEAR IN WAS ACT 1961 CONTROL OF TAX ACT 1961 FOR FINANCIAL YEAR IN WAS ACT 1961 CONTROL OF TAX ACT 1961 FOR FINANCIAL YEAR IN WAS ACT 1961 CONTROL OF TAX ACT 1961 FOR FINANCIAL YEAR IN WAS AC	ue to the best of Income Tax											
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9. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and i undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I amaware that I may be held liable for it.
- My personal KYC details may be shared with Central KYC Registry.
- Thereby consent to receive information from Central KYC Registry through SMS/email on the above registered number /email address.
- I hereby certify that I have declared my status as per the rules applicable under section 285 BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes cbdt vide notification No. S.O. 2155(E) dated 7 August 2015 and RBI circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendmentthereof.
- I understand, acknowledge and authorise that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and/or any other similar arrangements.
- I certify & declare that the information provided by me for opening account and availing other services herein or through website/ electronically as applicable to me and signed/ authenticated by me as well as in the documentary evidence provided by me for opening account and availing other services are, to the best of my knowledge and belief true, correct and complete and that I have not withheld any material information that may affect the assessment/ categorisation of my account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me is found to be false or untrue or misleading or misrepresenting, I amaware that I may be held liable for it.
- I undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/ or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required, nevertheless all declaration and undertaking given herein will also be applicable to all such modified /amended documents /information provided by me unless revised selfcertification as above is provided to the bank.
- I also agree that my failure to disclose any material fact/information known to me now or in future or my failure to remedy any deficiency in documents /information/ other details within the stipulated period, may invalidate me from transacting in the account and the bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/ or any authority designated by the Government of India(GoI)/RBI for the said purpose or take any other action and may be deemed appropriate by the bank under the guidelines issued by CBDT/RBI/GoI from time to time.
- I also agree to furnish and intimate to the bank any other particulars that are called upon me to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- Ishall indemnify the bank from any loss / damage that may be caused to the bank on account of any defect / mistake in the details provided herein or on account of providing incorrect or incomplete information by me.
- In case, deemed OVDs are submitted for current address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from
 the date of account opening, failing to which I understand that my account may cease to be operational as per GOI guidelines at the material time.
- In respect of account opened on the basis of Aadhar, I hereby declare that I have submitted the Aadhar card issued by UIDAI voluntarily for identification and / or address proof towards the compliance of KYC norms under the PMLA 2002 and I hereby consent that the bank may verify the same with UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the bank.
- I here by confirm that I have read and understood all the SBI Current Account rules as applicable to Current Account as well as the General instructions for filling Current Account
 opening form as available at the Banks website: bank.sbi>>Business>>Current Account
 Physical copy of General instructions is also available at the Branch.

DATE:		Signature of the Applicant	
PLACE:	ATTECTATION / FO	D OFFICE LIST ONLY	
	ATTESTATION / FOI	R OFFICE USE ONLY	
DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE C	COPIES NOTARY	RISK CATEGORY: HIGH MEDIUM LOW	
IN PERSON VERIFICATION CARRIED OUT BYIDENTITY VERIFICATI	ON: DONE	DATE:	
EMP./OFFICIAL SIGNATURE		EMP./OFF. NAME:	-
S.S No. / P.F No.: E	MP./OFF. DESIGNATION:	EMP/OFF. BRANCH:	_

DATE: PLACE:		SIGNATURE (S) NAME OF THE AUTHORIZED PERSON OF ENTITY
A	TTESTATION / FOR OFFICE USE ONI	LY
DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES	NOTARY RISK CATEGORY:	HIGH MEDIUM LOW
IN PERSON VERIFICATION CARRIED OUT BYIDENTITY VERIFICATION:	DONE DATE	:
EMP./OFFICIAL SIGNATURE	EMP./OFF. NAME:	
S.S No. / P.F No.: EMP./OFF. DESIG	GNATION:	EMP./OFF. BRANCH:

	ABLE TO COMPANY (EXCEPT THE COMPANY EXCEPT THE COMPANY			DIARY OF SUCH A COMPANY),		
	IE OF THE CUSTOMER : MPANY, PARTNERSHIP FIRM, UNINCORPORAT	FD ASSOCIATION ON RODY	Y OF INDIVIDUALS AND TRUST	·S)		
2. REGI	STERED NUMBER :	ED ASSOCIATION ON BOD	TOT INDIVIDUALS AND TROST			
	/AILABLE) STERED ADDRESS:					
THE CU	STOMER AS STATED ABOVE HEREBY CONFIR	MS AND DECLARES THAT A	S ON DATE:			
THAN 2	OLLOWING NATURAL PERSON(S) (LISTED IN T. 15% (COMPANY) / MORE THAN 15% (PARTN OLLING THROUGH VOTING RIGHTS, AGREEM	ERSHIP FIRM, UNINCORPO				
(FOR D	EFINITION OF BENEFICIAL OWNER , SEE A	T PAGE NO. 18)				
SL NO.	FULL NAME OF BENEFICIAL OWNER / CONTROLLING NATURAL PERSON(S)	DATE OF BIRTH	NATIONALITY	ADDRESS	TYPE OF KYC DOCUMENTS	CONTROLLING OWNERSHIP INTEREST (%)
PERSON	TIFY THAT THE FACTS STATED ABOVE ARE TR NS, PERSON EXERCISING CONTROL OR HAVI , AS DECLARED IN THE TABLE ABOVE. DONBEHALF OF [NAME OF COMPANY, PARTN	NG CONTROLLING OWNER	RSHIP INTEREST IN THE COMF	ANY, PARTNERSHIP FIRM, UNIN	CORPORATED ASSOCIATI	
ULL N	AME OF THE AUTHORISED OFFICIAL:					
DESIGN	NATION / POSITION :				SIGNATURE OF TH	IE AUTHORISED OFFICIAL
DATE:						
PLACE :						
*The d	leclaration should be signed by an active / c	designated partner in case	of Partnership Firm, a truste	ee in case of Trust)		
We cert	<u>nch use Only</u> tify that the beneficial owner (s) of the said nave been verified from information, whene			ation made by the above men	tioned Company / Firm /	Trust and the details furnished
(Signa	nture of the Branch Head / Branch Operation	on Head)				
Name :	•					
5.S No.	/ P.F No.:					
Date ·						

<u>Credit Discipline Check List for Opening / Continuing Current and Collection Accounts</u> <u>(Annexure to Current Account Opening Form)</u>

Name of the Customer:

Rs.

Bank Name	Total Exposure	Fund Based CC/OD	Fund based (like TL/DL)	Non-Fund based (like LC/BG)	Exposure %
SBI					
Bank1:					
Bank2:					
Total					

Check list for opening/ continuation of Current and Collection Accounts

SI. No.	Particulars	Current Account Status	Annx	Check Box (Tick one)
1	No credit exposure	Can open CA	V-A	
2	Total Credit exposure less than Rs. 5 Crores (even with CC/OD facility with SBI/any Bank)	Can open CA	V-A	
За.	 i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure 10% or more iii) SBI having CC/OD Account iv) Customer willing to have operative CA with SBI 	Can open CA	V-B	
3b.	 i) Total Credit exposure Rs. 5 Crore or more ii) SBI exposure 10% or more (or) Exposure less 10% iii) Customer having CC/OD Account with any Bank which may or may not include SBI. iv) Customer NOT willing to have operative CA with SBI 	Can open Collection Account	V-B	
3c	 i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure less than 10% and is the highest amongst all the lenders. iii) No other bank has exposure 10% or more 	Can open CA	V-B	
3d	 i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure 10% or more without CC/OD with SBI iii) SBI is one of the lenders. iv) Customer having CCOD with another Bank 	Can open Collection Account	V-B	
4a	 i) Total credit exposure Rs.5 crore or more but less than Rs.50 crore, without CC/OD exposure from any Bank ii) SBI is one of lending Bank 	Can open Current Account	V-B	
4b	 i) Total credit exposure Rs.5 crore or more but less than Rs.50 crore, without CC/OD exposure from any Bank ii) SBI is not one of lending Bank 	Can open Collection Account	V-B	
5	 i) Total credit exposure Rs. 50 crores or more without CC/OD exposure from any Bank ii) SBI one of lending Bank 	ESCROW arrangement to be followed and/or Collection AC may be opened	V-B	
6	Exempted Accounts as per RBI revised guidelines dated 29.10.2021 in addition to exemption granted vide RBI guidelines dated 14.12.2020	Can open CA for permitted purposes	V-C	

Annexure-Ver3-(V-A) - (Exposure Less than Rs.5.00 Crs)

Undertaking for Opening/Continuing Current Account (Annexure to Current Account Opening Form) (Exposure Less than Rs.5.00 Crs)

SI. No.	Particulars	Check Box (Tick one)
1	No credit exposure with any Banks including SBI	
2	Total Credit exposure is less than Rs. 5 Crores (even	
	with CCOD facility with SBI/any Bank)	

	with CCOD facility with SBI/any Bank)	
have	to advise that I/We have no credit exposure with any B sure with all the Banks (including SBI) is less than Rs.5.0	anks including SBI or, our total credit
I/We chan	e undertake to inform SBI in case of any changes to malso understand that it will be my/our sole responsibility ges in the above undertaking and/or when the crediting system reaches Rs.5.00 crores or more.	to inform SBI in writing regarding any
of RE to cl empo	also agree to provide any documents that may be requised regulations / SBI requirements for continuing my Currose the Current Account as and when demanded between to close / discontinue the Account if I/We fail to e issued in this regard.	ent Account with SBI.I/We also agree by SBI and understand thatSBI is

(Tick whichever is applicable)

Signature of the Customer(s) / Authorised Representative(s)

Annexure-Ver3-(V-B) - (Exposure Rs.5.00 Crs or more)

<u>Declaration for Opening/Continuing Current/Collection Account</u> (Annexure to Current Account Opening Form)

I/We(Name of the Customer) have to advise as under:

SI. No.	My / Our Credit Exposure	My / Our request	Tick one
3a.	 i) Total Credit exposure Rs.5 Crores or more ii) SBI exposure 10% or more iii) SBI having CC/OD Account iv) Customer willing to have operative CA with SBI 	I/We willing to have an Operative Current Account with SBI	
3b.	 i) Total Credit exposure Rs. 5 Crore or more ii) SBI exposure 10% or more (or) Exposure 10% or less iii) Customer having CC/OD Account with any Bank, which may or may not include SBI. iv) Customer NOT willing to have operative CA with SBI 	I/We am willing to have a *collection account with SBI.	
3c.	 i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure less than 10% with CC/OD facility and is the highest amongst all the lenders. iii) No other bank has exposure 10% or more 	I/We willing to have an Operative Current Account with SBI.	
3d.	 i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure 10% or more without CC/OD iii) SBI is one of the lenders. iv) Customer having CCOD with another Bank 	I/We am willing to have a *collection account with SBI.	
4a	 i) Total credit exposure Rs.5 crores or more but less than Rs.50 crore, without CC/OD exposure from any Bank ii) SBI is one of lending Bank 	I/We am willing to have an Operative Current Account with SBI	
4b	 i) Total credit exposure Rs.5 crore or more but less than Rs.50 crore, without CC/OD exposure from any Bank ii) SBI is not one of lending Bank 	I/We am willing to have a *collection account with SBI.	
5	i) Total credit exposure Rs. 50 crores or more without CC/OD exposure from any Bank ii) SBI one of lending Bank	I/We am willing to have Current account (under the prescribed Escrow mechanism) / *collection account with SBI (strike whichever not applicable). I understand that Current account can be opened/ maintained with the escrow managing bank only.	

Name of Bank / IFSC Code:	
Account Number:	

Signature of the Customer(s) / Authorised Representative(s)

(Tick whichever is applicable)

^{*} I / We understand that only credits will be permitted and we will not have any transaction rights in the collection account. Further, we understand that SBI can recover fees / charges from the collection account and balance in lying in these collection accounts cannot be used for margin purposes. The balance (above the applicable minimum balance) may please be transferred to the above main operating CC / OD / Escrow account within two working days (T+ 2 basis) on receipt of such funds.

Annexure-Ver3-(V-C) - Exempted categories

<u>Declaration for Opening/Continuing Current Account</u> (Annexure to Current Account Opening Form)

I/W	e										.(Name	e of the Cust	omer) have
											•	of current	,
										which	falls	under	exempted
cate	egory/ca	tegory	to	which in	struct	ions of R	BI as	regards o	per	ning/main	taining	g of current	accounts,
do i	not apply	٧.											

I/We also agree to provideany documents /proofs that may be required from time to time in terms of RBI regulations / SBI requirements for continuing my Current Account with SBI under the said exempted category. I / We also agree to route only the permitted / specified transactions in the Current Account as intended by relevant regulations. I/We also agree to close the Current Account as and when demanded by SBI and SBI is empowered to close / discontinue the Account if I / We fail to respond in a reasonable time to any notice issued in this regard.

Signature of the Customer(s) / Authorised Representative(s)

SI.	My / Our Credit Exposure	Documents	Tick one
No. 1	Accounts for real estate projects mandated under Section 4(2) I (D) of the Real Estate (Regulation and Development) Act, 2016 for thepurpose of maintaining 70% of advance payments collected from the home buyers.	As specified in RERA Circular	
2	Nodal or escrow accounts of payment aggregators/prepaid payment instrument issuers for specific activities as permitted by Department of Payments and Settlement Systems(DPSS), Reserve Bank of India under Payment and Settlement Systems Act,2007.	As specified by RBI	
3	Accounts for settlement of dues related to debit card / ATM card / credit card issuers / acquirers.	As specified by RBI / relevant regulation	
4	Accounts permitted under FEMA,1999.	As specified by FEMA regulation	
5	Accounts for the purpose of IPO/NFO/FPO/ share buyback /dividend payment/ issuance of commercial papers/ allotment of debentures/gratuity, etc. which are mandated by respective statutes or regulators and are meant for specific /limited transactions only.	As mandated by respective statutes or regulators	
6	Accounts for payment of taxes, duties, statutory dues, etc. opened with banks authorized to collect the same, for borrowers of such banks which are not authorized to collect such taxes, duties, statutory dues, etc.	Letter from Other Bank	
7	AccountsofWhiteLabelATMOperatorsandtheiragentsforsourcingof currency/Cash-in-Transit/Companies/Cash Replenishment Agencies.	As mandated by respective statutes or regulators	
8	Current accounts which are stipulated under various statues and instructions of other regulator/regulatory department (Give details of such regulations and attach regulation copy(ies)	As mandated by respective statutes or regulators	
9	To open a current account for project specific facilities like Term Loan/Lease Rental Discounting (LRD) term loan for receiving/monitoring cash flows of a specific project, I / We have not availed any CC/OD facility for that specific project. Give details and attach relevant proofs (FAQ 11 of RBI Circular dated 14.12.2020). I /We undertake to ensure that cash flows will be coming in this account are from that specific project only.	Documents established the claim of customer and Annexure ver 3 (V-A)	
10	To open current accounts for borrowers having credit facilities only from NBFCs/Fls/co-operative banks/ non-bank institutions. Give details and attach relevant proofs (FAQ12 of RBI Circular dated 14.12.2020).	CRIF report & Annexure ver 3 (V-A)	
11	Inter-bank accounts	Ensure customer is a Bank	
12	Accounts of All India Financial Institutions (AIFIs), viz., EXIM Bank, NABARD, NHB, and SIDBI	Ensure customer is AIFI	
13	Accounts opened under specific instructions of Central Government and State Governments	Copy of relevant Govt Instructions	

LIST OF ENTITIES WITH CORRESPONDING CUSTOMER TIER TYPE

SR. NO.	TYPE OF ENTITY	PAN 4TH CHARACTER	TIERED_CUST	DESCRIPTION
1	ARTIFICIAL JUDICIAL	J	212	NON PERSONAL-JUDICIARY
2	PERSON	A	207	NON PERSONAL-COOPERATIVE
3		A	20701	NON PERSONAL-SOCIETIES
4		A	20702	NON PERSONAL-SOCIETIES (NPO)
5		A	210	NON PERSONAL-ASSOCIATIONS
6		A	211	NON PERSONAL-NGO'S
7	ASSOCIATION OF	A	217	NON PERSONAL-GROUP CUSTOMERS
8	PERSONS	A	21701	NON PERSONAL-OTHERS-GROUP CUSTOMERS
9		A	21702	NON PERSONAL-OTHERS-NOTIONAL CUSTOMERS
10		A	21703	SHG-MIXED GROUP
11		А	21704	SHG- ALL MALE MEMBERS
12		Α	21705	SHG- ALL FEMALE MEMBERS
13		Α	219	STAFF ASSOCIATION/SOCITIES
14		С	21301	NON PERSONAL-BANKS-FOREIGN
15		С	2130201	NON PERSONAL-BANKS-DOMESTIC-COOPERATIVES
16		С	2130202	NON PERSONAL-BANKS-DOMESTIC-PUBLIC SECTOR
17		С	2130203	NON PERSONAL-BANKS-DOMESTIC-PRIVATE SECTOR
18		С	2130204	NON PERSONAL-BANKS-DOMESTIC-LOCAL AREA BANKS
19		С	2130205	NON PERSONAL-BANKS-DOMESTIC-REGIONAL RURAL BANKS
20		С	2130206	NON PERSONAL-BANKS-DOMESTIC-OTHER GOVT.OWN BANKS
21		С	2130207	NON PERSONAL-BANKS-DOMESTIC-OTHER BANKS
22	BANKS /FI	С	21303	NON SCHEDULED BANK
23		С	214	NON PERSONAL-DOMESTIC NON BANKING FINANCE CO'S
24		С	21501	NON PERSONAL-FINANCIAL INSTITUTION-FOREIGN
25 26		C	21502	NON PERSONAL-FINANCIAL INSTITUTION-DOMESTIC NBFC-ASSET FINANCE CO OTHER
27		C	22301 22302	NBFC-HOUSING FINANCE CO
28		C	22302	NBFC-INFRASTRUCTURE FINANCE CO
29		C	22304	NBFC-GOLD LOAN CO
30		C	22305	NBFC-MFI
31		C	22306	NBFC-NON DEP TAKING SYSEMATICALLY IMP
32	BODY OF INDIVIDUALS	В	209	NON PERSONAL-CLUBS
33		С	10218	BROKING CLIENTS"ANAGRAM CAPITAL LTD"
34		C	2040101	NON PERSONAL-LIMITED CO'S-PUBLIC SECTOR-CENTRAL
35		C	2040102	NON PERSONAL-LIMITED CO'S-PUBLIC SECTOR-STATE
36		С	20402	NON PERSONAL-LIMITED CO'S-PUBLIC
37		С	2040201	NON PERSONAL - LIMITED COMPANIES - PUBLIC (NPO)
38		С	20403	NON PERSONAL-LIMITED CO'S-PRIVATE
39		С	2040301	NON PERSONAL - LIMITED COMPANIES - PRIVATE-(NPO)
40	COMPANY	С	20404	NON PERSONAL-LIMITED CO'S-LISTED
41		С	20501	NON PERSONAL-FOREIGN COMPANIES- MNC'S
42		С	20502	NON PERSONAL-FOREIGN COMPANIES- OTHERS
43		С	215	NON PERSONAL-WHITE LABEL ATM VENDOR
44		C	21706 21707	PRIMARY DEALER MULTILATERAL BODIES (BIS. IMF.MDB)
45 46		C	21707	MUTUAL FUND OR OTHERS ASSET MANAGEMENT CO
47		C	21708	NON PER: OFFICE A/C(INTERNAL)
48		F	20602	NON PERSONAL-FIRMS-PARTNERSHIP
49		 F	20603	NON PERSONAL-FIRMS-OTHER FIRMS
50	5:51	F	218	NON-PERSONAL-JLG
51	FIRM	F	220	NON PERSONAL-APMC/MANDIS TRADER
52		F	221	NON PERSONAL -BUSINESS CORRESPODENT
53		F	3	DEFAULT MIGRATION
54		G	20101	NON PERSONAL-GOVERNMENT-CENTRAL
55		G	20102	NON PERSONAL-GOVERNMENT-STATE
56		G	2010301	NON PERSONAL-GOVERNMENT-FOREIGN-EMBASSIES
57	00//55/::::::::::::::::::::::::::::::::	G	2010302	NON PERSONAL-GOVERNMENT-FOREIGN-OTHERS
58	GOVERNMENT	G	20201	NON PERSONAL QUASI GOVERNMENT OTHERS
59		G	20202	NON PERSONAL-QUASI GOVERNMENT-OTHERS NON PERSONAL-STATLITORY RODIES, LINDER STATE STATLITE
60		G G	20301 20302	NON PERSONAL-STATUTORY BODIES- UNDER STATE STATUTE NON PERSONAL-STATUTORY BODIES- UNDER CNTRL STATUTE
62		G	2130208	Central Scheme of Int Subsidy on Edn Loans for EWS
63	HINDU UNDIVIDED	Н	216	NON PERSONAL-HINDU UNDEVIDED FAMILIES
	FAMILY			NON PERSONAL-TRUSTS
64	TRUST		208	
65		Т	20801	NON PERSONAL - TRUSTS (NPO)