

CURRENT ACCOUNT OPENING FORM FOR NON-INDIVIDUALS	
(OTHER THAN SOLE PROPRIETORSHIP FIRM)	
A. Fields marked with '*' are mandatory fields. B. Tick', /' where we rapplicable. C. Piese fillthe date in DD-MM-YVY format.	
CIF NO. CURRENT A/C NO. CURREN	.T Code
CKYC NUMBER (MANDATORY FOR CKYC UPDATE REQUEST): CKYC NUMBER (MANDATORY FOR CKYC UPDATE REQUEST	
ACCOUNT HOLDER TYPE*: US REPORTABLE OTHER REPORTABLE (PLEASE REFER TO GENERAL INSTRUCTIONS POINT *A') bank.sbi>>Business>>Current Account H. For particular section update, please tick () in the box available the section number and strike for the sections not require updated.	
1. ENTITY DETAILS* (Please refer General Guidelines Point 'C')	
NAME OF THE ENTITY*: (IN BLOCK LETTERS)	
DATE OF COMMENCEMENT OF BUSINESS*:	
PAN: OR FORM 60 (FOR ENTITIES OTHER THAN TAN:	
(FOR ENTITIES TAX RESIDENT OF INDIA ONLY, PAN IS EQUIVALENT TO TIN)	
COUNTRY OF INCORPORATION/ FORMATION* (CODE- ISO 3166): (REFER GENERAL INSTRUCTIONS) ENTITY CONSTITUTION TYPE*: (PLEASE REFER INSTRUCTION B IN GENERAL INSTRUCTIONS) IDENTIFICATION TYPE*: (PLEASE REFER GENERAL INSTRUCTIONS 'C2'), IF O-OTHERS (SPECIFY)	ICTION:
2. PROOF OF IDENTITY (Pol)* (Please refer 'D' in General Instructions)	
CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE PARTNERSHIP DEED TRUST DEED MEMORANDUM AND ARTICLE OF ASSOCIAT	ION
OFFICIALLY VALID DOCUMENT(S) IN RESPECT OF PERSON AUTHORIZED TO TRANSACT	
OTHERIDENTITY NUMBER :IDENTITY NUMBER :	
3. DETAILS OF RELATED PERSON/ BENEFICIAL OWNER*	
(An 'Annexure II' to be filled for each related person please refer point 'G' in General Instructions) NUMBER OF RELATED PERSONS*: (A RELATED PERSON CAN BE DIRECTOR, PROMOTER, KARTA, TRUSTEE, PARTNER, AUTHORISED SIGNATORY, BENEFICIARY, BENEFICIAL OWNER, COURT	
NUMBER OF BENEFICIAL OWNERS*:	
OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON) OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON) OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON) OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON) OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON) OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON)	
4.1 BUSINESS / OFFICE REGISTERED ADDRESS DETAILS*	
PROOF OF ADDRESS*:	
LINE 1*:	
LINE 3:	
DISTRICT*:	
STATE/UT NAME CODE*: COUNTRY CODE*: COUNTRY *:	
4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *	
SAME AS BUSINESS ADDRESS DETAILS (IN CASE OF MULTIPLE CORRESPONDENCE / LOCAL ADDRESS, PLEASE FILL 'ANNEXURE-III')	
PROOF OF ADDRESS*:	
LINE 3:	
DISTRICT*:	
STATE/UT NAME CODE*: COUNTRY CODE*: COUNTRY *: COUNTRY *:	

4.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES*

SAME AS BUSINESS ADDRESS DETAILS	SAME AS CORRESPONDENCE / LOCAL	L ADDRESS DETAIL	.S IDENTITY NU	MBER :								
LINE 1*:												
LINE 2:												
LINE 3:				VILLAGE*	:							
			PIN / F	OST CODE*	:							
STATE/UT NAME*												
STATE/UT NAME CODE*:	COUNTRY CODE*:	(COUNTRY *:									
5. CONTACT DETAILS (All communications	will be sent on provided Mob	ile no./ Email-	ID) (Please re	fer Gener	ral Inst	tructio	on 'F'))				
TELE (RES.) :	TELE (OFF.) :]	FAX :			T		Т	ТТ	
]								
MOBILE NO. OF AUTHORISED SIGNATORY :		EMAIL ID :										
6. NATURE OF BUSINESS												
MANUFACTURER TRADER	RETAILER	SERVICE PROV	IDER	EXPORT		ЯT	Γ		THER	s		
							L					
INDUSTRY CLASSIFICATION CODE *: (F	PLEASE REFER TO INDUSTRY CODES G	IVEN AT THE BOTT	OM) OTHERS:			(PLEAS	E SPEC	CIFY FO	RCOL	DE 50,	51, 52,7	74,93,9
BUSINESS SECTOR CODE*	ANNUAL TURN	IOVER*:RS		FY			7-					
Please refer to Business Sector Code given below												
CODE SECTOR COL			CODE	SECTOR	41.0		CODE	CONC	DUCT		TOR	
	204 ENGINEER/ARCHITECT/TECHNICA 205 ARTIST / WRITER	LCONSULTANT	00299 OTHER 00300 MANUF	PROFESSION/ ACTURING	ALS)0500)0700	CONST TRAN			/ сомм	UNICATI
	206 ARTISAN / CRAFTSMAN		00301 INDUST				00810	FINA			,	
00201 MEDICAL PROFESSION 002	207 JOURNALIST		00302 BUSINE	SS IN TRADE	SECTOR	(00830	REAL	ESTAT	Έ		
00202 LEGAL PROFESSION 002 00203 CA / ICWA / TAXATION / AUDIT / FINANCE 002				SS IN SERVICE			0999	ANY (OTHER			
00203 CA / ICWA / TAXATION / AUDIT / FINANCE 002	210 CAPITAL MARKET MAKER	*	00400 GAS/W	ATER / ELEC								
SOURCES OF FUND: DUSINESS INCOM	1E DONATION / GRANT	FROM GROU	JP COMPANY	🗌 EQUI		/ESTM	ENT		отне	ER		
MLM UNDERTAKING : "I Declare that my Proprietorship Firm is not a ML	.M (Multi Level Marketing) Firm"											
"I Declare that my Proprietorship Firm is not a ML "I Declare that my Proprietorship Firm is a MLM (Mi	ulti Level Marketing) Firm" (Select Indust			airs that the	Firm is	in com	nlianc	e with [Direct	Sellin	r Guide	lines 2
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10. 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	OWLEDGEMENT NUMBER					
IF PAN IS NOT APPLIED , FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF IN ABOVE TRANSACTION IS HELD	ICOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE					
AGRICULTURE INCOME (RS)						
VERIFICATION						
of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income including including including including income including	me of spouse, minor child, etc.) as per section 64 of Income Tax					
Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.						
/erified today, the day of						
Place:	Signature of the Declarant					

11. DECLARATION CUM UNDERTAKING FOR OPENING / CONTINUING CURRENT ACCOUNT (This undertaking is similar to Annexure ver 3 (V-A) of e-Circular NBG/TBU-LTP/19/2021-22 dated 29.11.2021)

Name of the Customer:

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					

TOTAL CREDIT EXPOSURE :

LESS THAN RS. 5 CRS	(FILL UNDERTAKING GIVEN BELOW)
<u>></u> RS. 5 CRS	PLEASE FILL ANNEXURE V (B)
EXEMPTED CATEGORY	PLEASE FILL ANNEXURE V (C)

I/We(Name of the Customer) have to advise that I/We have no credit exposure with any Banks including SBI or, our total credit exposure with all the Banks (including SBI) is less than Rs.5.00 crores.

I / We undertake to inform SBI in case of any changes to my/ our CC/OD/ Other Credit facilities. I/We also understand that it will be my/our sole responsibility to inform SBI in writing regarding any changes in the above undertaking and/or when the credit facilities availed by me/us from the banking system reaches Rs.5.00 crores or more.

I/We also agree to provide any documents that may be required from me/us time to time in terms of RBI regulations / SBI requirements for continuing my Current Account with SBI.I/We also agree to close the Current Account as and when demanded by SBI and understand thatSBI 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)

(Tick whichever is applicable)

12. 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 & ANNEXURE II FOR ALL THE RELATED PERSON) (BANKS, INSURANCE AGENCIES, NBFCS ETC.) OR						
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):						
IF YES PLEASE PROVIDE GIIN OF DIRECT REPORTING NFFE:						
LEGAL ENTITY IDENTIFIER (L.E.I CODE. NO.):						
13. COUNTRY OF RESIDENCE AS PER TAX LAWS *						
TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA YES NO (IF 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						
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 ENTITY IS US REPORTABLE)						
TAX RESIDENT OUTSIDE INDIA OTHER THAN US: YES NO						
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 FOLLOWING 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 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						
V. A CENTRAL BANK YES NO						
VI. A FINANCIAL INSTITUTION YES NO IF ENTITY IS NEITHER A TAX RESIDENT OF INDIA OR US NOR A TAX RESIDENT OUTSIDE INDIA OTHER THAN US, THEN THE FIELD NO RESIDENCE FOR TAX PURPOSE WILL BE 'YES'						
NO RESIDENCE FOR TAX PURPOSE YES NO						
IF 'YES' PLEASE PROVIDE , COUNTRY CODE WHERE THE PRINCIPAL OFFICE OF THE ENTITY LOCATED COUNTRY 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 THAN US, THE ENTITY HAS MULTIPLE TAX RESIDENCY.						
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE 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*						
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: CITY:						
LINE 2: STATE: STATE:						

LINE 3:

PIN:

14. 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.

2. 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 change in 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.

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.
 We agree that our personal KYC details may be shared with Central KYC registry /

6. We agree that our personal KYC details may be shared with Central KYC registry / Gol/RBI/Credit Bureau Agencies or any other competent authority. We hereby consent to receive information from the Bank/Central KYC Registry/Gol/RBI/Credit Bureau Agencies 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 whatsoever in nature.

7. We hereby certify that We have declared my status as per the rules applicable under section 2858A 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.

8. We understand, acknowledge and authorize 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 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 similar arrangements.

9. We certify & declare that the information provided by us for opening account and availing other services herein or through website/electronically as applicable to us and signed /

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 it.

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 asabove 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 quidelines issued by CBDT/RBI/GoI from time to time.

12. We also agree to furnish and intimate to the Bank any other particulars that are called upon us 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.

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 anotice to that effect.

17. We Undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of 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 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 opening form as available at the Banks website : bank.sbi>>Business>>Current Account. Physical copy of General instructions is also available at the Branch.

the services herein of through website/electronically as app	ilcable to us alla signed /	
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 OFFICE 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	BEEN VERIFIED AND FOUND CORRECT AND RELIABLE: YES NO
3. THRESHHOLD LIMIT IS RS:	
4. DOCUMENTS RECEIVED : SELF CERTIFIED TRUE COPIES NO	TARY 5. RISK CATEGORY : HIGH MEDIUM LOW
6 IN PERSON IDENTITY AND SIGNATURE VERIFIED YES NO	
7. AUTHORISED OFFICIAL HAS VERIFIED THE BUSINESS ACTIVITY AT THE ADDRESS MENTIC	DNED IN ACCOUNT OPENING FORM:
YES NO	
8. CIS ORG. CODE : 9. BSR ORG. CODE :	•
OFFICIAL NAME :	SIGNATURE
PF NO.: DESIGNATION:	
DATE : SS NO.:	•
OPEN CIF	
DATE:	SIGNATURE
DPEN THE ACCOUNT	
BRANCH MANAGER / AUTHORISED OFFICIAL	
ACCOUNT OPENED ON:	SIGNATURE
•	•
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

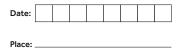
- Whenever the customer does not use alternate channels for opening the Current Account, payments to credit of an account with the Bank should ordinarily be accompanied by a payin slip duly
 signed by the constituent. Slips with counterfoils will be supplied in book form and the entry of the transactions 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.
- 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. Cheques, bills, etc. sent in for collection and credit of an account must not be drawn against until they have been realised.
- 8. Bills, notes, 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.
- $12. \ \ Accounts may be transferred at the request of the constituents to any other office of the Bank.$
- 13. The Bank accepts securities and shares for safe custody and realisation of interest, dividends, etc. on terms which may be had on application.
- $14. \ \ The Bank reserves the right to alter/add to/delete any of these rules at any time.$

TO BE FILLED ONLY IN CASE OF FINANCIAL INSTITUTION

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	No	
		Name of Entity						
1.	a)	Depository Institution						
	b)	Custodial Institution						
	c)	Investment Entity which is not a passive NFE						
	d)	Specified Insurance Company						
2.		Owner-Documented FI with substantial US owne	r(s) – details	of substa	ntial US Owner to be captured as per Annexure-II			
3.		Reporting Financial Institution						
4.		If 2 OR 3 above is yes, please provide Global Inter	mediary Iden	tification	Number (GIIN)			
5.		Non-Participating Financial Institution						
6.		Non-Reporting Financial Entity (If Yes , Please Tic	k one of the o	ategory i	in the Table below)			
	S No.	Category of NRFI	(√)	S No.	Category of NRFI		(√)	
	1.	Governmental Entity;		13.	Provident fund			
	2.	International Organisation;		14.	An Indian investment entity which is wholly held by NF referred to in (i) to (xiii) above and where any debt inte held by a depository institution or NRFIs referred to in	rest is		
	3.	Central Bank;		15.	Qualified credit card issuer;			
	4.	Treaty Qualified Retirement Fund;		16.	Specified Investment entity as per CBDT rules (Rule 1	14F(5)(f));		
	5.	Narrow Participation Retirement Fund;		17.	Exempt collective investment vehicle;			
	6.	Broad Participation Retirement Fund;		18.	Trustee-documented Indian Trust;			
	7.	Pension Fund of a Governmental Entity;		19.	Financial Institution with a local client base;			
	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.	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 he depository institution or NRFIs referred to in (i) to (xiii)	ld by a		
7.		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.



SIGNATURE(S)	
NAME OF THE AUTHORIZED PERS	SON OF ENTITY

PERSONAL DETAILS OF CONTROLLING PERSON-CP (FOR PASSIVE NFE ONLY) / RELATED PERSON-RP / BENEFICIAL OWNER ANNEXU	JRE-II			
Branch Name Branch Code				
Fields marked asterix (*) are mandatory. Please fill up in BLOCK letters only and use black ink for signature (For office use only) and use black ink for signature (For office use only)	of			
Customer ID Customer ID New Dupdate				
Account No.				
Account type Normal Small Minor Staff PF NO. PF NO.	CNo.)			
A Personal Details				
1.Name*: SIALUTATION FIRST NAME MIIDDI	E			
(Same as ID Proof)				
3.Date of Birth*: D D M M Y Y Y Y 4.Gender* Male Female Third Gender				
5.Marital Status Married Others 6. No of Dependers				
7.Name of * Pather Mother Spouse*				
F I R S T N A M E M I D D L E L A S T N A M E D D L E N A M E L A S T N A M E L A M E L A S T N A M E L A S T N A M E L A M E L A S T N A M E L A S T N A M E L A S T N A M E L A M E L A M E L A M E L A M E <thl< th=""> A M E</thl<>				
8.Name of Guardian FIIRSTNAME MIDDLENAME LASTNAME				
(In Case Of Minor*)				
9.Nationality: In-Indian Others Country Name Include I				
*11.Occupation Type				
Business Industrialist Trade Sect. Sect Migrant Labour Contractor Jeweller / Bullion Trader Pawn Shop	1			
Import / Export Customer Other Self Employed				
Others Medical Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Jour	rnalist			
Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker				
Not categorised-Please specify				
12.Organization's Name: Designation/Profession: Designation/Profession:				
Nature of Business:				
13. Annual Income* Rs. 14.Net Worth (approx value) Rs.				
15.Source of funds Business Income Agriculture Investment Others				
16.Religion: Hindu Muslim Christian Sikh Others				
17.Category: General OBC SC ST				
18.Person with disability Yes No				
19.Educational Qualification: upto 9th Class passed 10th Class passed Graduate (Gen.) Post Graduate(Gen.)				
Med. Graduate/Post Graduate Eng. Graduate/Post Graduate Law Gradutae/Post Graduate CA/ICWA/MBA/CFA				
Computer Degree/Diploma/MCA Other Professional Degree/Diploma Illiterate if yes : Identification Marks :				
20.Please Tick the Applicable box*: Politically exposed Person Related to politically Exposed Person None				
Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions in a foreign countary e.g. Heads of State / Governments , Senior Politicians / Senior Governments/ Judicials / Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc.)				
21.Country of Tax Residence in India only and not in any other country or territory outside India* Yes No (If No, please fill the FATCA details form – Annexure II)				
22.PAN* (If PAN is not submitted, submit Form 60 - Annexure I)				
B Contact Details (All communications will be sent on provided Mobile No./Email-ID)				
Mobile No.				

Tel. (Res):

SI TI

STD Tel. (Off): S

Т

8

C Proof of Identity/Address (Officially Valid Documents) [Please tick the appropriate Box (any one ID type) and give details] st					
A-PASSPORT B-VOTER'S IDENTITY CARD C-DRIVING LICENCE D-Proof of possession of Aadhaar Number (Verification E-KYC Offline					
E-NREGA JOB CARD F-LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME & ADDRESS					
Whether submitted document is equivalant e-document: Yes No.					
Issued By: Issue Date:* Expiry Date:*					
Only for Foreign Nationals: VISA Details (reference No):					
Issue By: Issue Date:* Expiry Date:*					
D Address details Current Overseas					
Address type* Residential/Business Residential Business Registered Office Unspecified					
Address*					
City/Village* District*: District*:					
State:* Country Name* Country Name*					
E Address details Correspondence Same as Current/Overseas Address					
Address type* Residential/Business Residential Business Registered Office Unspecified					
Address*					
City/Village*					
State:* Pin:* Country Name* Country Name*					
F If the Offically Valid Document (OVD) does not contain current address-please provide any of the documents below. (Not more than 2 months old)					
Utility Bill PPO/FPPO Property or Municipal tax receipt Letter of allotment of accomodation issued by employer/ issued by State or Central Government departments, statutory or regulatory bodies, Public sector undertaking, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accomodation. Self-Declaration (If Aadhar is voulatray provided for identification purpose and current address is different form address avilable in Central Identities Data Repository Authentication of Aadhaar number using e-KYC authentication facility provided by the UIDAI is mandatory) Document No. Date D D M M Y Y Y Y G DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION					
1. I have read the copy of Terms and Conditions of the Account Opening Form given to me. The Terms and Conditions have been explained to me/us and having understood, I accept the same.					
2. I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002 3. I hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric / OTP based authentication to the Bank. YES NO (E-KYC authentication and Aadhaar seeding is mandatory for availing DBT benefit)					
PHOTO* Please Paste Signature/Thumb impression of the Applicant Please sign in black ink only					
Recent passport Size (Do not Staple)					
Place Date D M Y Y					
ATTESTATION / FOR OFFICE USE ONLY					
DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES NOTARY RISK CATEGORY: HIGH MEDIUM LOW					
IN PERSON VERIFICATION CARRIED OUT (IDENTITY VERIFICATION) DONE DATE:					
EMP./OFFICIAL SIGNATURE EMP./OFF. NAME:					
S.S No. / P.F No.: EMP./OFF. DESIGNATION: EMP./OFF. BRANCH:					

APPLICATION FORM FOR MULTIPLE CORRESPONDENCE/LOCAL ADDRESS (Separate Form to be filled in for multiple Address) ANNEXURE – III						
INSTRUCTIONS: • FIELDS MARKED WITH '*' ARE MANDATORY • PLEASE FILL THE FORM IN ENGLISH AND IN BLOCK LETTERS						
APPLICATION TYPE*: NEW UPDATE						
KYC NUMBER (TO BE FILLED BY FINANCIAL INSTITUTION):	7					
(KYC NUMBER OF ENTITY IS MANDATORY FOR UPDATE REQUEST)	_					
PROOF OF ADDRESS (POA)						
	7					
CORRESPONDENCE / LOCAL ADDRESS DETAILS*	_					
SAME AS CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS						
ADDRESS TYPE*:						
RESIDENTIAL OR BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED						
	٦					
LINE 2:						
LINE 3:	7					
	۔ ۲					
STATE / UT NAME*: PIN / POST CODE*: PIN / POST CODE*:						
CONTACT DETAILS (If communication has to be done on Mobile/email the following Mobile No/Email ID will be used)						
	٦					
TEL. (OFF): TEL. (RES): Image: Comparison of the second s						
MOBILE NO.:						
EMAILID:	7					
APPLICANT DECLARATION						
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case	e					
any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it. • My/Our personal KYC details may be shared with Central KYC Registry.						
 I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address 						
	_					
DATE:						
PLACE: NAME OF THE AUTHORIZED PERSON OF ENTITY						
ATTESTATION / FOR OFFICE USE ONLY						
DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES NOTARY RISK CATEGORY: HIGH MEDIUM LOW						
IN PERSON VERIFICATION CARRIED OUT BYIDENTITY VERIFICATION: DONE DATE:						
IP/OFFICIAL SIGNATURE EMP/OFF. NAME:						

EMP./OFF. DESIGNATION:

S.S No. / P.F No.:

EMP./OFF. BRANCH:

(APPLICABLE TO COMPANY (EXCEPT THE COMPANY LISTED ON A STOCK EXCHANGE OR IN CASE OF A SUBSIDIARY OF SUCH A COMPANY), PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS).
1. NAME OF THE CUSTOMER :
2. REGISTERED NUMBER : (IF AVAILABLE)
3. REGISTERED ADDRESS:
THE CUSTOMER AS STATED ABOVE HEREBY CONFIRMS AND DECLARES THAT AS ON DATE:

THE FOLLOWING NATURAL PERSON(S) (LISTED IN TABLE BELOW) EXERCISE CONTROL OR ULTIMATELY HAVE A CONTROLLING OWNERSHIP INTEREST I.E. HAVING OWNERSHIP /ENTITLEMENT OF MORE THAN 25% (COMPANY) / MORE THAN 15% (PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OF INDIVIDUALS) / MORE THAN OR EQUAL TO 15% (TRUST) OF CAPITAL/PROFITS/PROPERTY OR CONTROLLING THROUGH VOTING RIGHTS, AGREEMENT, ARRANGEMENT ETC.

SL NO.	FULL NAME OF BENEFICIAL OWNER / CONTROLLING NATURAL PERSON(S)	DATE OF BIRTH	NATIONALITY	ADDRESS	TYPE OF KYC DOCUMENTS	CONTROLLING OWNERSHIP INTEREST (%)

WE CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND CORRECT. WE UNDERTAKE AND AGREE THAT WE WILL NOTIFY STATE BANK OF INDIA WITHOUT DELAY OF ANY CHANGES IN THE CONTROLLING PERSONS, PERSON EXERCISING CONTROL OR HAVING CONTROLLING OWNERSHIP INTEREST IN THE COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS, AS DECLARED IN THE TABLE ABOVE.

FOR AND ON BEHALF OF [NAME OF COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS];

FULL NAME OF THE AUTHORISED SIGNATORY : _____

DECLARATION OF BENEFICIAL OWNERSHIP

DESIGNATION / POSITION :__

SIGNATURE OF THE AUTHORISED SIGNATORY

ANNEXURE - IV

DATE :

PLACE :

(*The declaration should be signed by an active / designated partner in case of Partnership Firm, a trustee in case of Trust)

For Branch use Only

We certify that the beneficial owner (s) of the said firm has / have been determined on the basis of declaration made by the above mentioned Company / Firm / Trust and the details furnished above have been verified from information, whenever available, in public domain.

(Signature of the Branch Head / Branch Operation Head)

Name : ____

S.S No. / P.F No.:____

Date : _____

11

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

(This undertaking is similar to Annexure ver 3 (V-B) of e-Circular NBG/TBU-LTP/19/2021-22 dated 29.11.2021) Declaration for Opening/Continuing Current/Collection Account (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
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 	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.	
Зс.	 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, <u>without CC/OD</u> <u>exposure</u> 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, <u>without CC/OD</u> <u>exposure</u> 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 <u>without CC/OD exposure</u> 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.	

For * collection accounts only

Name of Bank / IFSC Code:	
Account Number:	

* 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.

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

ANNEXURE - V (C) - (Exempted Categories)

(This undertaking is similar to Annexure ver 3 (V-C) of e-Circular NBG/TBU-LTP/19/2021-22 dated 29.11.2021)

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

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. No.	My / Our Credit Exposure	Documents	Tick one
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	

CHECKLIST (For office use only)

Α	Completion of Form	Tick
1	AOF filled in Block Letters	1
2	All mandatory fields are filled	1
3	Name on AOF and all Documents is Matching	
4	Signature of customer checked on all relevant places, and is same at all places	1
5	Bank Official has signed with SS number and Stamp at all relevant places in the form	1
6	Verified with original done with date on all documents attached by branch official	1
7	Recent color photograph (not more than 6 months old) of authorized signatories affixed	1
8	MLM Declaration Filled and signed by the customer	5
9	FATCA declaration taken from Customer	
10	Beneficial Owner Details obtained, verified and entered in CBS	
11	Undertaking for Credit facilities availed is taken from the Customer, duly signed and stamped.	
		v
12	Beneficiary Owner Name and Controlling Interest is filled (Ann 4), Signed & Stamped by Entity (Not for Proprietor & Public Ltd)	1
в	кус	
13	PAN is mentioned and taken (Compulsory for Partnership, LLP, Private & Public Ltd) else Form 60 is filled	
14	KYC documents as per constitution of the Customer/ALL Beneficiary Owner/ALL Related Person obtained & updated in CBS	
		\checkmark
15	Name & Address details mentioned in the form matches with details on Identity & proof	1
С	Sole Proprietorship	
1	Two Identity Proof - duly verified has been taken as per latest KYC guidelines	1
2	Contact Point Verification, if taken, is duly filled with Customer Signature and Verified by Branch Official	1
D	Partnership Account	
1	ID and Address proof of all partners is obtained	1
2	Copy of self attested Partnership Deed Obtained	1
3	Partnership letter (Cos 37) Duly Dated Signed Twice By All Partners – Ones With Stamp And Ones Without Stamp In Personal	
	Capacity signed by all partners	
4	PAN of Partnership Firm is taken	1
5	PoA/ granted to a partner or employee of the firm to transact business on its behalf or Resolution to operate Account with clear mandate to be submitted	
Е	LLP Account	<i></i>
1	LLP Agreement & Certificate of Incorporation of LLP is Taken	
•		
2	LLP Registration Certificate from Registrar of Companies (ROC) along with DPIN is attached (required if current Address differs from address mentioned in Certificate of Incorporation of LLP.)	
3	Resolution of the Partners for Opening Current Account with the Bank is taken	
F	Private Limited	ý.
1	Name of company exactly match with all Docs, AOF, Stamp, letterhead, COI, MOA & AOA	
2	Complete Set Of Memorandum and Articles Of Association is obtained	
3	Certificate of Incorporation of company is obtained	
4	Resolution Copy is Signed By All Directors/ Company Secretary	
G	Public Limited	
1	Resolution Copy is Signed By All Directors/ Company Secretary	1
2	Complete Set Of Memorandum and Articles Of Association is Uploaded	1
3	Certificate of Incorporation of company is obtained	
4	Certificate Of Commencement Of Business is Submitted	1
н	HUF	
1	Cos 38 To Be Filled And Signed Twice By Karta And All Adult Co-Parceners, Karta has Signed Twice On Behalf Of Minor Co Parceners	
2	Cos 38 Part A Is For Current A/C And Part B Is For Saving A/C, and is uploaded As Per A/C Type Or Vice Versa	-
-		1
3	Declaration From Karta duly dated stating That "Depositor Is Karta Of Joint Family And Deposits Belongs To Joint Hindu Family" With Full Address is taken.	1
I	Trust/ Body of Associations/ Society	
1	Resolution is Signed By All Trustees/ Committee Members (For all)	1
2	Complete Set Of Trust Deed is Submitted (For Trust)	
3	Registration Certificate Of Trust/ Society/Association is provided	-
4	Complete Set Of By Laws/Memorandum Of Association is Provided (for Society)	
5	Letter Of Auth Sig / Power Of Attorney Is Prodived (For Society)	
J	Government	
1	Government Gr To Open And Operate A/C is Submitted Higher Authority Letter To Operate A/C With Signatory Name and Designation is Provided or Departmental ID proof of Signatories is	1
	progree Automaty Letter to Operate AVO with Signatory Name and Designation is Provided or Departmental ID proof of Signatories IS	

Name : _

S.S No. / P.F No.:_____

LIST OF ENTITIES WITH CORRESPONDING CUSTOMER TIER TYPE

SR. NO.	TYPE OF ENTITY	PAN 4TH CHARACTER	TIERED_CUST	DESCRIPTION	
1	ARTIFICIAL JUDICIAL PERSON	J	212	NON PERSONAL-JUDICIARY	
2		A	207	NON PERSONAL-COOPERATIVE	
3		A	20701	NON PERSONAL-SOCIETIES	
4		A	20702	NON PERSONAL-SOCIETIES (NPO)	
5		А	210	NON PERSONAL-ASSOCIATIONS	
6		A	211	NON PERSONAL-NGO'S	
7	ASSOCIATION OF	A	217	NON PERSONAL-GROUP CUSTOMERS	
8	PERSONS	А	21701	NON PERSONAL-OTHERS-GROUP CUSTOMERS	
9		А	21702	NON PERSONAL-OTHERS-NOTIONAL CUSTOMERS	
10		A	21703	SHG-MIXED GROUP	
11		A	21704	SHG- ALL MALE MEMBERS	
12		А	21705	SHG- ALL FEMALE MEMBERS	
13		A	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		C	2130204	NON PERSONAL-BANKS-DOMESTIC-LOCAL AREA BANKS	
19		C	2130205	NON PERSONAL-BANKS-DOMESTIC-REGIONAL RURAL BANKS	
20		C	2130206	NON PERSONAL-BANKS-DOMESTIC-OTHER GOVT.OWN BANKS	
21		C	2130207	NON PERSONAL-BANKS-DOMESTIC-OTHER BANKS	
22		C	21303	NON SCHEDULED BANK	
23	BANKS /FI	C	21000	NON PERSONAL-DOMESTIC NON BANKING FINANCE CO'S	
24		C	21501	NON PERSONAL-FINANCIAL INSTITUTION-FOREIGN	
25		C	21502	NON PERSONAL-FINANCIAL INSTITUTION-DOMESTIC	
26		C C	21302	NBFC-ASSET FINANCE CO OTHER	
20		C	22301	NBFC-HOUSING FINANCE CO	
28		C	22302	NBFC-INFRASTRUCTURE FINANCE CO	
28		C C	22303	NBFC-GOLD LOAN CO	
		C C		NBFC-GOLD LOAN CO	
30			22305	NBFC-NON DEP TAKING SYSEMATICALLY IMP	
31		С	22306		
32	BODY OF INDIVIDUALS	В	209	NON PERSONAL-CLUBS	
33		С	10218	BROKING CLIENTS"ANAGRAM CAPITAL LTD"	
34		С	2040101	NON PERSONAL-LIMITED CO'S-PUBLIC SECTOR-CENTRAL	
35		С	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		С	21706	PRIMARY DEALER	
45		С	21707	MULTILATERAL BODIES (BIS, IMF,MDB)	
46		С	21708	MUTUAL FUND OR OTHERS ASSET MANAGEMENT CO	
47		С	222	NON PER : OFFICE A/C(INTERNAL)	
48		F	20602	NON PERSONAL-FIRMS-PARTNERSHIP	
49		F	20603	NON PERSONAL-FIRMS-OTHER FIRMS	
50		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		G	2010301	NON PERSONAL-GOVERNMENT-FOREIGN-EIMBASSIES	
58	GOVERNMENT	G	2010302	NON PERSONAL-GOVERNMENT-FOREIGN-OTTERS	
58		G	20201	NON PERSONAL-QUASI GOVERNMENT-LOCAL BODIES	
60		G	20301	NON PERSONAL-STATUTORY BODIES- UNDER STATE STATUTE	
61		G	20302	NON PERSONAL-STATUTORY BODIES- UNDER CNTRL STATUTE	
62	HINDU UNDIVIDED	G	2130208	Central Scheme of Int Subsidy on Edn Loans for EWS	
63	FAMILY	Н	216	NON PERSONAL-HINDU UNDEVIDED FAMILIES	
			000		
64 65	TRUST	Т	208 20801	NON PERSONAL-TRUSTS NON PERSONAL - TRUSTS (NPO)	