

Your Details (Second customer)

Fixed Deposit Account Opening Form

Please fill in the form using BLOCK CAPITALS and black ink. Tick any boxes which apply.

Existing Customer

Term of deposit:

Product name:

Rate of Interest:

C) Upon Maturity

A) Monthly B) Annually Months

Frequency of interest payable (please tick one)* :

Days

%

Years

| Yes If yes, please enter your account number | | | | |
|--|--|--|--|--|
|--|--|--|--|--|

No if no, Please complete a new Account Opening form for a Savings or Current Account.

Your Details (First customer)

| Title: Mr Mrs Ms Miss Other | Title: Mr Mrs Ms Miss Other |
|---|--|
| First name: | First name: |
| | |
| Middle name: | Middle name: |
| | |
| Surname: | Surname: |
| | |
| D D / M / Y Y Y | D D / M / Y Y Y |
| Home telephone number: (including country and area code) | Home telephone number: (including country and area code) |
| | |
| Mobile phone number: | Mobile phone number: |
| E-mail address: | E-mail address: |
| | |
| Current address: | Current address: |
| Line 1 | Line 1 |
| Line 2 | Line 2 |
| Town | Town |
| Country Post code | Country Post code |
| | |
| Funding | Interest Payments |
| Please debit my/our SBI Savings/Current Account no. | If (A) or (B) from funding section, |
| | Unless specified we will credit interest to your SBI UK account To SBI UK account |
| and transfer an amount of GBP/EURO/USD | Please arrange to credit all or part (if part, please specify amount** |
| to a Fixed Deposit Account as below: |) of the interest on the fixed deposit |

| |) of the interest on the fixed depos |
|--------------------------------|--------------------------------------|
| to my / our SBI account number | r |
| OR To Non SBI UK account | |
| Please arrange to pay an amou | nt** of £ |
| to my/our account with Bank | |
| Account Number: | Sort Code: |

out of the interest credited to my / our SBI account.

Maturity Instructions

Automatic renewal:

A) To renew both capital and interest at rate prevailing at time of renewal.

- B) To renew capital only. Interest to be credited as instructions given below.
- Or no automatic renewal:
- C) Capital and interest to be credited as instructions given below.

| Maturity instruction payment: |
|---------------------------------------|
| Either transfer to SBI account |
| Account Number: |
| Or transfer to nominated bank account |
| Bank name: |
| Account Number: Sort Code: |
| |

Signature (First customer)

| Signature: | |
|------------|--|
| Date: | |

Tax Status

All the interest we pay will be without any tax deducted i.e. paid at gross rate.

If the total amount of interest you receive exceeds any Personal Savings Allowance to which you are entitled, you may have to pay tax at the applicable rate. It is your responsibility to ensure that this tax is paid. This would need to be paid directly to HM Revenue & Customs ('HMRC').

Confirmation

I/we confirm that I/we have been provided with a copy of

- The Bank's Terms and Conditions
- Information about interest rates
- Summary of information about this product

which I/we have read and I/we understand these form part of our contract with the Bank. If there is anything in the Bank's Terms and Conditions which I/we do not understand or wish to discuss I/we will contact 0800 532 532 (Monday - Friday, 9:00 am to 6:00 pm) at the Bank before signing this form.

Signature (Second customer)

| Signature: | |
|------------|--|
| Date: | |

For Bank use only:

| Customer's ID: |
|---------------------|
| |
| New Account number: |
| |
| Scheme Code: |
| |
| Transaction number: |
| |
| Prepared by: |
| |
| Checked by: |
| |

Please note that if this is a joint account, we will accept authority of any joint account holders to give instructions on behalf of all other account holders relating to the account until it is canceled.

Authorised and regulated by Reserve Bank of India and Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority (FCA) and limited regulation by the Prudential Regulation Authority. Details about the extend of our regulation by the Prudential Regulation Authority and Financial Conduct Authority are available from us on request. State Bank of India is a member of the Financial Service Compensation Scheme established under the Financial Services and Market Act 2000. The Financial Services Compensation Scheme protects deposit held with our UK branches. Payments under this scheme are limited to £75,000 of your total deposit with us in the UK.

For more information or clarification, visit our website www.sbiuk.com, call us on 0800 532 532 or email to customerservices.sbiuk@satebank.com or visit your local branch. The contact centre is open Monday to Friday, from 9:00 am to 6:00 pm.

*Monthly and annual interest options are only available for fixed deposits over 1 year with a minimum of £50,000 (not available for USD / EURO).

**This must be a fixed amount.

Account Opening Form





Summary

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Contact us:

For further information and clarification about any of our products, please contact your local SBI UK branch.

You can also telephone our Customer Services team on **0800 532 532**, Monday to Friday, from 9.00am to 6.00pm or email them at **customerservices.sbiuk@statebank.com** or visit our website **www.sbiuk.com**



Account **Opening Form**

For office use: Customer identifier 1 Customer identifier 2 Scheme code

Please fill in the form using BLOCK CAPITALS and black ink. Tick any boxes which apply.

To be completed by the customer:

| Account to be opened at Branch: | Product / Account type: (eg. Cui | rrent Account) | Currency: (GB | P/Dollar/Euro) | Purpose of the ac | count: |
|--|--|-------------------------------------|---------------|---------------------|-----------------------|--------|
| City of London Hounslow | 1) Current Account | | GBP | | Savings | |
| Birmingham Ilford | 2) Savings Account (Instant Access Savings Account) | | USD | | Remittance | |
| Coventry leicester | 3) Other (Please specify) | | EURO | | Day to day | |
| East Ham Manchester | | | | | Other (Please speci | fy) |
| Golders Green Southall | | | | | | |
| Harrow Wolverhampton | | | | | | |
| Do you already have an account with SBI UK? | | | | | | |
| Yes No If yes, please provide your Ad | ccount number: | | | | | |
| For NRIs/PIOs | | | | | | |
| Do you already have an account with SBI India? | | | | | | |
| Yes No | | | | | | |
| Would you like to open an NRI account with SBI Ir | ndia today, through SBI UK? | | | | | |
| Yes No If yes, please ask for our NRI | account opening form. | | | | | |
| | | | | | | |
| | | | | | | |
| Your Details (First customer) | | Your Det This only applies if yo | | |) | |
| Title: Mr Mrs Ms Miss | Other | Title: Mr | Mrs Ms | Miss | Other | |
| First name: | | First name: | | | | |
| | | | | | | |
| Middle name: | | Middle name: | | | | |
| | | | | | | |
| Surname: | | Surname: | | | | |
| Data of birth | | Data of hinth | | | | |
| Date of birth: D D / M / Y Y Y | | Date of birth: | ΙΥΥΥΥΥ |] | | |
| Proof of identity - one document: (Please tick the a | ppropriate box) | Proof of identity - | one document: | (Please tick the aț | propriate box) | |
| Passport EU or EEA pho | tocard driving licence | Passport | | EU or EEA phot | cocard driving licenc | :e |
| UK driving licence Armed forces | identity card | UK driving licence | | Armed forces | identity card | |

National identity card

Date of issue:

DDIMM

Identification document number/Passport number:

National identity card

Identification document number/Passport number:

| Date of issue: | Date of expiry: |
|-------------------------------|-----------------|
| DD/MM/YYYY | DD/MM/YYYY |
| If Visa held, date of expiry: | DD/MM/YYYY |

Your Details (Continued)

| Place of birth: (City and Country) | Place of birth: (City and Country) |
|--|--|
| | |
| National Insurance number: | National Insurance number: |
| Country of nationality: | Country of nationality: |
| | |
| Mother's maiden name: (required for security purposes, not more than 15 characters) | Mother's maiden name: (required for security purposes, not more than 15 characters) |
| | |
| Marital status: (Please tick the appropriate box) Single Separated | Marital status: (Please tick the appropriate box) Single Separated |
| Living with a partner Widowed | Single Separated Living with a partner Widowed |
| Divorced / dissolution Married / in a | Divorced / dissolution Married / in a |
| of a civil partnership Civil partnership | of a civil partnership civil partnership |
| How many children or other people depend on you financially? | How many children or other people depend on you financially? |
| | |
| Home phone number: (including country and area code) | Home phone number: (including country and area code) |
| | |
| Mobile phone number: | Mobile phone number: |
| | |
| (By giving us your mobile number, you have agreed to register for MasterCard Secure Code for using your debit card for Internet based online payments and to receive mobile alerts for account updates.) | (By giving us your mobile number, you have agreed to register for MasterCard Secure Code for using your debit card for Internet based online payments and to receive mobile alerts for account updates.) |
| E-mail address: | E-mail address: |
| | |
| (By giving us your e-mail address, you agree we may send you emails to service your account.) | (By giving us your e-mail address, you agree we may send you emails to service your account.) |
| Current address: | Current address: |
| Line 1 | Line 1 |
| Line 2 | Line 2 |
| Town | Town |
| Country Post code | Country Post code |
| Residential status: | Residential status: |
| Home owner | Home owner |
| Living with family / friends | Living with family / friends |
| Tenant | Tenant |
| How long have you lived at this address? | How long have you lived at this address? |
| If you have been at your current address for less than 3 years, please provide us with all the addresses you have lived at in the past 3 years. | If you have been at your current address for less than 3 years, please provide us with all the addresses you have lived at in the past 3 years. |
| Previous address: | Previous address: |
| Line 1 | Line 1 |
| Line 2 | Line 2 |
| Town | Town |
| Country Post code | Country Post code |
| How long have you lived at this address? | How long have you lived at this address? |

Your Details (Continued)

Your Details (Continued)

| Permaner | nt Address: (if different from current address) |
|----------|---|
| Line 1 | |
| Line 2 | |
| Town | |
| Country | Post code |

Access to your account (First customer)

| Do you wish to apply for a debit card? | | | | | | | |
|---|--|--|--|--|--|--|--|
| Yes No | | | | | | | |
| If yes, please specify the account type: | | | | | | | |
| Current Savings | | | | | | | |
| Name to be displayed on Debit Card: (Not more than 23 characters) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Do you wish to register for Online Banking? | | | | | | | |

If yes, we will only send you an annual account statement by post. You may obtain details of your transactions by logging on to your account at any time

Yes No

Your Banking Details (First customer)

Account Number:

Do you have a bank account with another financial institution?

Yes No

Bank / Building society name: (in UK)

| Sort | Code | : | | |
|------|------|---|--|--|
| | | | | |

Source of Income (First customer)

| Please tick the appropriate box | (: | | |
|---------------------------------|----|--------------------|--|
| Employment | | Business | |
| Pension | | Investment | |
| Other | | | |
| Employment / Business details | 5: | | |
| Employed full-time | | Employed part-time | |
| Self-employed | | Unemployed | |
| Retired | | Student | |
| Homemaker | | | |
| | | | |

Do you have another source of income (e.g. state benefits, income from rent, pension or other)? If yes, please give details:

If you have selected either 'Employed full-time', 'Employed part-time' or 'Self employed', please complete the section below:

Name of Employer / Business:

Your Details (Continued)

Permanent Address: (if different from current address)

| Line 1 | |
|---------|-----------|
| Line 2 | |
| Town | |
| Country | Post code |

Access to your account (Second customer)

Do you wish to apply for a debit card? Yes No If yes, please specify the account type: Current Savings Name to be displayed on Debit Card: (Not more than 23 characters)

Do you wish to register for Online Banking?

If yes, we will only send you an annual account statement by post. You may obtain details of your transactions by logging on to your account at any time

| Yes | | No | |
|-----|--|----|--|
|-----|--|----|--|

Your Banking Details (Second customer)

Do you have a bank account with another financial institution?

Yes No Bank / Building society name: *(in UK)*

| Sort Code: | Account Number: |
|------------|-----------------|
| | |

Source of Income (Second customer)

| Please tick the appropriate box | X: | | |
|---------------------------------|----|--------------------|--|
| Employment | | Business | |
| Pension | | Investment | |
| Other | | | |
| Employment / Business detail | S: | | |
| Employed full-time | | Employed part-time | |
| Self-employed | | Unemployed | |
| Retired | | Student | |
| Homemaker | | | |
| | | | |

Do you have another source of income (e.g. state benefits, income from rent, pension or other)? If yes, please give details:

If you have selected either 'Employed full-time', 'Employed part-time' or 'Self employed', please complete the section below:

Name of Employer / Business:

Source of Income (Continued)

Employer's address / Address of business: Employer's address / Address of business: Post code What is your occupation and job title? Period at employment: YY**I**MM What is the nature of your employer's business / your business? Total Gross Annual Income from all sources: (This is the income you receive before deduction of tax and NI) How often you get paid? (Your main income) Monthly Weekly Fortnightly Other How do you get paid? (Your main income) Direct into an SBI bank account By cheque Direct into another current account In cash Other

Tax Status (First customer)

Are you a UK tax resident?

Yes No

UK is the only country for the purpose of my tax residency:

No Yes

(Tax residency is the country in which you are liable to pay Income and/ or Capital Gains Tax)

Please complete the table below: (mandatory)

First customer:

Country of Tax Residency National Insurance Number/ End Date of Tax Residency Reasons for not providing TIN Tax Identification Number (TIN)* (enter reason A, B or C) (DD/MM/YYYY) or NA

Second customer:

| Country of Tax Residency | National Insurance Number/ Tax Identification Number (TIN)* | Reasons for not providing TIN (enter reason A, B or C) | End Date of Tax Residency (DD/MM/YYYY) or NA |
|--------------------------|--|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

The taxpayer identification number (TIN) is the unique identifier assigned to the Account Holder by the tax administration in the Account Holder's jurisdiction of tax residence. It is a unique combination of letters and/or numbers used to identify an individual or entity for the purposes of administering the tax laws of that jurisdiction. It includes:

Social security number

• National insurance number

Citizen or personal identification code or number

• Resident registration number

Reason A - The country where the Account Holder is tax resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C - No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence entered above do not require the TIN to be disclosed)

Source of Income (Continued)

| | Pos | t code | |
|--|-----------|-------------------------|---------|
| What is your occupation and job title | e? | | |
| | | | |
| Period at employment: | Y | Y / M M | |
| What is the nature of your employer | 's busine | ess / your business? | |
| | | | |
| Total Gross Annual Income from all before deduction of tax and NI) | sources: | (This is the income you | receive |
| How often you get paid? (Your main | income) | | |
| Monthly | | Weekly | |
| Fortnightly | | Other | |
| How do you get paid? (Your main ind | come) | | |
| Direct into an SBI bank account | | By cheque | |
| Direct into another current account | | In cash | |
| | | Other | |

Tax Status (Second customer)

Are you a UK tax resident?



UK is the only country for the purpose of my tax residency:

No Yes

(Tax residency is the country in which you are liable to pay Income and/ or Capital Gains Tax)

Tax Status (Continued)

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B.

| 1 | |
|---|--|
| 2 | |
| 3 | |

Declaration (First customer)

Have you ever:

Been made bankrupt?

Yes No

Made an agreement with your creditors who agree to accept part of what uou owe them instead of the full debt including an Individual Voluntary Arrangement (IVA)?

Yes No

Had a court order for debt registered against you?

Yes No

Broken any credit agreements (in other words, do you have any defaults registered against you)?

Yes No

If yes, please give details here:

Tax Status (Continued)

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B.

| 1 | |
|---|--|
| 2 | |
| 3 | |

Declaration (Second customer)

Have you ever:

| Been m | ade l | bankr | upt? |
|--------|-------|-------|------|
|--------|-------|-------|------|



Made an agreement with your creditors who agree to accept part of what you owe them instead of the full debt including an Individual Voluntary Arrangement (IVA)?

| Yes | No | |
|-----|----|--|
| | | |

Had a court order for debt registered against you?



Broken any credit agreements (in other words, do you have any defaults registered against you)?

| 'es | No | |
|-----|----|--|
| | | |

If yes, please give details here:

Terms & Conditions

As part of our application we may make identity enquiries which may involve credit reference agencies checking the details supplied against any particulars on any database (public or otherwise) to which they have access. They may also use your details in future to assist other companies for verification purposes. If I/we are affected by identity fraud (including the past cases), I/we agree to inform the Bank in writing as soon as I/we become aware.

Law enforcement agencies may access and use the given information. Please contact us if you want to receive details of the relevant fraud prevention agencies.

The State Bank of India would like to keep you informed about any special offers you may be entitled to or about products and services available from the State Bank Group that they think may interest you. If you do not want information on other products and services, please tick the following boxes: Please do NOT contact me:

by email and text

by post and telephone

However, we will continue to update you on required changes regarding servicing your account with us. Unless you have said otherwise, by continuing with this application, you agree to us contacting you using any of the methods shown above. Please note that you will continue to receive mobile alerts, which will keep you advised of your regular banking transaction details.

US withholding tax declaration

For the purpose of the US Foreign Accounts Tax Compliance Act (FATCA) please confirm whether you are a US Person/Citizen. I/we also agree to notify you if my/our situation changes:

Applicant 1

I am not a US person or US citizen I am a US person or US citizen

Applicant 2

I am not a US person or US citizen I am a US person or US citizen

I/we understand that the information I/we have given to the bank and other information I/we give to the bank (described in the section of the Bank's Terms and Conditions relating to Data Protection) will be used for the purposes set out in that section.

I/we understand that the mobile number provided in the application form will be used to send the One-Time Passcode (OTP) while adding / registering Beneficiaries to the account for Online Banking Transactions.

I/We have read, understood and acknowledge the receipt of

| The Bank's Terms and Conditions | Information about Tariff of charges |
|---------------------------------|-------------------------------------|
| | |

Summary of information about the products

Financial Services Compensation Scheme's (FSCS) Information sheet and Exclusion list

which I/we have read and I/we understand this forms part of our contract with the Bank. If there is anything in the Bank's Terms and Conditions which I/we do not understand or wish to discuss I/we will contact 0800 532 532 (Mondau - Friday, 9:00 am to 6:00 pm) at the Bank before signing this form.

I/we are aware that I/we can also access the Bank's Terms and Conditions. information about Tariff of charges and Summary of information about the products on your website www.sbiuk.com.

I/we agree to provide to the Bank in writing notice of any changes to my/our personal details or my/our circumstances which are provided in this form.

By submitting this form, I/we confirm that the information I/we have provided is true to the best of my/our knowledge.

Terms & Conditions (Continued)

Please note that if this is a joint account, we will accept authority of any joint account holder to give instructions on behalf of all other account holders relating to the account, until it is cancelled.

First customer name:

Signature:

Date:

Second customer name:

Signature:



Documents Enclosed: (If you are visiting a branch, please bring original documents. If you are completing and sending this application form by post, please provide certified copies of documents 1 & 2 below. The documents are to be certified by a registered Solicitor, Notary, Chartered Accountant or your Bank.).

 $1.\ {\rm A}$ copy of passport or UK driving licence showing the photograph and validity.

 A copy of utility bill or bank statement which is less than 3 months old. If you have been at your current address for less than 3 years then please provide a proof of previous addresses so as to cover a period of 3 years.
 In addition, we may ask for proof of source of wealth.

4. Amount you wish to deposit in your account.

Amount

by Transfer / Cheque (please circle one)

I/we heard about SBI from:

| SBI Customer | Television | |
|------------------------|-------------------------|--|
| Newspaper | Financial News Websites | |
| Other (Please specify) | | |



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20,000 STATE BANK GROUP BRANCHES IN 34 COUNTRIES

190 MILLION CUSTOMERS

IN THE UK SINCE 1921

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Authorised and regulated by Reserve Bank of India and Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority (FCA) and limited regulation by the Prudential Regulation Authority and Financial Conduct Authority are available from us on request. State Bank of India is a member of the Financial Services Compensation Scheme established under the Financial Services and Market Act 2000. The Financial Services Compensation Scheme are limited to £75,000 of your total deposits with us in the UK.

For more information or clarification, visit our website www.sbiuk.com, call us on 0800 532 532 or email to customerservices.sbiuk@statebank.com or visit your local branch. The contact centre is open Monday to Friday, from 9:00 am to 6:00 pm. SBI/F23/Dec15