

SUPLIMENTARY ACCOUNT OPENING FORM

TCRN: _____ TARN: _____

Name: _____

Residential status: Residential Non-residential Foreign National Person of Indian Origin

Gender: Male Female Transgender Maiden Name: _____

Father's name (mandatory if PAN not submitted): _____

Name of Spouse: _____

Guardian's name (in case of Minor): _____

Networth of applicant: _____ Nature of Business (in case occupation is Business): _____

Nationality (if not Indian): (Country Name) _____

City of Birth: _____ Country of birth _____

Multiple Tax Residency: Yes No (If Yes then fill the details below)

Foreign TIN #1: _____ TIN #1 issuing country: _____

Country 1 of Residence for Tax Purpose: _____

Foreign TIN #2: _____ TIN #2 issuing country: _____

Country 2 of Residence for Tax Purpose: _____

Identification Details: Documents acceptable as proof of identity.

Please tick the appropriate box (any one document) and give details.

Passport Doc num: _____ Expiry: _____

Voter's ID Issued by: _____

Driving Licence Issued at: _____ Expiry: _____

Adhaar Letter Issue date: _____

NREGA Card

PAN Card

Other Officially Valid Documents _____

Details of address in jurisdiction where the applicant is residing for tax purpose:

Same as: Current Add Permanent Add Overseas Add Same as Correspondence/Local Add

Address: _____

City/Village: _____ District: _____

Sub-district: _____ PIN: _____

State: _____ Country: _____

Details of Related Person Addition of Related Person Deletion of Related Person

KYC Num (if available) _____

Type: Guardian of Minor Nominee Assignee Authorised Representative Beneficial Owner Beneficiary

Name: _____

Passport Doc num: _____ Expiry: _____

Voter's ID Issued by: _____

Driving Licence Issued at: _____ Expiry: _____

Adhaar Letter Issue date: _____

NREGA Card

PAN Card

Other Officially Valid Documents _____

Remarks: _____

Services Required:

• Tele Banking Kit: Required Not required

• SMS Alert (Charges applicable): Required Hindi English Not required
(on Mobile no. mentioned in Correspondence Add)

• Phone Banking Services: To be enabled Yes No

Please specify, if you wish to use your other account number as Phonebanking User ID: _____
(You can select any of your Savings Bank or Current Ac. No. in 'Single' or E or S' as User ID. The account number selected as User ID will also be enabled for Phonebanking)

DECLARATION

- C-KYC: My Personal /KYC details may be shared with KYC Registry. I hereby give consent to receive information from Central KYC registry through SMS/e mail on the above registered number/e mail address.
- I have received the Welcome Kit containing INB Kit and ATM Card with PIN and understand that in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss.
- INFORMATION ON PRODUCT AND SERVICES: To serve you better, we would like to communicate about updates on our various products and services, new products and features and special offers from our Bank and our Group Companies. Please give your consent to stay informed about these products and offers. Your consent: __Yes __ No

FATCA/ CRS DECLARATION.

1. I / We hereby certify that I / we have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
2. I/We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and or any other similar arrangements.
3. I / We certify that the information provided by me/us above as applicable to me/us and signed by me/us as well as in the documentary evidence provided by me/us are, to the best of my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of my account as a U S Reportable Account or Other Reportable Account or otherwise.
4. I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self-certification along with documentary evidence.
5. I / We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and State Bank of India would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by State Bank of India, under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
6. I/We also agree to furnish and intimate to State Bank of India any other particulars that are called upon me/ us to provide on account of any change in law either in India or abroad in the subject matter herein.
7. I/We shall indemnify State Bank of India for any loss that may be caused to State Bank of India on account of providing incorrect or incomplete information by me/us.

PLACE:

DATE:

(SIGNATURE OF THE APPLICANT)