SBI UK

Account Opening Form

Partnerships

FOR OFFICE USE:
Scheme Code

Documentation required for account opening:

Identity of Business:

- ☐ Certified copy of Partnership Agreement, which confirms each Partner's Shareholding.
- ☐ List of all Partners

Authority for Bank Account:

- ☐ Partnership Resolution (as per format provided signed by 2 authorised signatories).

Address of Business for Correspondence:

- ☐ Council Tax Statement
- ☐ Current Bank Statements for last 3 months

Identity of all Signatories:

- ☐ Valid Passport, or
- ☐ Valid UK Photo Card Driving Licence
- ☐ National Identity Card

Address of all Signatories:

- ☐ Council Tax Statement
- ☐ Current Bank Statement for last 3 months
- ☐ Current Utility Bill within last 3 months
- ☐ Valid Photo Card UK Driving Licence (if not used for Identity as above)

Financial Requirements:

- ☐ Latest Audited Report or Financial Statements

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:

- 1) Current Account ☐
- 2) Savings Account ☐
- 3) Fixed Deposit ☐
- 4) Other *(Please specify)* ☐

Currency: *(GBP/Dollar/Euro)*

- GBP ☐
- USD ☐
- EURO ☐

Purpose of the account:

- Savings ☐
- Day to Day ☐
- Other *(Please specify)* ☐

Does the Company already have an account with SBI UK?

Yes ☐ No ☐

If yes, please provide your Account number:

☐☐☐☐☐☐☐☐

Business Details

Business name:

Business Group name: (if required)

D D / M M / Y Y Y Y

If you are visiting us in person, please bring the following with you:

- photo Identification
- proof of your non-UK address
- Income proof

Please bring two separate documents – we can't accept one document only as your proof of Identification and proof of non-UK address – and make sure they're the originals.

We accept the following documents only:

Photo Identification

- A valid signed UK/EU passports
- All other signed passports with valid Visa
- A U.K. armed forces identity card or current national identity card issued by respective Governments (this should contain name of the issuing authority, full name, date of birth, address and photograph and signature of the customer)
- A current EU /EEA (European Economic Area) photo-card driving license or overseas driving license (must show address, signature and photograph)
- An identity card issued by the Electoral Office for Northern Ireland
- A valid old style full UK Valid full and provisional UK driving license
- For non-resident accounts, social security cards issued by respective Governments or a valid voters ID (this should contain name of the issuing authority, full name, date of birth, address and photograph and signature of the customer)

Proof of address

- Council tax bill (not more than 12 months old)
- Current (within the last 3 months) bank statements or credit/debit card statements, issued by an FCA regulated financial sector firm in the UK, EU or comparable jurisdiction (excluding those printed off the internet)
- Utility bill (not more than three months old)
- Full/provisional UK driving license or foreign photo-card driving license (if not already used to verify ID)
- Tenancy agreement from Council/Housing Association. The tenancy period should be for a minimum period of three months. Private tenancy agreements are not accepted
- TV License document less than 12 months old.
- Department for Works and Pensions Certified Letter (within the last 3 months)
- Current (within the last 3 months) Mortgage Statement, issued by an FCA regulated financial sector firm in the UK, EU or comparable jurisdiction (excluding those printed off the internet)
- Bank or building society statement (not more than three months old)

Business Details *(Continued)*

Correspondence address:

Line 1

Line 2

Town

Country Post code

Business address: *(if different)*

Line 1

Line 2

Town

Country Post code

Business Telephone:

Business Fax:

Business Email Address:

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

About Your Business

Status of Business:

Start Up ☐

Switcher ☐

Industry Type:

Full Details of the Nature and Type of Business:

Engaged in Importing/Exporting?

Yes ☐

No ☐

Recent/Expected Annual Turnover:

Number of Employees:

Balance Sheet Total:

General Source of Credits to the Account:

General Destination of Payments:

Cheque Book Required?

Yes ☐

No ☐

Statement Frequency: Quarterly

A.
For the purposes of Common Reporting Standard, does the entity meet the description of any of the following four categories? (If you are unsure then please consult your tax adviser):

	Yes	No	SC needed
Custodial Institution – i.e. do you hold, as a substantial portion of your business, Financial Assets for the account of others?			
Depository Institution – i.e. do you accept deposits within the ordinary course of your business?			
Investment Entity – i.e. do you conduct a business of trading in financial assets on behalf of customers or conduct portfolio management?			
If yes to the above, are you a professionally managed Investment Entity situated outside of a CRS Participating Jurisdiction?			If yes ticked
Specified Insurance Company – i.e. are you an insurance company or a holding company in an insurance group?			

B.
If you have responded 'No' to all of A above, please confirm whether:

	Yes	No
- Less than 50% of the partnership's gross income for the preceding calendar year is passive income (such as dividends, interest, royalties, annuities and rent).		
and		
- Less than 50% of the assets held by the partnership during the preceding calendar year are assets that produce or are held for the production of passive income (such as dividends, interest, royalties, annuities and rent).		

If you ticked "No" to all questions in Section A and B, please complete Self-Certification. Please contact the branch for a Self-Certification Form.

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: Y Y / M M

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

Line 1

Line 2

Town

Country Post code

Length of time at previous address: Y Y / M M

Date of birth: D D / M M / Y Y Y Y

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)*

Details of Directors/Authorised Signatories *(Continued)*

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: Y Y / M M

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

Line 1

Line 2

Town

Country Post code

Length of time at previous address: Y Y / M M

Date of birth: D D / M M / Y Y Y Y

Nationality:

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Mobile:

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

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☐ I am a US person or US citizen*

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

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Enquiry Only ☐ Transaction Preparer/Authoriser ☐ Both ☐

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

Corporate Debit Card

Do you require a Corporate Debit Card for use on this account?

Yes ☐

No ☐

Please specify which account the corporate debit card is to be issued on:

Savings Account ☐

Current Account ☐ *(Please note only one card can be issued per account)*

Name of Authorised Signatory for the Card to be issued to
(only one card can be issued per account)

Name to be displayed on Debit Card: (Not more than 23 characters)

Declarations

I/We declare, confirm and agree :

• that all the particulars and information given in this application form (and all documents referred to or provided herewith) are true, correct, complete, up-to-date in all respects and I/we have not withheld any information. I/We understand that certain particulars given by me/us are required for regulatory reasons. I/We also agree to provide any further information that SBI UK or its group companies may require; and

• that I/we have had no insolvency proceedings initiated against me/us, nor have I/we ever been been adjudicated insolvent. I/we have no County Court Judgments registered against me/us; and

• that I/we are not blacklisted under Disqualified Director Registor or adjudicated/convicted in any criminal proceedings under any criminal law.

I/we also agree all the details in the accompanied Terms & Conditions including the Board Resolution, the Telecommunications Authorisation and the Date Protection notice.

I/we have opted for Internet Banking Services, then I/we declare that I/we have read, understood and agree to the Terms and Conditions applicable to Internet Banking in relation to the operation of my/or Account as availablevia the website https://sbiuk.statebank, and as listed in the accompanying Terms and Conditions and that I/we will adhere to all the application Terms and Conditions.

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

Name & Signature of authorised signatory #1

Signature:

Date:
D D / M M / Y Y Y Y

Name & Signature of authorised signatory #2

Signature:

Date:
D D / M M / Y Y Y Y

Name & Signature of authorised signatory #3

Signature:

Date:
D D / M M / Y Y Y Y

Name & Signature of authorised signatory #4

Signature:

Date:
D D / M M / Y Y Y Y

Telecommunication Indemnity

To: State Bank of India (UK) Limited
("the Bank")

From:

Company Name: ("the Partnership")

Address:("the Partnership")

Line 1

Line 2

Town

Country Post code

Date of:
D D / M M / Y Y Y Y

Dear Sirs

Instructions given by telephone, fax, email or over the internet using the Bank's internet banking service

Account(s) number ("the Account"):

We refer to the mandate between the Bank and the Company for the operation of the above Accounts and our banking arrangements with the Bank ("Mandate").

We acknowledge that the Mandate provides for us to give the Bank all instructions in writing signed by the signatories named in the Mandate. We wish to vary the Mandate as set out in this letter. We authorise and instruct the Bank to carry out any instructions ("Instructions") whatsoever relating to the Accounts which are given on our behalf by any of the persons named below ("the Specified Persons") by telephone, fax, email or over the internet using the Bank's internet banking services.

In consideration of the Bank agreeing to vary the Mandate as set out in this letter the Company agrees to indemnify the Bank fully on demand against all losses, claims, actions, proceedings, demands, damages, costs and expenses suffered or incurred by the Bank arising out of the instructions or the Bank carrying out the instructions.

Notice of termination

The terms of this letter shall continue until either the Bank or the Company gives the other not less than seven days written notice of termination signed by a duly authorised officer (to be delivered by hand or sent by first class post). The notice of termination will not release the Company from any liability under this letter in respect of instructions received or performed by the Bank prior to the date of termination.

Names of Specified Persons

The Specified Persons are each of the following:

Name:

Name:

This letter has been signed by the Company as a deed on the date stated above.

Signed as a Deed
by:

acting by two Partners

Name:

Name:

OR

Signed as a Deed
by:

acting by a director in the presence of

Name:

Witness

Signature of witness:

Partners Resolution

TO: State Bank of India (UK) Limited

Date:

D D / M M / Y Y Y Y

We hereby certify that the following resolutions of the Partners of the Partnership , were passed at a meeting of the Board duly convened and held on the:

D D / M M / Y Y Y Y

and has been duly recorded in the minute book of the said.

Resolved that:

1. That a banking account(s) in the name of the Partnership/Partners be opened with the State Bank of India (UK) Ltd. ('the Bank'), and that the following resolutions shall apply to all accounts of the Partnership/Partners with the Bank now or in the future.

2. The Partnership/Partners accept the Terms and Conditions contained in the booklets supplied by the bank (including the Banks general T and C's).

a) To honour and comply with all cheque and other orders or instructions signed on behalf of the Partnership/Partners singly/jointly* by the following authorised Signatories/Partners:

Name & Signature #1

Signature:

Name & Signature #2

Signature:

Name & Signature #3

Signature:

Name & Signature #4

Signature:

b) To accept the signatory as fully empowered to act on behalf of and bind the Partnership/Partners in any other transactions with the Bank.

c) It was further resolved that State Bank of India (UK) Ltd. be requested to open additional accounts as and when required by the Partnership at the request of the authorised signatory. The Bank may also be instructed from time to time regarding any changes to the authorised signatories to the account.

d) It was further resolved that State Bank of India (UK) Ltd. be authorised to accept facsimile/telecommunication instructions or scanned copy of instruction by email given on behalf of the Partnership by the authorised signatories as mentioned above and it was further resolved to execute an Telecommunication/Instruction indemnity in favour of the State Bank of India (UK) Ltd. to allow the authorised signatories to give instructions to the Bank by fax or through email.

e) It was further resolved that the Partnership do avail the 'Corporate Internet Banking Service' over Internet Channel with State Bank of India (UK) Ltd. at their various Branches and the Partnership/Directors accepts such 'Terms of Service' for Corporate Internet Banking laid down by SBI UK from time to time for the purpose. Resolved further that each of the officials as empowered by the Partnership/Directors to operate the Partnership accounts with SBI UK either singly or jointly as the case may be, is hereby authorised to apply for and avail of the 'Corporate Internet Banking' facility offered by SBI UK and do all they have been authorised, electronically, using their user name and password.

The Bank be supplied with:

a) A copy of the Partnership Agreement certified as being true, complete and up to date;

b) The Company's Certificate of Incorporation (to be copied and duly returned);

d) Copies of any resolutions concerning the foregoing which may be passed from time to time.

1. The Partnership/Partners agrees that any indebtedness or liability incurred by the Partnership/Partners under this authority shall in the absence of any express written agreement by the Bank to the contrary be due and payable on demand.

2. The Bank be and is by this resolution authorise to provide the Partnership/Partners auditors from the time being and from time to time with such information as the Partnership/Partners auditors may request from time to time until notice in writing to the contrary is received by the Bank.

3. The Partnership/Partners agrees to provide to the Bank in writing any changes in details or circumstances that may change from time to time.

4. The Partnership/Partners Secretary shall, as and when necessary, supply to the Bank a list of the current Partners and, if applicable, other officials authorised to sign with specimen signatures and the Bank may on such lists signed by the Secretary.

5. The Partnership/Partner hereby confirms that none of the Partners have been disqualified under the Company Directors Disqualification Act 1986 or any similar overseas legislation covering the disqualification of directors or other officers of a company.

6. These resolutions be communicated to the Bank and shall constitute the Partnership/Partners Mandate to the Bank and remain in force until an amended resolution can be passed by the Partners and a copy thereof, certified by the Partners and the Secretary or by any Director or the Secretary acting or purporting to act on behalf of the Company shall have been received by the Bank.

9. We certify that the signatures set down within Section B (About your Business) of this account opening form are those of all the Directors, the Secretary and of any other Officers of the Company authorised to sign, that such signatures are the genuine signatures of such persons and that such signatures operate as the specimen signatures of each of such persons.

Your faithfully

Name & Signature of Director

Signature:

Name & Signature of Director

Signature: