



# Limited Access Savings Account

Limited Company / Partnership

FOR OFFICE USE:

Scheme Code

## SBI UK Account Number

## Business Details

Business name:

Business Group name: (if required)

Correspondence address:

Line 1

Line 2

Town

Country  Post code

Business Telephone:

Business Email Address:

Company Registration Number:

VAT Registration Number:

Date of Incorporation

Registered address: (if different)

Line 1

Line 2

Town

Country  Post code

Business Fax:

Business Mobile Number: (for Online Banking / Debit Card)

## Funding

Please debit my/our SBI UK or other bank's Savings/Current Account no.

and transfer an amount of GBP

Limited Access Savings Account

Rate of Interest:  %

Frequency of interest payable: Monthly

## Details of Directors/Authorised Signatories

Title: Mr  Mrs  Ms  Miss  Other

First name:

Middle name:

Surname:

Position in Company:

Percentage of Shareholding:

Address:

Line 1

Line 2

Town

Country  Post code

Length of time at this address:  /

Previous address: (If less than 3 years at current address)

Line 1

Line 2

Town

Country  Post code

Length of time at previous address:  /

Date of birth:

/  /

Nationality:

Daytime contact telephone:

Mobile:

Mobile will be used for Internet Banking one time password 'OTP' generation (if required).

Email:

### 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 also agree to notify you if my situation changes:

I am not a US person or US citizen

I am a US person or US citizen\*

\*(Please ask to complete Foreign Account Tax Compliance Act form)

Existing SBI UK Account Holder?

Yes  No

If yes, please provide your Account number:

Internet Banking Role:

Enquiry Only  Transaction Preparer/Authoriser  Both

Mother's maiden name: (required for security purposes)

sbiuk.com  
0800 532 532

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