

Account Opening Form – Corporates



استيت بنك اوف انديا
State Bank of India

Wholesale Bank Branch, Bahrain

PO Box. 5466, Manama, Bahrain

Fax: +973-17224692, 17212714 Tel: +973-17505168

Email: opns.wbbah@statebank.com

SWIFT: SBINBMBH, Web: sbibahrain.com

Section I

Customer Details

A		Details of Firm/ Organisation / Legal Entity	
A1	Name of Firm / Orgn. / Legal Entity		
	Trading Names (If Trading Name is different from Name of Legal Entity)		
A2	Constitution	<input type="checkbox"/> Company <input type="checkbox"/> Proprietorship <input type="checkbox"/> Trustee <input type="checkbox"/> Regulated Financial Institution <input type="checkbox"/> Exchange Company <input type="checkbox"/> Others – Specify:	<input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society, Club, Association <input type="checkbox"/> Public Authority or State Investment Body
A3	Commercial License / Registration	No.	Date:
	Place & Date of Incorporation or Establishment	Place:	Date:
	Country of Incorporation		
	Country of Operations		
	Regulatory Body or Listing Body (for regulated activities such as financial services and listed companies)		
	Name of External Auditor		
A4	Registered Office	No.	Building No. / Name:
		Street:	
		Block:	Town:
		City:	Pin/Zip Code:
		Country:	

		Phone No(s):	
		Fax No(s):	
		Email Address:	
		Website:	
A5	Corporate Office / Business Address / Trading Address <small>(Full Physical Address is required; P.O. Box No. is not sufficient)</small>	No.	Building No. / Name:
		Street:	
		Block:	Town:
		City:	Pin/Zip Code:
			Country:
		Phone No(s):	
		Fax No(s):	
		Email Address:	
Website:			
A6	Communications to be sent to:	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Corporate Office
	If Communication Address is different from above, please specify		
A7	Communication Address <small>(Full Address is required; P.O. Box No. is not sufficient)</small>	No.	Building No. / Name:
		Street:	
		Block:	Town:
		City:	Pin/Zip Code:
			Country:
		Phone No(s):	
		Fax No(s):	
		Email Address:	
Website:			

B	Business Activities
B1	Please give a brief description of present business activity and also the activities which have generated the assets owned:

C	Source of Funds
C1	Please give a brief description of source of funds:

D Nature and Volume of Anticipated Business			
D1	Nature of anticipated business dealings with the Bank: What is the main reason for applying for this account? (Please specify) (e.g. Credit facility /Deposits)		
Volume of anticipated business dealings with the Bank: Value of transactions you expect to make per month / quarter / year?			
Amount:	<input type="checkbox"/> Per Month <input type="checkbox"/> Per Quarter <input type="checkbox"/> Per Year	Comments:	
How many transactions you expect to make per month / quarter / year?			
No. of Transactions:	<input type="checkbox"/> Per Month <input type="checkbox"/> Per Quarter <input type="checkbox"/> Per Year	Comments:	

E Shareholding Pattern of the Firm			
a. Details of Shareholders / Beneficial Owners / Authorised Signatories / Directors, holding more than 10% Beneficial Ownership in the Firm/Organisation. b. If a Legal Entity holds more than 10% Beneficial Ownership, then the Shareholding Pattern of that Legal Entity to be also given			
	Name of Beneficial Owners	Percentage of Shareholding / Ownership	Country of Residence / Incorporation
E1			
E2			
E3			
E4			
E5			
E6			
E7			
E8			
E9			

F Details of Financials of last Two Years (in USD Million)			
Sl.No.	Description	Year ending 20.....	Year ending 20.....
F1	Annual Turnover		
F2	Paid-up Share Capital		
F3	Net Assets		
F4	Aggregate value of Cash and Investments *		
*Applicable to Trusts/Pension Funds/Collective Investment Funds/Special Purpose vehicles			

G Bankers to Firm			
G1	Name of Firm's Principal Bankers (from whom a reference may be obtained):		
	Address:		
	Town/City:	PostCode:	Country:
G2	Accounts with Other Banks		
	Name(s) of Other Banks that the Firm Uses (Other than the primary relationship mentioned above):		
	1:		
	2:		
	3:		
G3	Accounts with State Bank of India		
	Does your Firm have an existing account with State Bank of India?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please specify Account No., Branch and Country
	Account No.1:	Branch:	Country:
	Account No.2:	Branch:	Country:
	Account No.3:	Branch:	Country:

H Other Information			
H1	Do all authorized signatories possess sufficient understanding of Financial Markets, Financial Market Instruments & Associated Risks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If No , please mention the name(s) of signatory(ies):		
	1	2	
	3	4	
H2	Does your organization have previous experience in Credit / Deposit Instruments relating to Financial Markets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes , please briefly specify the size and nature of transactions and the length of time your		

	organization has been involved in such transactions:		
H3	Please indicate your objectives in making such deposits (for deposit customers):		
	<input type="checkbox"/> Capital Preservation	<input type="checkbox"/> Income	
	<input type="checkbox"/> Long Term Capital Appreciation	<input type="checkbox"/> Short Term Trading Profits	
	<input type="checkbox"/> Others, Specify:		
H4	Have you previously relied on financial advice from Financial Institutions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide the name of institution and period of association:		
	1. Name:	Period of Association	...years
	2. Name:	Period of Association	...years

Signature(s) of the Authorized Signatories/ Proprietors / Partners			
		1. Authorized Signatory/ Proprietor / Partner	2. Authorized Signatory/ Proprietor / Partner
	Signature		
	Name		
	Date		
		3. Authorized Signatory/ Proprietor / Partner	4. Authorized Signatory/ Proprietor / Partner
	Signature		
	Name		
	Date		
	Company Seal		
			All Authorised Signatories should sign



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Section II

Details of Authorised Signatory / Director / Beneficial Owner – # ...

(Obtain Section-II for each Signatory)

I		Personal Details				
I1	Salutation:	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	Photograph
	Name :					
	(as in Passport)					
	Any Other Name					
	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
	Date of Birth	DD	MM	YYYY	Place of Birth	
	Nationality:					
	Country of Residence:					
	Passport Details:	No.:	Issued At:			
		Issue Date:	DD-MM-YYYY	Expiry Date:	DD-MM-YYYY	
	National ID / CPR / Iqama / SSN No.				Expiry Date:	DD-MM-YYYY

I2	Residential Address (Full Address is required; P.O. Box No. is not sufficient)	No.	Building No. / Name:		
		Street:			
		Block:		Town:	
		City:		Post Code:	
				Country:	
		Phone No(s):	Home:	Office:	
		Mobile No (s):	1.	2.	
		Fax No(s):			
Email Address:					

I3	Permanent Address (Full Address is required; P.O. Box No. is not sufficient)	No.	Building No. / Name:		
		Street:			
		Block:		Town:	
		City:		Post Code:	
				Country:	
		Phone No(s):	Home:	Office:	
		Mobile No (s):	1.	2.	

	Fax No(s):	
	Email Address:	

14	Communications to be sent to:	<input type="checkbox"/> Residential Address	<input type="checkbox"/> Permanent Address
	If Communication Address is different from above, please specify		

15	Communication Address (Full Address is required; P.O. Box No. is not sufficient)	No.	Building No. / Name:		
		Street:			
		Block:		Town:	
		City:		Post Code:	
				Country:	
		Phone No(s):	Home:	Office:	
		Mobile No (s):	1.	2.	
		Fax No(s):			
Email Address:					

16	Mother's Maiden Name (for verification purposes):	
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I Other Information				
J1	Highest Qualification	<input type="checkbox"/> Primary	<input type="checkbox"/> Higher Secondary	<input type="checkbox"/> Graduate
		<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Professional	<input type="checkbox"/> Others, Specify
J2	Employment Details	Occupation:		
		Corporate Title / Public Position Held:		
		Self-Employed :		
		If Self-Employed, Nature of Employment:		
		Years of Service:		
J3	Employer Information	Employer Name		
		Employer Address		

K	Financial Experience	
K1	Knowledge and Understanding of financial markets	
K2	Length of time involved in relevant financial markets	
K3	Nature and size of transactions and type of involvement	
K4	Qualifications and experience in relevant financial markets	
K5	Composition and size of existing financial investment portfolio	
K6	Any other relevant information	

Name:		Signature
Place:		
Date		



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Section III

Account Opening Details and Operating Instructions

M		Account Opening Details		
M1	Full Name of the Firm / Organisation			
	Customer ID (if an existing account)			
M2	Type of Account to be Opened	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	
		<input type="checkbox"/> Term Deposit Account	<input type="checkbox"/> Credit / Loan Account	
		Currency (USD/GBP etc.)		
M3	List of Authorised Signatories (Board Resolution / other applicable document authorizing signatory(ies) be enclosed)			
	Name of Authorized Signatory(ies)	Specimen Signature(s)	Signing on behalf of firm/co. as*	Signature of Verifying Authority (for Bank use only)
M31				
M32				
M33				
M34				
	*Sole Proprietor / Partner / Chairman / MD / Director / Authorized Signatory / Power of Attorney Holder			
M4	Mode of Operation			
	Please specify as 1. Singly; or 2. Anyone Singly; or 3. Jointly No. __ with No. __; or 4. No. __ with any one of others; or 5. Any other specific mode.			
M5	Applicable in case of Term Deposit Account			

	Currency of Deposit:	Amount:		
	Rate of Interest:	Period:		
	Auto Renewal: <input type="checkbox"/> Yes <input type="checkbox"/> No			
M6	Repayment / Settlement Instructions:			
	On repayment please credit my/our account with Bank:			
	Bank Address:			
	Swift Code:			
	Routing Bank:			
	Other Routing Details (if any)			
M7	Statement Details			
	Please indicate how often you would like to receive statements	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
M8	Declaration			
	<p>We hereby declare:</p> <p>1) I/We understand that the account is opened on the basis of the statements/declarations made by me/us. I/We also agree that if any of the statements/declarations made herein are found to be not correct in material particulars, the Bank shall have the sole discretion to close the deposit account and recover the charges if any as the Bank may decide.</p> <p>2) We confirm that all funds being routed through this account are clean, clear, good and not related to any criminal activities or sale of drugs or armaments and do not violate any provisions of the laws applicable in this regard. We also understand that in case it is found, in course of the tenure of this deposit, that the above conditions are not fulfilled, the bank will be at liberty to inform Regulatory/Law enforcement authorities in compliance with the regulatory/ legal provisions in Bahrain as stated in clause (3) below and to terminate the relationship with the depositor after giving notice to the depositor.</p> <p>3) We agree that while the Bank maintains strict confidentiality in all matters relating to customer's account(s) and business, it is agreed and understood that the Bank may</p> <ul style="list-style-type: none"> i. disclose any information relating to my account(s) and business to any branch or office of the Bank or associated and affiliated companies; ii. outsource any of the Bank's functions to another office of the Bank in any other jurisdiction; iii. disclose any information if required to do so by an order of a competent court or regulatory authority iv. disclose any information if required for participation in any telecommunication or electronic clearing network v. disclose any information if required for credit rating by recognized credit rating agencies or to credit information bureaus vi. . disclose any information for fraud prevention purposes. <p>4) We are eligible in terms of the laws of the country of residence to open and operate the account requested for.</p> <p>5) While we understand that there is at present no income/corporate/withholding tax in Bahrain, We confirm and accept that should any tax or other governmental dues on account of this deposit account become payable , all payment made to us shall be net of any such taxes etc. and the Bank assumes no liability in this regard. We agree that VAT or any other local tax on transactions or Service fee etc., if applicable will be charged and recovered separately.</p>			

6) We hereby undertake to intimate you any material change in information/documents we have provided at the time of opening of account such as constitution of entity/singatores/ownership/address/contact details etc., at the earliest but not later than 30 days from such change.

7) We understand that any Deposit Insurance or any other similar coverage does not cover this account.

8) We understand that Bank reserves the unfettered rights to accept or reject this application

9) This deposit account shall be governed by Law applicable for the Bahrain branch which is opening this account and We, hereby, agree to submit to the jurisdiction of courts in the centre where the deposit has been accepted in respect of any dispute in connection with this account.

10) We understand that the Deposit will be payable only by State Bank of India, Wholesale Banking Branch, Bahrain, notwithstanding the fact that the deposit is made from outside Bahrain. The other offices of State Bank of India shall not be in any manner be liable for any delays, losses, damages, claims of expenses of whatsoever nature arising in relation of any of my /our relationship with the Bank.

11) We agree that no cheque book, ATM/Credit/Debit Card / Internet Banking Transactions or Nomination facility will be provided for the accounts opened with the Bank.

12) We understand that our Savings/Current account would be marked as 'Inoperative' if there is no transaction initiated into the account during last 24 months, and to activate the account, We agree to provide fresh documents sought by the Bank.

13) We agree to provide fresh KYC documents as and when the same gets expired or changed and understand that our account may be frozen by the Bank without any prior notice if i) We fail to provide attested copy of renewed KYC even after 12 months of its expiry ii) if any suspicious activity noted in the account iii) if such freeze is ordered by local or international authority iv) or for any reason that Bank finds reasonable to freeze the account.

14) We consent to having SBI WBBB and all its third party processors, authority to collect and process our personal data for given purpose and to contact me in case there is any new services that might be of interest to me.

15) The Bank reserves the right to make any modifications or additions to the terms and conditions of the account at any time without the need for the consent of the account holder and the Bank shall notify the account holder of the amendments in the manner the Bank sees appropriate.

16) We understand and agree that payment of interest on balances in bank account will be at the sole discretion of the Bank.

17) We agree that I shall not permit any encumbrance or third party interest over or against any account(s) without the Bank's express prior written consent.

18) We confirm that we are not resident/s of Bahrain. We undertake to inform the Bank in case we become a resident/s of or shift to Bahrain. We also agree that the Bank may close the account, at any time, without any further notice to us and without any liability on the part of the Bank, if we shift to or become resident/s of Bahrain

19) Force Majeure:

I agree that the Bank shall not be liable if any transaction does not fructify or may not be completed or for any failure on part of the Bank to perform any of its obligations under these Terms and Conditions or those applicable specifically to its services/facilities if performance is prevented, hindered or delayed by a Force Majeure event (defined below) and in such case its obligations shall be suspended for so long as the Force Majeure event continues.

"Force Majeure Event" means any event due to any cause beyond the reasonable control of the Bank, including without limitations, unavailability of any communication systems, breach, or virus in the processes or payment or delivery mechanism, sabotage, fire, flood, explosion, acts of god, civil commotion, strikes or industrial action of any kind, riots, insurrection, war, acts of government, computer hacking, unauthorised access to computer data and storage devices, computer crashes, malfunctioning in the computer terminal or the systems getting affected by any malicious, destructive or corrupting code or program, mechanical or technical errors/failures or power shut down, faults or failures in telecommunication etc.

20) Indemnity:

I agree that I shall indemnify and hold the Bank harmless against all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which the Bank may at any time incur, sustain, suffer or be put to as a consequence of or by reason of or arising out of providing any of the services or due to any negligence/mistake/misconduct on my/our part or breach or non-compliance by me/us of any of the Terms and Conditions relating to any of the services or by reason of the Bank in good faith taking or refusing to take action or partially taking action or so acted whether wrongly or mistakenly on any instruction given by me.

21) Right of Lien/Set off:

	<p>I hereby grant and confirm the existence of the right of lien and set-off with the Bank, which the Bank may at any time without prejudice to any of its specific rights under any other agreements with me, at its sole discretion and without notice to me utilise to appropriate any moneys belonging to me and lying/deposited with the Bank or due by the Bank to me, towards any of the dues payable by me to the Bank.</p> <p><u>Accounts on Behalf of Third Party</u> 22) I/We confirm that I/We are not acting or operating the account on behalf of Third Party/ Parties.</p> <p>Term Deposits:</p> <p>23) We understand and agree that premature payment would be solely at the discretion of the Bank. The interest rate applicable on deposit on premature payment would not be the contracted rate but at the applicable rate at the time of deposit for which the deposit remained with the bank less pre-payment charges if any.</p> <p>24) We authorise the Bank to rollover the deposit for the same period as this deposit is made on the date of maturity at interest rates then prevailing, if we do not instruct the Bank on the disposal of maturity proceeds 2 working days prior to the date of maturity of this Deposit.</p>	
M9	Signature(s) of the Authorized Signatories/ Proprietors / Partners	
	1. Authorized Signatory/ Proprietor / Partner	2. Authorized Signatory/ Proprietor / Partner
	Signature	
	Name	
	Date	
	3. Authorized Signatory/ Proprietor / Partner	4. Authorized Signatory/ Proprietor / Partner
	Signature	
	Name	
	Date	
	Company Seal	All Authorised Signatories should sign

N	For Office Use Only	
N1	I certify that KYC process of the account has been carried out and necessary documents as per checklist have been obtained.	
	Name:	Signature:
	Place:	Date:
N2	Risk Category of Customer <input type="text"/>	Open the Account Date: _____ Signature of Manager
N3	Account Opened Date: _____ Officer-in-Charge (Operations)	Account Scrutinized Date: _____ Dy. MLRO / MLRO

	Name	Signature	Date
AVP (Operations)			
VP (Operations)			
VP (Compliance)			

(PLEASE NOTE That FATCA / CRS Forms are separately available on the website. Please attach a copy of the FATCA / CRS form duly filled along with this form)



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Section V

Enclosures Checklist

Customer Name	
Customer ID	

	Legal Entities – Documents Enclosed	Remarks
1	Certificate of Incorporation – Certified Copy <input type="checkbox"/> Yes	
2	Commercial Registration / Trade License – Certified Copy <input type="checkbox"/> Yes	
3	Memorandum of Association – Certified Copy <input type="checkbox"/> Yes	
4	Articles of Association – Certified Copy <input type="checkbox"/> Yes	
5	Membership / Registration with Chamber of Commerce – Certified Copy <input type="checkbox"/> Yes	
6	Board resolution seeking the banking services (only necessary in the case of private or unlisted companies) - Certified Copy <input type="checkbox"/> Yes	
7	Board resolution authorizing the signatories to open and operate the account at SBI Wholesale Bank Branch, Bahrain <input type="checkbox"/> Yes	
8	List of authorized signatories of the Company for the account – Certified Copy <input type="checkbox"/> Yes	
9	Identification documentation of the authorized signatories to the account (Identity & Address) - Certified Copy <input type="checkbox"/> Yes	
10	Certified copy Share Register/Share Certificates <input type="checkbox"/> Yes	
11	Certified copy of Register of Directors/Appointment of Directors <input type="checkbox"/> Yes	
12	List of main shareholders holding more than 10% of the issued capital <input type="checkbox"/> Yes	
13	Latest audited financials. If there is material adverse changes in financials since the last audit , then latest financials to be taken <input type="checkbox"/> Yes	
14	FATCA & CRS Self Certification Form for Company / Entity <input type="checkbox"/> Yes (Available separately on our website)	
	Documents for each Individual / Authorised Signatory / Beneficial Owner / Director	
15	Photographs <input type="checkbox"/> Yes	
16	Passport Copy <input type="checkbox"/> Yes	
17	Telephone Bill (PO Box Address is not sufficient) <input type="checkbox"/> Yes	
18	Electricity Bill (PO Box Address is not sufficient) <input type="checkbox"/> Yes	
19	Bank Account Statement not more than 3 months old <input type="checkbox"/> Yes (Minimum One document from Items 17-19)	
20	CPR / Iqama / National ID Card / Government ID Card <input type="checkbox"/> Yes	

21	Employer ID Card (Minimum One document from Items 20-21)	<input type="checkbox"/> Yes	
22	FATCA & CRS Self Certification Form for Individuals / Authorised Signatories / Directors / Beneficial Owners/Controlling Persons	<input type="checkbox"/> Yes	
23	If US PERSON, Supporting Documents Enclosed (Documents listed in Annx-4, Section-IV–Individuals/Corporates/FIs)	<input type="checkbox"/> Yes	
Exchange Companies (in addition to above)			
24	AML Compliance Review by External Auditors	<input type="checkbox"/> Yes	
25	AML KYC Compliance Policy and Procedure	<input type="checkbox"/> Yes	
26	Corporate Centre Approval to open account at SBI WBB Bahrain	<input type="checkbox"/> Yes	
27	Exchange Company Registration with Central Bank of host country	<input type="checkbox"/> Yes	
28	Agreement between SBI & Exchange Co. for DDA	<input type="checkbox"/> Yes	
29	Agreement between SBI & Exchange Co. for GLS - Speed Remittance	<input type="checkbox"/> Yes	
Trusts / Partnerships / Clubs / Societies / Associations (in addition to applicable ones above)			
30	Trust Deed	<input type="checkbox"/> Yes	
31	Partnership Deed / Agreement	<input type="checkbox"/> Yes	
32	Bylaws of the Club/Society/Association	<input type="checkbox"/> Yes	
Note: In case additional documents are required as per the KYC requirements in Bahrain, they may be asked for.			