



Personal Account Opening Form

Branch:

CIF Open Date:

CIF ID:

I / We request you to please open the following account(s). (Tick the relevant boxes)

Checking Account: CAD USD

Savings Account: CAD USD

Super Saver Accounts: CAD USD

GIC (Term Deposit):

Redeemable CAD USD Amount Year(s) / Months

Non-Redeemable

Tax Free Account: Savings GIC Amount Year(s) / Months
(Available Only in CAD)

RRSP: (Only GIC), (Available Only in CAD) Amount Year(s) / Months

Mode of Operation – Either to Sign

Both to Sign

Other Signing Instructions

Personal Details:

Status:

Resident

Non-Resident

Name:

Date of Birth:

SIN:

Nationality:

Country of Residence:

Address Line1:

Address Line2:

Mailing Address:

City:

Province:

Country:

Postal Code:

Address Line1:

Home Address: (If different from mailing address)

Address Line2:

City:

Province:

Country:

Postal Code:

Cell Phone:

Any Other Phone:

E-Mail:

Identification Method:

ID Document 1:

ID Document

Unique Number

Expiry Date

Issued Organisation

ID Document 2:(Applicable only for Dual ID Method)

Employment Details:

Industry:

Occupation:

(If Others)

Job Title:

Name of the Employer:

Annual Income:

PEP / Corporate Status:

PEP Indicator:

United States (U.S.)
person for U.S. tax
purposes:If Yes, TIN
Number:

Intended Use of Account:

Source of
Income:Will you use this account
to send money transfers
to other countriesIf Yes, Names of
Countries

Others (Specify)

Account Used for Third
Party Transactions? **[13]****Preference for:**

- (i) Account Statement:
 - (ii) ABM Debit Card:
 - (iii) Internet Banking:
 - (iv) Cheque Book:
 - (v) Text Alerts:
 - (vi) instructions to SBI Canada Bank through Facsimile Transmission:
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1. I/ We confirm that this account will be used only by the individuals mentioned in this application as accountholder(s). It will not be used by or on behalf of any other individual or entity not mentioned as an accountholder in this application.
2. I/We hereby confirm that all the statements and information provided are true and correct.
3. I/We agree and acknowledge that SBI Canada Bank will verify the accuracy of the information provided in this application through independent sources, including identification products offered by independent service providers. I/ We also understand that SBIC reserves the right to carry out further additional checks on me/ us, as required by law.
4. I/We, acknowledge, understand and agree that if there is any change in the information as provided /declared above in this application, I/We undertake to inform SBI Canada Bank immediately of any such change.
5. I/We have received, read and understood the following terms and conditions (a) website terms of use (b) account terms and conditions (c) ABM Card Holder agreement (d) Access to basic bank policy (e) Cheque hold policy (f) Complaint resolution procedure (g) Coercive tied selling and (h) Interest rate chart.
6. I/We confirm having read and understood the Privacy policy of State Bank of India (Canada) posted on the website. I/We consent to the collection, use and disclosure of my / our personal information in accordance with the Privacy policy of the Bank as amended from time to time.
7. I understand that the above provided Mobile Phone number will be used to send One Time Password (OTP) for Internet Banking Registration, Password reset, Beneficiary Addition and other INB activities. I understand that text alerts will be delivered to my Mobile Phone number
8. I hereby certify that the information in this application form regarding my status as a "U.S Person" as such term is defined in the Internal Revenue code of the U.S. is true and correct.
9. I/We have read, understood and hereby acknowledge acceptance to the 'Facsimile Transmission Agreement' in the terms and conditions attached as annexure – I

NAME OF THE INDIVIDUAL	SIGNATURE	INITIALS	DATE

(For office use only)

I have verified the original Identification documents mentioned above. Account opened and ABM Kit Issued as under. Details entered for E-Statement / Paper statement in ACSTMO menu. Details for SMS alerts entered in SMSACNT menu.

Account Number:

ABM Kit Number:

CIF Maker

CIF Verifier

Name:

Designation:

Date: