

Application Form for DBS Corporate Account & Services

NOTE: Please complete in BLOCK Letters and tick wherever appropriate

Account Type

Please tick your account of choice:

Choice of Account:

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> INR Current/ Savings Account | <input type="checkbox"/> Flexi Fixed Deposit | <input type="checkbox"/> Business Edge Preferred | <input type="checkbox"/> Business Edge | <input type="checkbox"/> Business Entrepreneur |
| <input type="checkbox"/> INR Fixed Deposit | | <input type="checkbox"/> Exclusive | <input type="checkbox"/> Business Value | <input type="checkbox"/> Edge Saver |
| <input type="checkbox"/> Foreign Currency Current Account | | <input type="checkbox"/> Edge Preferred Saver | <input type="checkbox"/> Collection Account ¹ | <input type="checkbox"/> Restricted ODCC ¹ |
| <input type="checkbox"/> SGD | <input type="checkbox"/> USD | <input type="checkbox"/> Others _____ | <input type="checkbox"/> Restricted Collection Account ² | |
| | | <small>(Please state the Currency)</small> | <input type="checkbox"/> e-Business Lite ³ | <input type="checkbox"/> CA Supreme |
| <input type="checkbox"/> Multi Currency Account (MCA)# | MCA (Please tick the required currencies) : | <input type="checkbox"/> AUD | <input type="checkbox"/> CHF | <input type="checkbox"/> GBP |
| | | <input type="checkbox"/> JPY | <input type="checkbox"/> USD | |
| | | <input type="checkbox"/> CAD | <input type="checkbox"/> EUR | <input type="checkbox"/> HKD |
| | | | <input type="checkbox"/> SGD | |
| <input type="checkbox"/> TASC (Trust, Association, Society and Club) & Government Accounts. | | | | |
| <input type="checkbox"/> TASC Current Account | | <input type="checkbox"/> TASC Savings Account | | |
| <input type="checkbox"/> Current Account for Government Department | | <input type="checkbox"/> Savings Account for Government Department | | |

Branch Name : [Grid for Branch Name]

Business Particulars

Application Type : New Update

CKYC Number (Entity) : [Grid for CKYC Number]

Registered Name : [Grid for Registered Name]

Doing Business As : [Grid for Doing Business As]

Former Name of Entity: [Grid for Former Name of Entity]

Tele No.: + [Country Code] [Telephone/Mobile Number] Fax No.: + [Country Code] [Telephone/Mobile Number]
(In case of Landline No. please mention area code as well followed by the country code)

Email Address: _____

Website: _____

Mailing Address : [Grid for Mailing Address]

Postal Code: [Grid for Postal Code]

- Business Entity Type : (Please tick one)
- | | | |
|---|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust | <input type="checkbox"/> Artificial Jurisdictional Person |
| <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Liquidator | <input type="checkbox"/> International Organisation or Agency / Foreign Embassy or Consular Office etc. |
| <input type="checkbox"/> HUF | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Not Categorized |
| <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Artificial Liability Partnership | <input type="checkbox"/> Foreign Portfolio Investors |
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Public Sector Banks | <input type="checkbox"/> Others <small>(Please specify)</small> _____ |
| <input type="checkbox"/> Society | <input type="checkbox"/> Central / State Government Department or Agency | |
| <input type="checkbox"/> Association of Persons (AOP) / Body of Individuals (BOI) | <input type="checkbox"/> Section 8 Companies (Companies Act, 2013) | |

Registered Address :
(if different from mailing address)

Postal Code:
Country of Incorporation: India Others (Please specify) _____

Place of Incorporation :

Nature of Business :

Date of Incorporation : Date of Commencement of Business :

PAN Number : GSTIN :

Last year turnover/ Annual Turnover :

Applied for PAN (Form 60 Attached). We undertake to advise you the PAN on receiving advice of its allotment

Auto cheque Book Facility¹¹

Is the entity listed on any Stock Exchange No Yes If yes, Name of Stock Exchange _____

Is >= 50% owned subsidiary of the entity listed on any Stock Exchange No Yes If yes, Name of Stock Exchange _____

Proof of Address

Proof of Address : Certificate of Incorporation / Formation
 Registration Certificate
 Other Document _____

Proof of Business Activity

Certificate of Incorporation/Formation Certification Number
 Registration Certificate Registration Number
 Officially valid document(s) in respect of person authorized to transact
 Memorandum and Articles of Association Partnership Deed Trust Deed
 Resolution of Board/ Managing Committee Power of Attorney granted to its manager, officers or employees to transact on its behalf
 Activity Proof – 1 (For Sole Proprietorship only) Activity Proof – 2 (For Sole Proprietorship only)

Authority to send statements through Email

We _____ wish to receive statement of accounts relating to our account no. _____ as e-statements on the registered email IDs as listed below. We hereby authorise you (DBS Bank) to send the e-statements to the below registered E-mail IDs:

1. _____
2. _____
3. _____
4. _____
5. _____

Annexure Reference

In case digital signatures are being submitted to the bank, please fill Annexure 1.
Please provide the details of related parties in Annexure 2.

Signature And Photograph of person/s authorised to operate account (s)

Name: Title

(as in Aadhaar)

Gender: Male Female Other _____

PAN¹²:

Aadhaar No.¹²:

Original Verification Document¹³: _____
 (Please provide in case Aadhaar is not applicable)

Date of Birth: - -

Signature: _____

Mobile⁴: +

Tel. No.: +

Email⁴: _____

Contact person for DBS⁵

Please affix recent passport size photograph and sign across

DBS IDEAL ^{TM 4}

Access: Cash Trade

Role: Enquiry Transaction Maker⁶ Transaction Authoriser⁶
 Book FX Transactions through FX Online (DealOnline)⁷

Preferred IDEALTM UserID:

TSS User ID⁸: _____

eADVICE ⁹	Email	SMS
<input type="checkbox"/> Inward Transfer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outward Transfer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheque Presentation	<input type="checkbox"/>	<input type="checkbox"/>

International Debit Card ¹⁰

Name on Card:

Card Type _____

OTHERS

Authorised Signatory

Please indicate authoriser group for this user:
 (e.g. A, B, C, D or E, if applicable to Authorisation policy)

Name: Title

(as in Aadhaar)

Gender: Male Female Other _____

PAN¹²:

Aadhaar No.¹²:

Original Verification Document¹³: _____
 (Please provide in case Aadhaar is not applicable)

Date of Birth: - -

Signature: _____

Mobile⁴: +

Tel. No.: +

Email⁴: _____

Contact person for DBS⁵

Please affix recent passport size photograph and sign across

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Access: Cash Trade

Role: Enquiry Transaction Maker⁶ Transaction Authoriser⁶
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Preferred IDEALTM UserID:

TSS User ID⁸: _____

eADVICE ⁹	Email	SMS
<input type="checkbox"/> Inward Transfer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outward Transfer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheque Presentation	<input type="checkbox"/>	<input type="checkbox"/>

International Debit Card ¹⁰

Name on Card:

Card Type _____

OTHERS

Authorised Signatory

Please indicate authoriser group for this user:
 (e.g. A, B, C, D or E, if applicable to Authorisation policy)

I certify that the signatures and photographs of the authorised signatories shown on the Signature Card are genuine and correct.

(Rubber seal of company/ firm)

Signature of Director

For Official Use Only

Account Number Signed in my presence _____

Name:

Enable Integrated Banking Services with Tally ERP

This unique feature enables you to conveniently initiate transaction, receive transaction details/account information via TALLY software and can be accessed successfully only through TSS User ID's registered with the Bank. Further Transaction authorization (by designated approvers) will be executed via DBS IDEAL™. Please note that dual control (which requires different person to initiate and approve transaction) will not be applicable for transaction initiated through this mode. Refer Electronic Banking Terms and Conditions on the website for further details.

Preferred IDEAL Organization ID*

I	N				#	#
---	---	--	--	--	---	---

* IDEAL Organization ID will ideally be 8 characters with the First 2 characters prefixed as 'IN', followed by the next 4 characters suggested above or as decided by Bank and last 2 characters as running numbers. The final Organization ID assigned will be communicated to you through IDEAL Welcome Letter post on-boarding)

AUTHORISE OWN TRANSACTIONS (Cash & Trade Only)

Tick where applicable

All Transactions Authorisers mentioned below can create and authorise own transactions (Single Control):

Name:	Name:
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Risk Disclosure Statement

For all transactions made through DBS IDEAL™, the system will have **Dual Control** in place such that no single person could create and approve transactions that would result in fraudulent action.

Dual Control

A procedure that involves two or more people to complete a transaction - one person to create a transaction and another of higher authority to approve it in the system. This makes the system more secure as both persons would need to be in collusion to commit fraud.

Single Control

A procedure that needs only one person to complete a transaction, thus may incur higher risk compared with **Dual Control**.

Note : For authorizers who are approving transactions that they created themselves on mobile app, transaction challenge will only be sent via SMS to the registered mobile number.

Authorization Policy

Note If page left blank, default setting of "Any 1Authoriser for All Amount" will apply. If the services applicable is not indicated, the authorisation policy will apply **All Services** The total transaction value of the batch will be used to calculate the authorisation limit, Please make copies of this page if required.

Tick where applicable

All Services or Payment Payroll Trade Others _____

From (INR)	To (INR)	Authorisation Requirement	
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authorised <input type="checkbox"/> Any 2 Authorised	Required Combination of Authorised Signatories <input type="checkbox"/> or <input type="checkbox"/>
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authorised <input type="checkbox"/> Any 2 Authorised	Required Combination of Authorised Signatories <input type="checkbox"/> or <input type="checkbox"/>
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authorised <input type="checkbox"/> Any 2 Authorised	Required Combination of Authorised Signatories <input type="checkbox"/> or <input type="checkbox"/>
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authorised <input type="checkbox"/> Any 2 Authorised	Required Combination of Authorised Signatories <input type="checkbox"/> or <input type="checkbox"/>

Declaration

We hereby confirm

- That we are not enjoying any credit facility with any bank and undertake to inform you in writing as soon as any credit facility is availed of by us from any other bank
- *That we have been granted credit facilities (including but not limited to foreign exchange / derivative hedging, fund based or non-fund based facility Cash Credit/Overdraft facilities) from other bank/bank(s). I/We further confirm and clarify the afore-mentioned credit facilities granted by the other bank/bank(s) is less than INR 5 crores in aggregate
- *That we are enjoying credit facilities greater than INR 5 crores with other banks
- If any of above * marked checkboxes are selected, please provide below details:

Bank / Branch	A/c Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

We hereby undertake:

- to inform DBS Bank in writing as and when the total credit facilities availed from the banking system becomes INR 5 crores or more in aggregate.
- to permit DBS Bank to monitor my/our current accounts as required and prescribed under various guidelines issued by RBI from time to time.

Terms and Conditions : I/We request DBS Bank India Limited (the "Bank") to open the above stated account(s), subject to the Bank's prevailing Terms & Conditions governing accounts, Terms and Conditions governing Electronic Services and Fee Schedule, and the Terms & Conditions governing the other respective services linked to these account(s) (collectively, the "Terms"), copies of which are available at www.dbs.com/in and from any branch of the bank.

I/We have read and understood the Bank's prevailing Terms and agree to abide and be bound by such Terms & Conditions (as each may be amended, supplemented, substituted and/or replaced by the Bank from time to time).

I/We* certify that the signatures and photographs of the authorized signatories shown on the signature card are genuine and correct.

I/We* authorize you to honour all payment instructions signed in accordance with the stated signature requirements. I/We* agree not to overdraw my/our* account without prior agreement and approval. I/We* warrant that I/We* have the power and authority to sign and deliver the application form and the resolution attached.

I/We* declare that the information given herein by me/us* is true and correct, which the Bank is entitled to verify directly or through any third party agent.

I/We understand that the cheque book generated through Auto Cheque Book Facility will be dispatched at the communication address registered with the DBS Bank India Limited

We accept to the terms and conditions governing Flexi Fixed Deposit on the DBS Website.

I authorize you and your members (as defined in the Terms and Conditions Governing Accounts) to disclose and/or share the details of our account opened/initiated via Ministry of Corporate Affairs (MCA) or any third party agency to MCA, such third-party agencies, other banks, financial institutions, credit bureaus, credit information companies and such other persons as you and your members may deem necessary or appropriate ("Recipients") for use or processing of the said information/data by such person/s and I/we shall not hold you and your members liable for disclosure of such information. I/we agree and confirm that the Recipients may use and process the said information disclosed by you to them, in the manner as deemed fit by them.

I/We agree that any change in my/our account status, change of address, residential status or any update in the documents submitted at the time of establishment of business relationship /account-based relationship and thereafter will be immediately informed to the Bank or within 30 days of such change or update of documents so as to update the Bank records accordingly failing which the I/We alone shall be responsible for the consequences including any non-receipt of communication/ deliverables or the same being delivered at the my/our old address or any other loss caused due to such non-updation of status/documents. Any change in account status or change of address will be effective within 7 days from the date of receipt of such notice by the Bank provided requisite documents are submitted along with the request.

CKYC Declaration : I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I/We hereby provide our/my consent for receiving information from Central KYC Registry (CKYCR) through SMS/Email on the above registered number/email address. I/we further provide our consent to the bank and/ or to the regulated entity to retrieve KYC records online from CKYCR using the KYC Identifier provided by us in the event if there is a change in our information (as existing in the records of CKYCR), change in our current address which is required to be verified or in the event if the bank/the regulated entity considers it necessary to verify our identity/ address or to perform an enhanced due diligence or to build an appropriate risk profile (as applicable) whereby we undertake to provide the relevant refreshed KYC documents and or such other details as required by the bank/the regulated entity.

Email Declaration : Any addition / deletion of email IDs mentioned in the 'Authority to send statements through Email' section will be communicated to you in writing signed by the persons authorised to give instruction in accordance with the account mandate / board resolution / letter of authority. All the terms and conditions set out herein shall be applicable to such additions / changes.

We are aware that email is not a secure or error-free medium of communication and we are aware of the possible risks involved in connection with the transmission of information via email. We accept and acknowledge that the Bank does not accept liability for any errors or omissions in the content of the email messages and its attachments.

We undertake to keep you indemnified at all times against, and to save you harmless from all actions, proceedings, claims, loss, damage, costs and expenses including consequential losses / damages which may be brought against you and which shall have arisen either directly or indirectly out of or in connection with your sending the e-statements to us through email.

Aadhaar Declaration : With respect to the amendments to the Prevention of Money-laundering (Maintenance of Records) Rules, 2005 issued by the Ministry of Finance in consultation with the Reserve Bank of India on 01 June, 2017, the PAN & Aadhaar details need to be provided during account opening. I/We authorize DBS Bank India Limited to obtain Aadhaar number for authentication with UIDAI and shall not be used for any purpose other than mentioned above, or as per requirements of law.

Risk Disclosure Declaration : I/We have read the Risk Disclosure Statement of Single Control in DBS IDEAL™ and authorise the Bank to proceed with Single Control setup in DBS IDEAL™ as indicated in Section 'Authorize own transactions'. I/We fully understand and acknowledge the characteristics of Single Control and the risk with this authorisation, and agree to assume and be responsible for all the risks associated with and losses arising out of or in connection with the application and use of Single Control in or through DBS IDEAL™. I/We undertake to indemnify and hold the bank fully indemnified from and against any loss, cost (including solicitor and client costs on a full indemnity basis), charges, damage, claims, demands, actions, proceedings and all other liabilities of whatever nature and howsoever incurred or suffered by the Bank or which may be brought or preferred against the Bank as a result Bank agreeing to act on our said authorisation. I/We also understand that the bank may terminate the provision of Single Control procedure by notice to us at any time.

CIBIL Consent : We wish to open a current account with DBS Bank India Limited (the "Bank"). For opening of the said current account with the Bank I/We hereby provide our consent to the Bank for accessing any information including but not limited to sensitive personal information (Information) with any Credit Information Company for generating details/reports pertaining to the Applicant.

Pursuant to opening of the current account with the Bank, We undertake to provide any further information as the Bank may require from time to time including the documents required for complying with the Know Your Customer (KYC) requirements.

We confirm and agree that the Bank may/would be required to furnish any information regarding the Applicant and me/ us in the capacity of the Director / Partner/ Sole Proprietor/ Authorized Signatory of the Applicant to Credit Information Companies. I/We state that my/our aforesaid authorization shall be valid till my/our written communication of withdrawal of my/our consent is acknowledged by the Bank.

We understand and accept the risks involved in sharing personal information including sensitive personal information. I/We further agree and understand that the Bank in its sole discretion may reject the Application for opening of the current account and the decision of the Bank shall be final and binding.

We agree that provision of banking services to the Applicant could be suspended/discontinued, if I/We withdraw my/our consent at any point in time.

We represent that all the particulars and information ("Information") given in the customer information document ("Application") are true, correct and complete.

We hereby unconditionally authorize the Bank to disclose such information relating to Applicant/ me/us to its head office, branches, holding companies, affiliates, banks and financial institutions as deemed necessary.

We acknowledge and agree that the Bank may refer my/our name / Applicant and/or information related to me/us / Applicant to a Credit Rating Agency/ Credit Information Company/Bank /Financial Institution for making references and enquiries as the Bank may consider necessary.

Name : _____	Name : _____
Date : _____	Date : _____
Signature: _____	Signature: _____

Name : _____	Name : _____
Date : _____	Date : _____
Signature: _____	Signature: _____

1. Please provide the frequency at which funds would be transferred to primary bank account. In absence of information, we will transfer funds to primary bank account as and when instruction received from you.
2. It is mandatory to provide details of primary bank account to your Relationship Manager in order to facilitate debits from your account in adherence with the RBI guidelines.
3. e-Business Lite account variant offers only electronic transaction services, free access to DBS IDEAL™ (our corporate internet banking website & mobile app), debit card and other services as may be prescribed by DBS. For subscribing to our full suite of products including cheque, cash, DD/PO, Trade services you may choose our other existing suite of account variants. Please refer to our website (<https://www.dbs.com/in/sme>) for Current Account variants, services offered & related schedule of charges.
4. DBS IDEAL™ refers to our internet banking platform & mobile banking app for Corporate customers. Email & Mobile are required for DBS IDEAL™ and e-Advice.
5. Except for sole proprietorship entities, two people will be required to be provided as Contact Persons with whom bank can liaise on matters related to DBS services. If not specified, the first two names mentioned in the list of directors or partners will be update as the default contact.
6. On IDEAL or other relevant electronic banking channels, transaction maker is a user who creates transactions and authorizer is a user who approves transactions.
7. FX Online (DealOnline) : Convert your funds from one currency to another currency at competitive rates for Value Today, Value Tomorrow, Spot and Forward. As this is an online FX booking system any single user with FX Online (DealOnline) access can book FX transactions without any further authorization. Risk disclosure statement for single control applies.
8. TSS Stands for TALLY Software Services, earlier know as Tally.Net or TNS in TALLY ERP 9 parlance.
9. e-Advice : Inward Transfer includes alerts for Incoming NEFT, RTGS, Telegraphic Transfer and IMPS Collection. Outward Transfer includes alerts for Outward NEFT, RTGS, Telegraphic Transfer (with Mt103). Cheque Presentment alert currently available on SMS.
10. Daily Withdrawal Limit on the Debit Card will be applicable as follows:
 i) Business - INR 50,000, ii) Business Signature - INR 200,000. Please refer to the T&C's governing ATM/Debit available on the DBS Website.
 # Multi- Currency Account (MCA) variant offers a single account structure for INR and EEFC accounts that can be used to maintain balances and perform transactions in multiple currencies. INR sub-account would be created by default and foreign currency sub-accounts (as subscribed) would be auto-created at the time of first incoming transaction.
11. 'Auto Cheque Book' facility is a facility by which Cheque book will be issued automatically to your communication address once the unrepresented cheque(s) in our core banking system reach 10 or below.
12. For any individual, in case PAN is not applicable, please provide FORM 60 along with a copy of an original verification document. For any individual, in case Aadhaar is not applicable, please provide declaration along with a copy of an original verification document. As per the amendments to the Prevention of Money-laundering (Maintenance of Records) Rules, 2005, if these details are applicable but are not provided, the account will be frozen.
13. With respect to the amendments to the Prevention of Money-laundering (Maintenance of Records) Rules, 2005 issued by the Ministry of Finance in consultation with the Reserve Bank of India on 01 June, 2017, declaration needs to be provided during account opening if Aadhaar is not applicable. The applicant declares that they are not eligible to obtain Aadhaar card as per the Aadhaar Act, 2016

For Bank's Use Only

Account Number(s): <input style="width: 100%;" type="text"/>	Account	<input type="checkbox"/> DBS IDEAL™	Others Reference:
		<input type="checkbox"/> eAdvice	CL No.
Attended by (Name / Signature / Date): _____		<input type="checkbox"/> System updated by: BSR Code <input style="width: 50px;" type="text"/>	CIN
Approved by (Name / Signature / Date): _____		<input type="checkbox"/> System Authorised / Report checked by	ORG ID
Signature Card Sr. No: <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

SANCTIONS DECLARATION

I do have direct or indirect dealings with the sanctioned countries mentioned below:
North Korea, Iran, Syria, Cuba or the Ukrainian regions of Crimea / Donetsk / Luhansk /
Kherson / Zaporizhzhia

No Yes (Please submit Sanctions Certification Form)

Signature & Date:

Name & Designation:

SANCTIONS CERTIFICATION FORM

DBS Bank is subject to, and is committed to complying with, sanctions laws and regulations in various jurisdictions around the world. In furtherance of these compliance efforts, we require that our customers complete this sanctions certification form.

**Note : The Person who is providing this Certification on behalf of the Customer entity should be its director or partner (as may be appropriate), or, if the Customer entity is a legal arrangement which is not a company or partnership, that Person should be an individual of executive authority to bind the Customer entity to this Certification.*

I, _____, in my capacity* as the _____
Name of Person Title

of _____, hereby certify that (select the appropriate options):
Name of the Customer Entity

[A] The products and services that our company has with DBS Bank, subsidiaries and/or branches will not be used in any manner whatsoever directly or indirectly in connection with any projects, contracts, transactions, or payments that:

- contravenes any sanctions implemented and administered by the United States Treasury Department’s Office of Foreign Assets Control (OFAC), the United Nations Security Council (UN), the European Union (EU), Monetary Authority of Singapore (MAS) or any other applicable local jurisdiction.
- involves Iran, Syria, North Korea, Cuba and/or the Ukrainian regions of Crimea / Donetsk / Luhansk / Kherson / Zaporizhzhia.

[B] The products and services that our company maintains with DBS Bank, subsidiaries and/or branches will be used directly or indirectly in connection with projects, contracts, transactions, or payments involving a country/region or party or activity subject to sanctions issued by the United States Treasury Department’s Office of Foreign Assets Control (OFAC), the European Union, or any other applicable local jurisdiction.

I/We confirm that these transactions or payments are conducted in accordance with the license approved by the relevant sanctions authority, a copy can be provided to the Bank if required.

I/We understand that the use of account(s) maintained at DBS Bank, subsidiaries and/or branches directly or indirectly involving the sanctioned countries/regions or designated parties listed above is subject to DBS internal risk review and DBS has the obligation to request for account closure or to request us to discontinue this service to be in compliant with international sanctions regulations

I/We further agree that any transaction that is being reviewed by DBS for compliance with relevant laws and regulations and rejected due to legal and policy reasons will not be re-submitted to DBS, including resubmissions with alteration to the instruction.

If option [B] is chosen, please indicate the sanctioned countries/regions involved and provide details of transactions:

- Iran Syria North Korea Cuba Ukrainian regions of Crimea / Donetsk / Luhansk / Kherson / Zaporizhzhia
- Designated Party

Only applicable if you have answered “Yes” to Section 1 [C] of the Sanctions Questionnaire:

[C] I/We agree to notify DBS Bank of any changes in the residency if those individuals declared in Section1(C) of the Sanctions Questionnaire subsequently relocate back to Iran, Syria, Cuba or the Ukrainian regions of Crimea / Donetsk / Luhansk / Kherson / Zaporizhzhia or have their residence changed to any of these countries / regions

Signature & Date

Account Numbers

ANNEXURE 1

Acceptance of digitally signed documents

We request the Bank to accept documents with Electronic Signatures of our Authorized Signatory/ies (as per Board Resolution/Partnership Letter submitted to the Bank) specified below. We have also specified below the Signature Identifiers which are associated with the Electronic Signature for the respective Authorized Signatory.

Sr. No.	Name of the Authorised Signatory	Type of Signature	Signature Identifiers (Refer Reference Table 1 below and fill-up as appropriate)	Affix Digital Signature ¹
1.				
2.				
3.				

Reference Table 1

Type of Signature	Signature Identifiers to be provided
Aadhaar based eSign	Email ID, Name, Year of Birth and Last four digits of Aadhaar <i>(Do not mention entire Aadhaar no. - Mention only last 4 digits of Aadhaar)</i>
PAN based eSign	Email ID, Name, Year of Birth, PAN, State and Postal Code
Hard-Token based Digital Signature	Email ID, Name, PAN, Token Serial Number, Class of Digital Signature and Expiry Date

¹ Optional. Ignore the column if this is not forthcoming or if wet signed copy is submitted.

We state that the document executed using Electronic Signatures by the Authorised Signatory/ies shall be sent to the Bank over the electronic signature platform acceptable to the Bank.

In case of hard-token based digital signatures, we confirm that the relevant hard-token/USB of the digital signature is in the sole custody of the Authorised Signatories who owns the same. We undertake to immediately inform the Bank in case the hard-token of the digital signature is revoked or the hard-token/USB is lost, misplaced or stolen.

We agree and confirm (a) that the documents signed by aforesaid Authorised Signatories using Electronic Signatures, shall be considered binding on us (b) that the Bank may decline to accept the documents submitted by us, if the Electronic Signatures of the Authorised Signatories cannot be validated and (c) to provide such additional documents/information as may be requested by the Bank to confirm the veracity of the documents submitted by us.

We authorise the Bank to use and share information and data related to our account and/or facilities availed by us and the information of authorised signatories, for electronic execution of documents with the electronic signature platform provider.

Any changes in the aforesaid instructions will be communicated in writing and shall be effective only after the same have been accepted and confirmed by the Bank in writing.

ANNEXURE 2

NOTE: Please complete in BLOCK Letters and tick wherever appropriate. All fields are mandatory

RELATED PERSON DETAILS

Application Type : Addition of Related Person Deletion of Related Person Update Related Person Details

CKYC Number :
(Related Person)

Related Person Type : Director Promoter Karta Trustee Partner
 Beneficiary Authorised Signatory Beneficial Owner Court Appointment Official
 Proprietor Power of Attorney holder Others *(Please specify)* _____

DIN :
Director Identification Number Mandatory if Related Person Type is Director

PERSONAL DETAILS (Part A)

Name of Related Person :
(Same as ID Proof)

Prefix First Name Middle Name
Last Name

Date of Birth : Gender : Male Female Transgender

PAN :

Applied for PAN (Form 60 Attached). We undertake to advise you the PAN on receiving advice of its allotment

PERSONAL DETAILS (Part B)

One of the following Names has to be mandatorily provided :

Father Name :
Prefix First Name Middle Name
Last Name

Spouse Name :
Prefix First Name Middle Name
Last Name

Mother Name :
Prefix First Name Middle Name
Last Name

Nationality : IN Others *(Please specify)* _____

PROOF OF IDENTITY AND PERMANENT ADDRESS OF RELATED PERSON

I Certified Copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted
(Please select one)

<input type="checkbox"/> Passport	Passport Number	<input type="text" value=""/>
<input type="checkbox"/> Voter ID Card	Voter ID Card Number	<input type="text" value=""/>
<input type="checkbox"/> Driving License	Driving License Number	<input type="text" value=""/>
<input type="checkbox"/> NREGA Job Card	NREGA Job Card Number	<input type="text" value=""/>
<input type="checkbox"/> National Population Register (NPR) Letter	NPR Number	<input type="text" value=""/>
<input type="checkbox"/> Proof of possession of AADHAAR	AADHAAR Number	<input type="text" value="XXXXXXXXXXXX"/>
II <input type="checkbox"/> E-KYC Authentication		<input type="text" value="XXXXXXXXXXXX"/>
III <input type="checkbox"/> Offline Verification of AADHAAR		<input type="text" value="XXXXXXXXXXXX"/>

Please affix recent passport size photograph

Permanent Address

Line 1 :

Line 2 :

Line 3 :

City/Town/Village :

District Postal Code

State/UT Code : Country of Incorporation India Others *(Please specify)* _____

PROOF OF IDENTITY AND CURRENT ADDRESS OF RELATED PERSON

Current Address : Please specify if same as above YES NO (If Yes, then below address details need not be provided)

I Certified Copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted
(Please select one)

<input type="checkbox"/> Passport	Passport Number	<input type="text"/>
<input type="checkbox"/> Voter ID Card	Voter ID Card Number	<input type="text"/>
<input type="checkbox"/> Driving License	Driving License Number	<input type="text"/>
<input type="checkbox"/> NREGA Job Card	NREGA Job Card Number	<input type="text"/>
<input type="checkbox"/> National Population Register (NPR) Letter	NPR Number	<input type="text"/>
<input type="checkbox"/> Proof of possession of AADHAAR	AADHAAR Number	<input type="text"/>

II E-KYC Authentication

III Offline Verification of AADHAAR

IV Deemed PoA (Example Utility Bill)

V Self Declaration

Line 1 :

Line 2 :

Line 3 :

City/Town/Village :

District Postal Code

State/UT Code : Country of Incorporation India Others (Please specify) _____

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I/we hereby provide our/my consent for receiving information from Central KYC Registry (CKYCR) through SMS/Email on the above registered number/email address. I/we further provide our consent to the bank and/or to the regulated entity to retrieve KYC records online from CKYCR using the KYC Identifier provided by us in the event if there is a change in our information (as existing in the records of CKYCR), change in our current address which is required to be verified or in the event if the bank/the regulated entity considers it necessary to verify our identity/ address or to perform an enhanced due diligence or to build an appropriate risk profile (as applicable) whereby we undertake to provide the relevant refreshed KYC documents and or such other details as required by the bank/the regulated entity.

Date :

Place :

Name : _____

Signature of Authorised Person:

INDICATIVE LIST OF DOCUMENTS

Constitution	Document type
Common for all	<ul style="list-style-type: none"> • Completed Account Opening Form. • Completed Signature Card with passport size photograph of each signatory. • Copy of the PAN Card. • Attestation of all documents provided as a photocopy.
Private/Public Limited Company	<ul style="list-style-type: none"> • Certificate of Incorporation. • Certificate of Commencement of Business for Public Limited Company. • Memorandum and Articles of Association. • Board Resolution signed by the Directors/Company Secretary. • Latest Annual Report for Public Limited Company. • List of Directors along with DIN numbers. • Proof of Identity of the Company (any one of the following) PAN Allotment Letter, Registration under Shops & Establishment Act, GST, Sales/Service Tax/ Excise Registration. • Proof of Address for the Company (any one of the following) Telephone/Mobile Bill, Water /Electricity Bill, Municipal Tax/Society Outgoing Bill, Lease Agreement/Rent receipt in the name of the company, Bank Statement, Certificate of Incorporation along with the address proof of the representative of the company (for companies not more than 3 month old). • Proof of Individual Identity for any two directors-including the Managing Director, all authorized signatories and principal shareholders (any one of the following) Passport, Voter's ID, PAN Card, Driving License. • Shareholding pattern of the company signed by the Directors/Company Secretary.
Sole Proprietor	<ul style="list-style-type: none"> • KYC of the individual (proprietor) [As applicable to Individuals] • PAN card in the name of sole proprietor /proprietorship firm (mandatory) • Proprietorship letter signed by the proprietor (in the format provided by the Bank). • Any two of the below as entity proof of Sole proprietorship concern- Registration certificate including Udyam Registration Certificate (URC) issued by the Government, Certificate/licence issued by the municipal authorities under Shop and Establishment Act, IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT, Licence/certificate of practice issued in the name of the proprietary concern by any professional body incorporated under a statute, Complete Income Tax Return (not just the acknowledgement) in the name of the sole proprietor where the firm's income is reflected, duly authenticated/acknowledged by the Income Tax authorities.
Partnership Firm	<ul style="list-style-type: none"> • Registration Certificate (if registered) • Partnership deed identifying the main partners and/ or the persons holding the Power of Attorney • Permanent Account Number of the partnership firm • KYC of Individuals, relating to beneficial owner, managers, officers or employees, as the case may be, holding an attorney to transact (one who can operate and move funds out of the customer's account(s) in that location) on its behalf • Address proof of entity (in name of the Firm) • List of Partners
Limited Liability Partnership	<ul style="list-style-type: none"> • Certificate of Incorporation. • Partnership Deed. • Proof of Address for the Firm (any one of the following, not more than 3 months old) Telephone/Mobile Bill, Water/Electricity Bill, Municipal Tax/Society Outgoing Bill, Lease Agreement/Rent receipt in the name of the firm, Bank Statement • List of Partners along with the DPIN number on the firm letterhead. Proof of Individual Identity for the partners/sole proprietor (any one of the following) Passport, Voter's ID, PAN Card, Driving License. • Proof of Address for the all the partners (any one of the following, not more than 3 months old) Telephone/Mobile Bill, Water Electricity Bill, Municipal Tax/Society Outgoing Bill, Registered Lease Agreement/ Bank Account Statement.
Club/Society/Association/Trusts & Foundation	<ul style="list-style-type: none"> • Certificate of Registration • Resolution of the Managing Body/Trust Deed/Bye Laws • Memorandum and Articles of Association for companies registered under Section 25. • Power of Attorney granted to transact business on its behalf • List of directors/founders/trustees/settlers/committee members/signatories certified by the chairman or secretary • Proof of Individual Identity for all signatories (any one of the following) Passport, Voter's ID, PAN card, Driving License • Proof of Address for all signatories (any one of the following, not more than 3 months old) Telephone/Mobile Bill, Water Electricity Bill, Municipal Tax/Society Outgoing Bill, Registered Lease Agreement/ Bank Account Statement.
HUF	<ul style="list-style-type: none"> • Declaration from the Karta • Prescribed Joint Hindu Family Letter signed by all the coparceners. • Proof of Individual Identity for all signatories (any one of the following) Passport, Voter's ID, PAN card, Driving License • Proof of Address for all signatories (any one of the following, not more than 3 months old) Telephone/Mobile Bill, Water Electricity Bill, Municipal Tax/Society Outgoing Bill, Registered Lease Agreement/ Bank Account Statement.