



STATE BANK OF INDIA, SYDNEY BRANCH
(Incorporated in India with limited liability of our Company's members)
(Deposits are not subject to Division 2 of the Banking Act - Protection of Depositors) ARBN 082 610 008 AFSL 238340

Level 46, Australia Square, 264 George Street Sydney NSW 2000
Tel: 02-9241 5643
Fax: 02-9247 0536

AUTHORITY FOR NON INDIVIDUAL ACCOUNTS: CURRENT ACCOUNT/TERM DEPOSIT

I/We, the undersigned, request you to allow me/us to open a Current Account/Term Deposit in my/our name (s).

I/We, the undersigned, authorize you to honor all payment instructions signed in accordance with the stated signature requirements.

A copy of the Bank's Terms & Conditions for opening Current Accounts/Term Deposits has been furnished to me/us and I/we have read and understood the same and agree to be bound by them.

1. Entity details

Type of Entity

Entity Name

Initiation Date / /

Country of Incorporation

☐ Australia ☐ Other, please specify:

Registered office address (a PO Box is not acceptable)

Suburb State Postcode Country

Principal place of business address (a PO Box is not acceptable)

☐ As above, or

Suburb State Postcode Country

Mailing address

☐ As above, or

Suburb State Postcode Country

Entity ABN

Entity ACN

Entity ARBN

Entity TFN



2. For Sole Trader Only

Full Name

Date of Birth

/

/

Residential Address

3. For Trusts Only

Name of Each Beneficiary

Full Business name of the Trust

Type of Trust

Country in which trust was established

*If any of the trustees are individuals

Full names of Individuals

*If any of the Trustees are Companies

Full name of companies

4. For Partnerships Only

Evidence that partnership exists

Full name of all Partners

Country of Partnership

For one of the business partners provide:

Full Name

Date of Birth

/

/

Residential Address

5. For Associations (Incorporated or Un-Incorporated) Only

Evidence that association Exists

All names of Governing Committee

Any unique identifying association number

Full names of:

Chairman

Secretary

Treasurer



6. For Registered Co-operative Only

Evidence that cooperative exists
All names of governing Committee
Any unique Identifying Cooperative Number
Full names of:
Chairman
Secretary
Treasurer

7. For Australian Companies only

Registered as:

Proprietary Public

Name of all the Directors and Beneficial owner(s)*

(*Beneficial owner- owner who owns more than 25% shares in the company.)

Please attach identity and address proof of all the beneficial owners in a separate sheet.

8. For Registered/Un-registered foreign companies only

Name of the foreign registration body

State either public company or other

Name of all Directors and Beneficial owner(s)*

(*Beneficial owner- owner who owns more than 25% shares in the company.)

Please attach identity and address proof of all beneficial owners in a separate sheet.



9. For government bodies only

Evidence that government body exists

Type of government body

Statutory Federal State Local Other

Please attach evidence of its existence in the form of details of act/notification of government.



10. Persons authorised to operate on account

I understand that the law requires signatories to state all the names by which they are commonly known and prohibits the use of false names. I declare that my particulars (including identification details) as shown on this form are complete and correct.

Full Name

SBI Current Account *Form*

Identification details

Official Position
Signature of
Trustee /Director

Signature of verifying officer

Full Name

Identification details

Official Position

Signature of verifying Officer

Signature of Trustee/
Director

Method of Operation

Anyone

All Conjointly

Other method of operation

Whose signatures are set out on the front page in relation to the account/s and dealings with the Bank to act as set out in the following section.

Delete any clause/ part clause not required

Statement delivery method

Please nominate one or more email id's to access your account statements.

Person 1

Full Name

Person 2

Full Name

Email

Email



11. Declaration and consent by signatory/signatories

The following declaration is made by each signatory separately on behalf of the Applicant.

By signing below, as a signatory on behalf of the company, or trust, I declare, acknowledge and confirm that I:

1. Have authorised SBIS to verify my account details as set out above.
2. Have read and understood and consent to the Privacy Collection and Disclosure Notice in section 12.2.
3. Have obtained consent from any other individual whose personal information has been disclosed by me in this application, and I have informed the individual of the information within the Privacy Collection and Disclosure Notice below.
4. Agree to be bound by the SBI Current Account Terms and Conditions, which SBIS will make available to me after application. I may also obtain a copy of this document before application at **sbisyd.com.au**. (I understand that I will automatically agree to them the first time I or a person authorised by me operates the account.)
6. Understand that SBIS may decline this application for any reason in its absolute discretion.
7. Am not commonly known by any other names other than as disclosed in this application form, unless I have disclosed otherwise to SBIS.
8. Have provided true and accurate information in relation to this application. Any document or information to be used for the purposes of this application (whether or not provided on or with this application):
 - is correct and complete,
 - may be used for any other products, services or benefits offered or provided to me through SBIS or any other company in the SBI group and subject to their privacy obligations, may be disclosed to and used by the providers of such products, services or benefits to facilitate compliance with anti-money laundering and counter-terrorist financing legislation.
9. Understand that it may be a criminal offence to knowingly provide false or misleading information or documents in connection with this application.
10. Consent to SBIS providing information held about the account(s) being applied for and the account holder(s) to a financial adviser, broker or originator named in this application, and/or to joint venture partners, business partners and related party and third party service providers for the purposes of those parties, (i) providing the information to the financial adviser, broker or originator named in this application, or (ii) providing administration services to the account holder(s). Such information may comprise customer information (including personal information), account documentation and account information (including account balance, and current and historical account and transactional information).

By submitting this application I also acknowledge that SBIS may decide to delay or refuse any request or transaction (this includes preventing withdrawals from the account) if SBIS has not been able to verify my or a signatory's identity, or if SBIS believe in good faith that allowing the transaction may cause an offence to be committed. I understand that SBIS does not accept responsibility for any such delay or refusal.

I also confirm that if I have not provided a Tax File Number or exemption and acknowledge that SBIS may deduct tax from any interest earned on my account as required by law.



12. Supporting information

Cancellation and Acknowledgments:

The Bank shall not be obliged to inquire into the circumstances of any instructions given to it in accordance with this authority; the Bank is released from all liability for any loss or damage suffered by the entity (Sole Traders/Partnership Firms/Trusts/Companies/Government Bodies / Incorporated Associations) as a result of the Bank acting on this authority in good faith and without negligence. Where the Bank is by agreement supplying services to the Company/Association as a consumer, then nothing in this authority excludes, restricts or modifies any liability right or remedy imposed or conferred by the Act. However, to the extent permitted by the Act, any such liability of the Bank is limited to the cost of supplying the services again. All previous authorities as to authorised signatures are hereby canceled except as regards instruments dated prior to the date hereof and presented for payment on or after such date. I /We hereby request you to recognize and act upon this authority until the Bank receives notice in writing from us or any one of us of the cancellation thereof. Any purported variation of this authority by any of us will operate as a total cancellation of the authority.

Tax File Number or exemption

Collection of Tax File Number TFN Information is authorized by tax laws. The Privacy Act and tax laws strictly regulate the use and disclosure of tax file numbers. You are not required by law to provide your tax file number and it is not an offense if you do not provide it. If you do not supply your tax file number or exemption or if you are not an Australian resident, we will be obliged to deduct tax from the account at the highest marginal rate plus Medicare levy.

12.2. Privacy Collection and Disclosure Notice

SBIS collects personal information from you (the Individual) in this application. Personal information:— is required to be collected under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

- is required and if not provided SBIS may not be able to process this application.
- is collected to identify the Individual, to establish new products and services, to manage existing product(s) and services and for related purposes including marketing and research.
- is collected about the Individual throughout the customer relationship, for the purposes of managing accounts and verifying or updating personal information held about the Individual. The disclosures below relate to personal information collected at any time.
- can be disclosed to related bodies corporate for their marketing and research purposes and, to joint venture partners, business partners, associates, advisers, market researchers and service providers both here and overseas. From March 2014, a list of countries where these providers are likely to be located can be accessed via the SBIS Privacy Policy.
- can be disclosed with other information SBIS holds about the Individual to a financial adviser, broker or originator named in this application, or to joint venture partners, business partners and third party service providers for the purpose of those parties providing the information to the financial adviser, broker or originator named in this application.
- is treated in accordance with the SBIS Privacy Policy which contains information about how individuals may access their personal information held by SBIS and how they can seek correction of that information or make a complaint about a breach of the Australian Privacy Principles and how SBIS will deal with this complaint.

The SBIS Privacy Policy is available at sbisyd.com.au

To opt out of direct marketing from SBIS, to obtain further information about how SBIS handles your personal information or to request access to the personal information SBIS holds about you, call **0292415643** or write to us.



13. Letter of Indemnity

In consideration of the State Bank of India acting on the basis of electronic instructions received from the undersigned depositor(s) instructing/authorising the State Bank of India to make payments by Telex Transfers/ Issue Demand Drafts/ Funds Transfers or any other connected matters in respect of my/ our Deposit Account(s) with the State Bank of India, I / We the undersigned hereby(jointly and severally) indemnify and shall keep indemnified the State Bank of India, its related entities, directors, officers, employees, agents, successors and assigns, against any and all losses, costs, expenses, claims or damages which I/we may sustain or incur, whether directly or indirectly, arising in any way in connection with the electronic instructions.

I consent to allowing the document details provided to be verified with the issuer, which I acknowledge may include the use of third party information brokers, including credit rating agencies, for the sole purpose of identify verification.

Date:

Authorized signatories (signatories)

If Company, please affix company stamp

Customer Number: