

**CORPORATE / NON-INDIVIDUAL ACCOUNT OPENING FORM**

<b>Account Type</b>	:	<input type="checkbox"/> Current Account	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Others : _____ <i>(Please specify)</i>
<b>Currency</b>	:	<input type="checkbox"/> Singapore Dollars	<input type="checkbox"/> US Dollars	<input type="checkbox"/> EURO	<input type="checkbox"/> Others : _____ <i>(Please Specify)</i>
<b>Customer Type</b>	:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	
		<input type="checkbox"/> Private Limited Co	<input type="checkbox"/> Public Limited Co	<input type="checkbox"/> Association / Club / Society	
		<input type="checkbox"/> Estate / Trust	<input type="checkbox"/> Others: _____ <i>(Please specify)</i>		

<b>Registered Name</b>	<b>Registration / Customer UEN No</b>
<b>Country of Registration / Incorporation</b>	<b>Date of Registration / Incorporation</b>
<input type="checkbox"/> Singapore	<input type="checkbox"/> Others: _____ <i>(Please specify)</i>
<b>Registered Address</b>	<b>Telephone No:</b>
<b>Mailing Address</b> <i>(if different from above)</i>	<b>Facsimile No:</b>
<b>E-Mail Address</b>	<b>Website</b> <i>(if any)</i>
<b>Name/s of Contact Person/s</b>	<b>Contact No</b>
1)	1)
2)	2)

**Nature of Business** *(Please tick and furnish details)*

<input type="checkbox"/> Retail	<input type="checkbox"/> Services	<input type="checkbox"/> Building and Constructions
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Financial	<input type="checkbox"/> Agriculture / Fishing / Mining
<input type="checkbox"/> Importer / Exporter	<input type="checkbox"/> Consultant	<input type="checkbox"/> Transport / Communications / Storage
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Others : ..... <i>(Please specify)</i>	

**Brief Details of Business :**

.....

.....

<b>Present Banker/s</b> <i>(if any)</i>	
<b>Bank's Name</b>	<b>Year account was opened</b>
1) .....	.....
2) .....	.....

Particulars of Sole-Proprietor / Partners / Authorised Signatories as per Resolution (if applicable)  
 Specimen Signature Card Enclosed

Name	Particulars	Residential Address
1	Designation : ..... Nationality : ..... ID No : ..... Date of Birth : .....	
2	Designation : ..... Nationality : ..... ID No : ..... Date of Birth : .....	
3	Designation : ..... Nationality : ..... ID No : ..... Date of Birth : .....	
4	Designation : ..... Nationality : ..... ID No : ..... Date of Birth : .....	
5	Designation : ..... Nationality : ..... ID No : ..... Date of Birth : .....	

**Beneficial Ownership** *(Please tick)*

- NO, there are no other Beneficial Owner/s other than that mentioned in the 'ACRA / BIZNET'.
- YES, there are other Beneficial Owner/s who are not mentioned in the 'ACRA / BIZNET'. Their details are as follows: (If the Beneficial Owner is a Corporate Entity the details of the ultimate ownership to be given)

Name	NRIC No / PP No Registration No (for entity)	Nationality / Country of Incorporation (for entity)	% Shares

Should any of the above-mentioned details change subsequent to the submission of this form to you, we undertake to inform you accordingly.

**Tax Status (If applicable)**

Under the Singapore Income Tax Act (Cap 134), a Non-tax Resident applicant is subject to withholding tax on interest payable to it. (Please tick)

- Tax Resident in Singapore
- Non Tax Resident in Singapore (Please indicate Country of Residence and complete Section A)

Country of Residence: \_\_\_\_\_

**Section A** (Please tick)

- We are not carrying on a business in Singapore and do not have a permanent establishment in Singapore.
- We are not carrying on a business in Singapore but have a permanent establishment in Singapore
- We are carrying on a business in Singapore (Please complete Section B)

**Section B** (Please tick)

- YES, we have a withholding 'Tax Waiver' letter from the Inland Revenue Authority of Singapore (IRAS), in respect of interest payment made to us and attached herewith is the copy of the said letter.
- NO, we do not have a withholding 'Tax Waiver' letter from the Inland Revenue Authority of Singapore (IRAS), in respect of interest payment made to us.

**Kindly withhold and remit the applicable Withholding Tax to IRAS.**

Should any of the above-mentioned confirmation change subsequent to the submission of this form to you, we undertake to inform you immediately.

**DEPOSIT INSURANCE SCHEME**

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$75,000/- in aggregate per depositor per Scheme Member by law.

Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

**DECLARATION:**

I/We the applicant named above hereby wish to open the above account with Indian Bank Singapore (The Bank) and confirm that I/We have the necessary power and authority to sign and deliver this application form as per attached resolution (if applicable). I/We confirm that the information provided by me/us is true to my/our knowledge and in case of any change I/We will inform the Bank. I/We confirm having received / read and understood the "Terms and Conditions" for Opening the above account and further confirm that we will be bound by any additional "Terms and Conditions" that the Bank may impose from time to time. I/We further confirm that no Legal Actions / Winding Up / Bankruptcy proceedings is/are pending against me/us or any of the corporation / individuals named in this application form. I/We authorise the Bank to disclose any information and particulars relating to such of our account(s) to any and all the persons and in accordance with the Bank's Terms and Conditions and Prevailing Laws and Regulations.

We acknowledge that the Bank at its discretion and without assigning any reasons may decline to establish the account.

All funds being routed by me/us in/through this account are clean, clear, good and not related to any criminal activities / drug trafficking / terrorist activities / other forms of Money Laundering and suspicious activities and do not violate any provision of the law in this regard. In case it is found otherwise, the Bank will be at liberty to inform the relevant Regulatory Authority.

Yours faithfully

.....  
Authorised Signatory/s  
(For Partnership account - all partners are required to sign)

I/We declare that I/we have complied / will comply with all Tax Laws of the Country of our residence / where we are citizens or otherwise subject to.

<b>Introduction</b> (For Current Account only)	
Introduced By: (Name / Address/ Contact No)	Signature:

FOR OFFICE USE ONLY

**RISK PROFILE**

Low Risk       High Risk       PEP Related

**Reason/s for above rating :**

.....  
Authorised Signature

Date:

**Approval by Officer In Charge** (Comment / Remarks, if any)

.....  
Authorised Signature

Date:

**Manager's Comments and/or Approval** (if required)

.....  
Officer / Manager (if required)

Date:

