

STATE BANK OF INDIA 460 PARK AVENUE, NEW YORK Tel: 212-521-3219, 3314 Fax: 212-521-3361; E-mail: <u>mgrretail.nyb@statebank.com</u>

OPEN A CONSUMER ACCOUNT IN JUST 2 SIMPLE STEPS

1 Complete the Customer Identification Form (DEP-1). U.S. citizens and U.S. residents: Submit form W-9.											
	Complete the Customer Identification Form (DEP-1).										
U.S. citizens and U.S. residents: Submit form W-9.											
Non-U.S. residents: Submit form W-8 BEN (all applicants should fill separate forms)											
B Identification Documents:											
PRIMARY PHOTO ID SECONDARY ID											
(Must not have expired)											
Photo bearing State Driving License Pay Stub Social Security Card											
Passport Utility Bill Student ID Card											
State ID Card U.S. Visa Page (in Passport) Birth Certificate											
US Alien Registration Card Bank Statement Insurance Card V2 Income Statement Property Tax Bill											
Income Tax Return.											
If you come in person, bring with you in original any two of the above identification documents, at least one of which must be a Primary Photo ID. If you are applying by mail, submit original or copy of any two of the above identification documents, at least one of which must be a Primary Photo ID. Important for applications by mail: Copy of Primary Photo ID must be attested and isignature on form DEP-1 verified by an SBI official OR notary public OR an official of Indian embassy / Indian consulate. If you are outside the United States and desire to open an account, you should send photocopies of passports duly attested by the Embassy/High Commission of India or by a branch of SBI. The initial deposit for the Account shall be your personal check from an Account with a US Based Bank. STEP 2 - COMPLETE THE ACCOUNT OPENING FORM											
For This Type of Account Use The Following Account Opening Form											
Certificate of Deposit DEP-CD											
MMD / Checking Account <u>DEP-MC</u>											
Please use Debit Card application , if you intend to apply for a debit card (for Checking Account only)											
Please use Form DOB , if you intend to designate beneficiary on the account											
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT											
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all finance	ial										
institutions to obtain, verify, and record information that identifies each person who opens an account.	ther										
<u>What this means for you?</u> When you open an account, we will ask for your name, address, date of birth, and information that will allow us to identify you. We may also ask to see your driver's license or other identifying docum											
	1103.										

How did you hear about us?

Newspapers/ Magazines Advertisements	Referred by a friend	Banks website
Online Advertisements(eg Google & other	Others, please specify	
search engines, Social Media etc)	-	



STATE BANK OF INDIA 460 PARK AVENUE, NEW YORK Tel: 212-521-3219, 3314 Fax: 212-521-3361; E-mail: mgrretail.nyb@statebank.com (For office use) Account No. _____

DEP-1

E-mail: mgrretail.nyb@statebank.com CUSTOMER IDENTIFICATION FORM FOR DEPOSIT ACCOUNTS											
	1 st Applicant	2 nd Applicant									
FIRST NAME											
MIDDLE NAME											
LAST NAME											
SOCIAL SECURITY NO. (For non-U.S. residents – Passport No.)											
DATE OF BIRTH (mm / dd /yyyy) PLACE OF BIRTH											
NATURE OF PHOTO ID (U.S. driver license/ U.S. state-issued non-driver photo ID, Passport)											
PHOTO ID NUMBER											
Issue Date (mm / dd / yyyy)											
Expiration Date (mm / dd / yyyy)											
PLACE OF ISSUE											
COUNTRY OF RESIDENCE											
IF US RESIDENT, STATUS	US CITIZEN PERMANENT RESIDENT RESIDENT ALIEN NON-RESIDENT ALIEN	US CITIZEN PERMANENT RESIDENT RESIDENT ALIEN NON-RESIDENT ALIEN									
Resident Since (mm / yyyy)											
OCCUPATION											
WORK PHONE NO.											
NAME OF THE EMPLOYER											
WORK ADDRESS											
WORK PHONE NO											
HOME ADDRESS											
HOME PHONE NO.											
MOBILE PHONE NO.											
E MAIL ADDRESS											
ANNUAL FAMILY INCOME (in U.S. \$)	<25,000	50,000–100,000) >250,000									

MO	DF	OF	OPE	FRA	τιο	N

specify the countries)

Joint with right of survivorship.

NUMBER OF PASSPORTS HELD (In case more than 2 passports, kindly

LETTER / FAX AGREEMENT FOR FUNDS TRANSFER

I/We, the applicants/account holder(s), acknowledge that State Bank of India, New York Branch (the "Bank") has made available a variety of procedures for the transmission of instructions to the Bank. I/We are fully aware of the risks associated with transmitting instructions via letter or facsimile machine ("fax") and hereby authorize the Bank to act upon each written payment order (funds transfer instruction or communication) sent to it by me/us by mail or fax if the signature(s) on such payment order match, in the Bank's judgment, with my/our signature(s) provided on this form, or provided subsequently, and to debit or credit, as the case may be, accounts which I/we may hold with the same customer number. The Bank's understanding of any oral notice, instruction or other communication in regard to the payment order sent by person(s) mentioned above or their representatives shall be final and binding. This authorization applies to all accounts opened with the same customer number as for the current application.

Prior to the executing of the instruction, the Bank may, **at its discretion and only if it considers it necessary**, **reasonable and practicable**, verify the payment order by telephone call to a person and telephone number given in this application or recorded later by me/us with the Bank, following which the Bank shall have no further duty to verify the identity or authority of the person giving or confirming the contents of any payment order or instruction. Notwithstanding any provision hereof, the Bank shall have the right in its sole discretion to refuse to execute any payment order or instruction.

I/We understand that the Bank may not act upon a payment order or instruction on the same business day if the order or instruction is received by it after 2 p.m. EST.

I/We agree to be bound by a payment order or instruction, whether or not authorized, issued in its name and accepted by the Bank in compliance with these procedures and further agree to indemnify and hold the Bank harmless for any loss, liability, claim, damage, or expenses (including legal fees), collectively referred to herein as "claims", attributable to executing and accepting the payment order or instructions in accordance with these procedures or action omitted to be taken, whether such claims are brought by me/us or our representative or by a third party. I/We shall notify the Bank if a payment order or instruction was not authorized by me us, within a reasonable time not exceeding 90 days after the date I/we received the notification from the Bank that the order was accepted or my/our account was debited with respect to the order.

The procedure established by this agreement may be varied only by a written agreement signed by both parties, and supersedes all prior agreements or practices, if any, in respect to instructions and may not be changed by an oral agreement or by a course of dealing or custom. This agreement shall be governed by the laws of the State of New York and any dispute in connection herewith shall be adjudicated in a federal or New York State Court located in the City of New York.

NO

I / We execute the above agreement: YES

ACKNOWLEDGMENTS

1. I / We undertake to abide by the usual terms and conditions governing accounts in the U.S. as well as the terms, rules and regulations in the State Bank of India Customer Manual, receipt of which is hereby acknowledged. I declare that funds offered by me/us to the Bank represent/shall represent my/our own funds, earned through legitimate means and complying with all U.S. laws.

2. I/ We understand that on no occasion my/ our account will be permitted by the Bank to go into overdraft.

3. I/We understand that the Bank may not act upon my/our funds transfer instructions conveyed through a

letter/fax, unless I/we execute a Letter / Fax Agreement for Funds Transfer or attach a check to the instruction letter.

4. The information supplied in this application is true and correct to the best of my/our knowledge and belief. I/We authorize the Bank to obtain information about my/our identity, credit history and other banking history from consumer reporting agency (ies) or other sources. I/We further understand that if information in the credit history results in a decision to either disallow my/our signing authority on the account or disallow opening the account, the Bank will communicate this fact to the owners and/or authorized signers of the (proposed) account. I/We further authorize the Bank to obtain this information at any time from one or more consumer reporting agencies or other sources that it may choose as long as I/we am/are (an) authorized signer(s) on the account.

VERIFICATION OF SIGNATURE AND IDENTITY

(If you send your application by mail, please get your signature verified below by an SBI official **OR** Notary Public **OR** an Indian Embassy **OR** Consulate)

-: Identity should be verified from the ORIGINAL of the photo ID mentioned on page 1 above

PLEASE NOTE THAT IN ADDITION THE VERIFIER MUST ATTEST THE COPY OF THE PRIMARY PHOTO-ID :-

1 st APPLICANT	2 nd APPLICANT	3 rd APPLICANT
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:
Signature and Seal of Verifier:	Signature and Seal of Verifier:	Signature and Seal of Verifier:
Date of Verification:	Date of Verification:	Date of Verification:
Place of Verification:	Place of Verification:	Place of Verification:
<i>Telephone # of Verifier:</i>	<i>Telephone # of Verifier:</i>	<i>Telephone # of Verifier:</i>



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DEP-MC

APPLICATION FOR MMD/ CHECKING ACCOUNT (New customers should fill this form along with Form DEP-1)												
APPLICATION FOR		Money Market Dep		Checking Acco								
CUSTOMER NUMBER (New customers may leave this blank)												
I / We request you to open the account(s) as mentioned above with your branch. I /We have read and understood the terms and conditions governing the account(s). I/We acknowledge the receipt of the interest rate chart applicable for Money Market Deposits Account.												
PURPOSE OF THE ACCOUNT (Check all that are applicable)	Rec	 Savings Sending remittances to India Receiving Social Security benefits Receiving salary Others (<i>specify</i>): 										
USUAL ACTIVITY IN THE ACCOUNT (Check all that are applicable)	Rec	 Collection of checks Issue of checks Cash receipts / payments Receipt of wire transfers Issue of wire transfers Others (<i>specify</i>) 										
Please note: we may ask for additional documents on a case to case basis		nternational Wire rs per Month	Volume of Cash transactions pe	0 0								
EXPECTED ANNUAL VOLUME OF TRANSACTIONS	< \$1 \$50,	0,000 [000 – 100,000	\$10,000 - 25,000 \$100,000 - 150		\$25,000 – 50,000]> \$150,000							
SOURCE OF FUNDS (Check All That Are Applicable)	Ren	rent Income/wages t ers (specify):	E Past savings		Pension/S.S. Benefits Sale of property							
MODE OF FIRST DEPOSIT			Checking / MMD ac									
MODE OF OPERATION	Self	Joint with	n right of survivorsh	nip.								
DO YOU WANT CHECK BOO (Check books are charged. N		rary checks are issu	•	🗌 No								
1 st APPLICANT		2 nd APF	PLICANT		3 rd APPLICANT							
Signature:		Signature:		Signature:								
Name:		Name:		Name:								
Date:		Place	e:									





APPLICATION FOR CERTIFICATE(S) OF DEPOSIT (New customers should fill this form along with Form DEP-1)											
CUSTOMER NUMBE (New customers may leave this											
	CDs are of	-	-			read and understood the terms and interest rate chart applicable for					
AMOUNT (\$)			INTEREST OPTION								
ANOUNT (\$)	MONTHS	CUMULATI	VENON-CUM	JLATIVE	In case	e of non-cumulative interest					
					Frequency	of interest payment					
					Credit my/our your Branch	Checking I MMD account with					
					3	our a/c No					
					Bank:	ABA					
					_	t check to the home address of the					
				1	first account						
SOURCE OF FUNDS (Check All That Are Applicable)	5 C	Rent	urrent Income/wages Past savings Pension/S.S. Benefits ent Liquidation of investments Sale of property thers (specify): Sale of property Sale of property								
MODE OF OPERA		Self		Joint w	ith right of sur	vivorship.					
MODE OF DEPOS (Funding)		•	it my/our Checking / MMD account with you, <i>OR</i> ck No attached								
1 st APPI	ICANT		2 nd	APPLIC	ANT	3 rd APPLICANT					
Signature:		Signature:			Signature:						
Name:		1	Name:			Name:					
Date:	Place	<u>.</u>									

SBISTATE BANK OF INDIAMember FDIC460 PARK AVENUENEW YORK

APPLICATION FOR ISSUANCE OF DEBIT CARD

Vice President (Deposits & Remittance Services) State Bank of India, New York.

I wish to avail the debit card services offered by State Bank of India, New York. Please arrange to issue me debit card.

NAME OF CUSTOMER:

(27 Characters)

NAME AS I WOULD LIKE TO APPEAR ON THE CARD:

(21 Characters)

MY ACCOUNT NUMBER(S)

SINGLE/ JOINT ACCOUNT(S)*

ACCOUNT TYPE							Account Number						
CHECKING	ACCOUN	IT**			7	7	6		_				
MONEY MARKET DEPOSIT ACCOUNT						7	6						
ADDRESS:													
STREET AD	DRESS												
APT #	CITY						. —						
STATE		ZIP			WO	RK P	HON	IE NO					
HOME PHO	ONE NO												
E-MAIL ID													

Validation Data (This data will be used for identification when you call the customer service centre for enquiry regarding your card or when you report a lost or stolen card):

Mother's maiden name	
Social Security(full number)	
Date of Birth (mm-dd-yyyy) & Place of Birth	
Driver License no. & Document Number for New	
York State (available on the backside of DL)	

I have received, read and understood the terms and conditions of "Consumer Debit Card Agreement" of State Bank of India, New York and I accept these. I understand that the International Debit card issued to me by SBI New York can be used only in US and India. I agree that the transactions executed using my debit card will be binding on me.

*Each customer of a Joint account (only with mode of operation as anyone or survivor) may apply for debit card by submitting his/ her application form individually

** You must have a checking account with us in order to get a debit card

CUSTOMER'S SIGNATURE									Date:								
For Office Use only. Account details and Signature Verified (initial of the verifying official)																	
Card no:																	

***required

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above		
	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)	
	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶	· · · · · · · · · · · · · · · · · · ·	
	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)	
		Applies to accounts maintained outside the U.S.)	
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and	d address (optional)	
S	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	t I Taxpayer Identification Number (TIN)		
		rity number	
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>		

TIN, later.			-
Note: If the account is in more than one nar	me, see the instructions	for line 1. Also see Wha	t Name and
Number To Give the Requester for quideline	es on whose number to e	enter	

Certification Part II

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of		
Here	U.S. person ►		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

or

Employer identification number

• Form 1099-S (proceeds from real estate transactions)

Date 🕨

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form	W-8BEN	Certificate of Foreign States Tax Withh	Status of Beneficia olding and Reportin				
Departi	lanuary 2017) ment of the Treasury I Revenue Service	 For use by individuals. Entities must use Form W-8BEN-E. Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben. Give this form to the withholding agent or payer. Do not send to the IRS. 				OMB No. 1545-1621	
Do N	OT use this form if	:				Instead, use Form:	
• You	are NOT an individ	ual				W-8BEN-E	
• You	are a U.S. citizen c	r other U.S. person, including a resider	nt alien individual			W-9	
• You	are a beneficial ow	ner claiming that income is effectively (connected with the conduct of		within the U.S		
• You	are a beneficial ow	ner who is receiving compensation for	personal services performed	in the United States		8233 or W-4	
		g as an intermediary					
Note:		in a FATCA partner jurisdiction (i.e., a N					
Par	t I Identific	ation of Beneficial Owner (see	e instructions)				
1	Name of individua	idual who is the beneficial owner 2 Country of citizenship		itizenship			
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address							
	City or town, stat	e or province. Include postal code whe	re appropriate.		Country		
4	Mailing address (if different from above)					
	City or town, stat	e or province. Include postal code whe	re appropriate.		Country		
5	U.S. taxpayer ide	entification number (SSN or ITIN), if requ	N), if required (see instructions) 6 Foreign tax identifying nu		mber (see instructions)		
7	Reference numbe	er(s) (see instructions)	8 Date of birth (MM-DD	-YYYY) (see instruct	ions)		
Par	t II Claim of	Tax Treaty Benefits (for chap	ter 3 purposes only) (se	ee instructions)			
9	I certify that the t	peneficial owner is a resident of			within the m	eaning of the income tax	
	•	treaty between the United States and that country.					
10	Special rates an	Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph					
	of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):						
	Explain the addit	ional conditions in the Article and para	graph the beneficial owner m	eets to be eligible for	r the rate of w	vithholding:	
Pari	Certifica	ition					
	penalties of perjury, I under penalties of per	declare that I have examined the information jury that:	on this form and to the best of n	ny knowledge and belie	f it is true, corre	ect, and complete. I further	
•		hat is the beneficial owner (or am authorized to document myself for chapter 4 purposes,	to sign for the individual that is t	the beneficial owner) of	all the income	to which this form relates or	
•	The person named	on line 1 of this form is not a U.S. person,					
•	The income to whic	h this form relates is:					
	(a) not effectively co	onnected with the conduct of a trade or busin	ness in the United States,				
	(b) effectively connected but is not subject to tax under an applicable income tax treaty, or						
	(c) the partner's sha	are of a partnership's effectively connected in	ncome,				
•		on line 1 of this form is a resident of the trea nd that country, and	ty country listed on line 9 of the f	form (if any) within the m	eaning of the i	ncome tax treaty between	

• For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)