



STATE BANK OF INDIA, SYDNEY BRANCH  
 ARBN 082 610 008 AFSL 238340  
 (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)

Suite 2 & 3, Level 12  
 234 George Street  
 Sydney NSW 2000

Tel: +61 2 9241 5643  
 Fax: +61 2 9247 0536

### APPLICATION FOR TERM DEPOSIT

Account No.
-------------

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

\*I /We authorise you to honour all payment instructions signed in accordance with the stated signature requirements.

A copy of the Bank's Terms & Conditions for Term Deposits has been furnished to \*me/us and \*I/we have read and understood the same and agree to be bound thereby.

**For Joint Account Only**

We agree to be jointly and severally liable to you for any debit balance in the account. In the event of death of any of us, you are authorised to pay the balance in the account to the survivor(s).

Signature Requirements:

Name (*Mr/Ms/Mrs/Mdm/Dr)		Occupation	ID Details
Home Address			Home Telephone
Mailing Address (if different from above)			Office Telephone
Nationality	Date of birth	Sex	Signature
Name of Employer			

**JOINT APPLICANT(S) (IF APPLICABLE)**

Name (*Mr/Ms/Mrs/Mdm/Dr)		Occupation	ID Details
Home Address			Resident Telephone
Mailing Address (if different from above)			Office Telephone
Nationality	Date of birth	Sex	Signature
Name of Employer			

Name (*Mr/Ms/Mrs/Mdm/Dr)		Occupation	ID Details
Home Address			Resident Telephone
Mailing Address (if different from above)			Office Telephone
Nationality	Date of birth	Sex	Signature
Name of Employer			

\*DELETE INAPPLICABLE

## Persons Authorised to Operate on Account/s

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.

Name, Official Position (if applicable) and Signature		Home Address	Identification details
Name			
Official Position			
Signature			

Name, Official Position (if applicable) and Signature		Home Address	Identification details
Name			
Official Position			
Signature			

Name, Official Position (if applicable) and Signature		Home Address	Identification details
Name			
Official Position			
Signature			

## Non-application of Division 2 of the Banking Act

You should note that as a branch of an overseas bank, we are not covered by Division 2 of the Banking Act, and as such we are not subject to the depositor protection provisions of the Banking Act.

### Tax File Number or Exemption

Collection of Tax File Number (TFN) information is authorised 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 offence 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.

Applicant (1) – TFN  or if you're exempt (please state reason)

Applicant (2) – TFN  or if you're exempt (please state reason)

## Privacy and Confidentiality Acknowledgement

In the following passages dealing with the collection, use and disclosure of your personal information, reference to "we" and "us" means State Bank of India, Sydney Branch and its related companies (including subsidiaries).

We are collecting your information in order to open the account you have applied for and to maintain that account. Without this information we may not be able to do this. By signing this form, each signatory and Authorised Third Party acknowledges and agrees that:

- (a) we may also use and disclose your information: to help us provide or tell you about other products and services which may interest you; for our internal administration and operations; and, for market or customer satisfaction research; and
- (b) we may disclose your information to credit reporting or debt collecting agencies; our alliance partners, agents, contractors and advisers; to other parties authorised and/or required by law to collect your information.

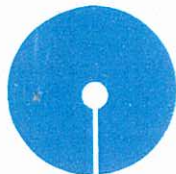
You may request access to your information at any of our branches. Access will be granted in accordance with the Privacy Act 1988 and in some cases an administrative fee may be charged to cover the costs of access. If any of your information is inaccurate, you may request that it be corrected.

As a valued customer, we may contact you from time to time about products and services of State Bank of India Sydney Branch, its subsidiaries and corporate partners that may interest you.

.....  
DATE

.....  
ATTENDED BY

.....  
AUTHORISED BY



**STATE BANK OF INDIA, SYDNEY BRANCH**  
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**TERM DEPOSIT PLACEMENT FORM**

Please tick where applicable and complete this form in BLOCK LETTERS.

\* Please delete whichever is not applicable.

<b>Account Name</b>		<b>Customer Number</b>				
<b>Type of Deposit required</b>		<b>Deposit Currency</b>				
<input type="checkbox"/> Fixed Deposit (TMD) with interest at maturity <input type="checkbox"/> Fixed Deposit (TDI) with interest <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td><input type="checkbox"/> monthly</td> </tr> <tr> <td><input type="checkbox"/> quarterly</td> </tr> <tr> <td><input type="checkbox"/> others</td> </tr> </table>		<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> others	<input type="checkbox"/> AUD <input type="checkbox"/> USD <input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> monthly						
<input type="checkbox"/> quarterly						
<input type="checkbox"/> others						
		<b>Deposit Amount</b>	<b>Deposit Period</b>			
			Fixed for .....*days/weeks/months/years OR to mature on.....			
<b>In payment please:</b> <input type="checkbox"/> debit my/our # .....account no..... <input type="checkbox"/> receive cheque no.....drawn on (bank name) ..... .....# Please state currency of account to be debited (i.e.AUD, USD etc.)						
<b>Correspondence Address</b> (please complete only if different to the one you specified on the Account Opening Form)						
Telephone Number:						
<b>Maturity Instructions</b>						
Unless you instruct us otherwise, it is the Bank's normal practice to automatically renew a deposit plus accrued interest for the same period on maturity.						
<input type="checkbox"/> Renew principal plus interest on due date for ..... * days/weeks/months/years OR to mature on ..... at the rate of interest prevailing at the time.						
or <input type="checkbox"/> Renew principal at prevailing interest rate on due date for .....* days/weeks/months/years OR to mature on .....and pay interest   OR <input type="checkbox"/> to account no..... OR <input type="checkbox"/> by Bank Cheque.						
or <input type="checkbox"/> Pay principal and interest   OR <input type="checkbox"/> to account no..... OR <input type="checkbox"/> by Bank Cheque <input type="checkbox"/> Others.....						
I /We indemnify the Bank, its related entities, directors, officers, employees, agents, successors and assigns, for all actions taken by it in reliance on the instructions contained in this form. In addition, I /we agree to be bound by the Bank's terms and conditions for all accounts with the Bank.						
<b>Signing instructions</b>						
<b>Customer Signature(s)</b>						
<b>Tax File Number or Exemption</b>						
Collection of Tax File Number (TFN) Information is authorised 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 offence 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.						
Applicant (1) – TFN	<input type="text"/>	or if you're exempt (please state reason)	<input type="text"/>			
Applicant (2) – TFN	<input type="text"/>	or if you're exempt (please state reason)	<input type="text"/>			

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## Non-application of Division 2 of the Banking Act

You should note that as a branch of an overseas bank, we are not covered by Division 2 of the Banking Act, and as such we are not subject to the depositor protection provisions of the Banking Act.

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We are collecting your information in order to open the account you have applied for and to maintain that account. Without this information we may not be able to do this. By signing this form, each signatory and Authorised Third Party acknowledges and agrees that:

- (a) we may also use and disclose your information: to help us provide or tell you about other products and services which may interest you; for our internal administration and operations; and, for market or customer satisfaction research; and
- (b) we may disclose your information to credit reporting or debt collecting agencies; our alliance partners, agents, contractors and advisers; to other parties authorised and/or required by law to collect your information.

You may request access to your information at any of our branches. Access will be granted in accordance with the Privacy Act 1988 and in some cases an administrative fee may be charged to cover the costs of access. If any of your information is inaccurate, you may request that it be corrected.

As a valued customer, we may contact you from time to time about products and services of State Bank of India Sydney Branch, its subsidiaries and corporate partners that may interest you.

.....  
DATE

.....  
ATTENDED BY

.....  
AUTHORISED BY

## Letter of Indemnity

The Manager  
State Bank of India, Sydney Branch  
(ARBN 082 610 008 AFSL 238340)  
Suite 2 & 3, Level 12  
234 George Street  
Sydney NSW 2000

In consideration of the State Bank of India acting on the basis of facsimile 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 facsimile instructions.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of 20\_\_\_\_\_.

Authorised signatory (signatories) \_\_\_\_\_

If Company, please affix Company Stamp \_\_\_\_\_

Customer Number \_\_\_\_\_



**STATE BANK OF INDIA, SYDNEY BRANCH**  
**ARBN 082 610 008 AFSL 238340**  
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Dear Madam/Sir,

**Re: OPENING OF DEPOSIT ACCOUNT**

We refer to your instruction to open a deposit account in name of .....  
 with our branch in Australia.

Pursuant to the disclosure requirements of the Banking Act 1959 (Cth) as amended, we advise that deposits taken by State Bank of India, Sydney Branch are not covered by Division 2 of the Banking Act and, as such are NOT subject to the depositor protection provisions of the Banking Act.

Please sign the bottom of this letter to acknowledge that you understand the status of deposits with us.

Yours faithfully,

For and on behalf of  
 STATE BANK OF INDIA, SYDNEY BRANCH

Authorised Signatory

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TO: STATE BANK OF INDIA, SYDNEY BRANCH

I / We hereby acknowledge that I / we have read and understood the above disclosure statement.

.....  
 Signature and name of  
 Signatory

.....  
 Witness' name and  
 signature

.....  
 Signature and name of  
 Signatory

.....  
 Witness' name and  
 signature

Date:.....