



STATE BANK OF INDIA

460 Park Avenue,
New York, NY 10022
Tel: 212-521-3219,3286,3283

Customer / Account Number: _____

UPDATION OF ACCOUNT INFORMATION FOR CORPORATE DEPOSIT ACCOUNTS

We request you to update the details related to undernoted accounts:

- Corporate Checking Account
 Money Market Deposit Account
 Certificate of Deposit

Name of the Company/Organization: _____

1(a). Legal Status:

Limited Liability Company
 Solely Owned Corporation
 Association
 Not-for-Profit Corporation
 Limited Liability Partnership
 Proprietorship/General Partnership

2. Business Street Address (*Post Box address is not acceptable*):

3. Business Tel No.:	4. Fax No.:	5. Email Address:
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6. Tax I.D. No.:	7. Year of Establishment:	8. Website URL:
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9. Country/State of Incorporation:	10. Mode of Operation of Account:	<input type="checkbox"/> As per the enclosed Resolution <input type="checkbox"/> Other (please specify): _____
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11. Latest Annual Turnover (USD): \$ _____ for the year 20____

a) Projected Annual Turnover (USD): \$ _____ for the year 20____

12. Type of Credits and Debits into the Account:

Checks (No per month) _____
 Wire Transfers (No per month) _____
 Cash (No of txns per month) _____
 Others (specify): _____

13. Major Sources of Such Credits (*Please specify what the funds into the account will represent/ the activity which will generate the funds*):

a) Expected Annual Volume of Credit Transactions (USD): _____

14. Major Purposes of Such Debits (*Please specify for what purpose the funds will be utilized*): _____

_____ Expected Annual Volume of Debit Transactions (USD): _____

15. Details of anticipated transactions in the account							
Sr No	Description	No. per month			Annual volume (\$)		
		Within USA	Outside USA	Other Geographies	Within USA	Outside USA	Other Geographies
1	Incoming wire transfers						
2	Outgoing wire transfers						
3	Cash transactions						
4	Expected single largest Transaction value						
<i>Signature of Authorized Signatory:</i>		<i>Signature of Authorized Signatory:</i>			<i>Signature of Authorized Signatory:</i>		
<i>Name:</i> <i>Designation:</i> <i>Date:</i>		<i>Name:</i> <i>Designation:</i> <i>Date:</i>			<i>Name:</i> <i>Designation:</i> <i>Date:</i>		

Certification of Beneficial Owner(S)

Person authorizing the operation of the account on behalf of a legal entity must provide the following information:

a. Name and title of natural person authorized to operate account:.....

b. Name and address of legal entity for which the account is being maintained:.....

.....

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the legal entity listed above:

Name	Percentage of Ownership	Date of Birth	Address (Residential or Business Street)	For U.S. Persons: Social Security	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number*

(if no individual meets this definition, please write "Not Applicable")

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g. Chief Executive officer, chief Financial officer, Chief Operating Officer, Managing Member, General partner, president, Vice president, treasurer); or
- Any other individual who regularly performs similar functions.

(if appropriate, an individual listed under section (c) above may also be listed in this section 9d).

Name/Title	Date of Birth	Address (Residential or Business Street)	For U.S. Persons: Social Security	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number*

I,(name of natural person authorize to operate account). Hereby certify, to the best of my knowledge, that the information provided is complete and correct.

Signature:

Date:

Place:

* In lieu of a passport number, foreign persons may also provide an alien identification card number/Tax identification number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.