



**STATE BANK OF INDIA**  
 19 S LaSalle St, Ste 200, Chicago, IL 60603  
 Tel: 312-621-1200; Fax: 312-740-0232

**CHECK LIST FOR OPENING ACCOUNTS BY PUBLIC LIMITED COMPANIES**

No.	DOCUMENTS / ITEM (Please Check ✓)
1	<input type="checkbox"/> Account opening form duly filled and signed. Check the execution box for the Funds Transfer Agreement if you wish to instruct us by fax for funds transfer (recommended).
2	<p>Attach certified copies of the documents mentioned below in case you forward the documents through mail. If copies of these documents are submitted in person, original documents need to be produced for verification by a bank official and return.</p> <input type="checkbox"/> A copy of the Certificate of Incorporation / Copy of Filed application with filing receipt. <input type="checkbox"/> A copy of the Articles of Association. <input type="checkbox"/> A certified copy of a corporate resolution (per draft enclosed or substantially similar to it) approved by the Board of Directors of the company authorizing the opening of account and stating the names of the official(s) who can do so and naming the official(s) who can operate the account and the extent of powers vested in these officials and their designation.
3	<input type="checkbox"/> Specimen Signature Card with signatures duly verified by Notary Public or SBI Official;
4	<input type="checkbox"/> Bank Reference Form signed by current banker.
5	<input type="checkbox"/> For non-U.S. corporate: Form W-8BEN <input type="checkbox"/> For U.S. corporate: Form W-9
6	<input type="checkbox"/> Documents evidencing <b>Tax Identification Number</b>
7	<input type="checkbox"/> A copy of latest Annual Report/ Tax Return/ Form 990 (as applicable)
8	<input type="checkbox"/> A copy of unexpired, government-issued photo-identification evidencing nationality or residence and bearing a photograph or similar safeguard, such as a U.S. driver license, a U.S. non-driver photo ID or passport for <b>each authorized signatory</b> to the proposed account. <b>Copies of Photo Ids to be attested by Notary Public in USA</b>
9	<input type="checkbox"/> In case of a major connection with an Indian entity &/or major cross border financial transactions envisaged between the two, copies of any relevant documents viz contracts, Reserve Bank of India's approval etc. <u>Corporate Registered in India:</u> Submit Reserve Bank of India's approval for the opening of the account. If no specific approval is required, please enclose copy of RBI notification granting general permission for opening the account.
	<p><b><u>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT</u></b></p> <p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.  <b>What this means for you?:</b> When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you as well as supporting documents. We will ask to see your driver's license or other identifying documents. We may also ask you for proof of source of funds.</p>

- An advanced copy of all documents may be scanned and sent by fax for our review.
- Please email for any clarification.
- Duly completed documents should be mailed to us.



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Chicago IL 60603  
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Member FDIC

*For Office use*

Customer No. \_\_\_\_\_

Approved:

**CORPORATE CHECKING ACCOUNT / MONEY MARKET ACCOUNT / CERTIFICATE OF DEPOSIT**

We request you to open the following account(s) with the under noted details:

Corporate Checking Account     Money Market Deposit Account     Certificate of Deposit

1. Name of the Company:

1(a). Legal Status:

Limited Liability Company     Solely Owned Corporation     Corporation  
 Association     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:

6. Tax I.D. No.:

7. Year of Establishment:

8. Website URL:

9. Licensing Authority:

10. Country of Incorporation:

11. Mode of Operation of Account:

As per the enclosed Board Resolution  
 Any other (please specify):

12. Does the Company Currently Have an Account With SBI?

Yes, with \_\_\_\_\_ branch     No

13. Latest Annual Turnover (USD): \$ \_\_\_\_\_ for the year 200

14. No. of Employees:

15. Nature of Business and General Description of Products / Services<sup>®</sup> ( For trading Cos, Name of Countries from/to goods imported/exported)

16. Type of Credits and Debits Into the Account:

Checks     Wire Transfers     Others (specify): \_\_\_\_\_

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

Expected Annual Volume of Transaction (USD):

18. Major Purposes of Such Debits (*Please specify the purpose for which funds will be utilized*):

Expected Annual Volume of Transaction (USD):

	Name of the Bank	A/c No.
19. Previous / Other Banking Relationships		

20.

<b>1<sup>st</sup> Contact Person Details</b>	Name and Designation:	
Telephone No:	Mobile No.:	Email :
<b>2<sup>nd</sup> Contact Person Details</b>	Name and Designation:	
Telephone No:	Mobile No.:	Email :

**LETTER / FAX AGREEMENT FOR FUNDS TRANSFER**

I/We, the applicants/account holder(s), acknowledge that, State Bank of India, Chicago Branch (the "Bank") has made available a variety of procedures for the transmission of instruction 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 regards 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 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 instruction 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 day 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 instruction 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 Illinois and any dispute in connection herewith shall be adjudicated in a federal or Illinois State Court located in the City of Chicago.

I/We execute the above agreement: YES  NO

**ACKNOWLEDGEMENTS**

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

5. I/We acknowledge and agree that - Federal Reserve Regulation GG prohibits funding of unlawful internet gambling, under the Unlawful Internet Gambling Enforcement Act of 2006 ("UIGEA"). It prohibits any person, including a business engaged in gambling/betting or wagering, from knowingly disbursing or accepting payments in connection with the participation of another person in unlawful internet gambling. Such transactions are termed "restriction transactions" (Reg GG). By signing this agreement, you acknowledge your intent to comply with the terms and conditions of Reg GG.

**ACH and Wire Transfers.** This agreement is subject to Article 4A of the Uniform Commercial Code – Funds Transfers as adopted by the state in which you have your account with us. If you originate a fund transfer and you identify by name and number a beneficiary financial institution, and intermediary financial institution or a beneficiary, we and every receiving or beneficiary financial institution may rely on the identifying number to make payment. We may rely on the number even if it identifies a financial institution, person or account other than the one named. You agree to be bound by automated clearing house association rules. These rules provided, among other things, that payments made to you, or originated by you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A-403(a) of the Uniform Commercial Code. If we do not receive such payment, we are entitled to a refund from you in the amount credited to your account and the party originating such payment will not be considered to have paid the amount so credited. Credit entries may be made by ACH. If we receive a payment order to credit an account you have with us by wire or ACH, we are not required to give you any notice of payment order or credit.

**VERIFICATION OF SIGNATURE AND IDENTITY**

(If you send your application by mail, please get your signature below verified by SBI Official **OR** Notary Public **OR** Indian Embassy / Consulate)  
 -: Identity should be verified from the ORIGINAL DOCUMENTS meant for the purpose of execution:-

<i>Signature of Authorized Signatory:</i>	<i>Signature of Authorized Signatory:</i>	<i>Signature of Authorized Signatory:</i>
Name:	Name:	Name:
Designation:	Designation:	Designation:
Signature:	Signature:	Signature:
Signature and Seal of the Verifier:	Signature and Seal of the Verifier:	Signature and Seal of the Verifier:
Date of Verification:	Date of Verification:	Date of Verification:
Place of Verification:	Place of Verification:	Place of Verification:
Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)



# STATE BANK OF INDIA

19, S. LaSalle St, Ste 200  
Chicago IL 60603  
Tel: 312-621-1200; Fax: 312-701-0232

Checking/ MMD / CD Account No. \_\_\_\_\_  
(For office use)

Specimen Signature Card of: \_\_\_\_\_  
(Name of the Company)

**For security purposes, please strike through all signature blocks NOT used.**

Particulars	1 <sup>st</sup> Authorized Signatory	2 <sup>nd</sup> Authorized Signatory	3 <sup>rd</sup> Authorized Signatory
Name			
Designation			
Driver License / Passport No.* (attach attested photocopies)			
Issuing Authority			
Issue Date (mm/dd/yyyy)			
Expiration Date (mm/dd/yyyy)			
Office Phone Number			
Mobile Number			
Home Phone Number			
Home Address			
If U.S. Resident, SSN			
Date of Birth (mm/dd/yyyy)			
Are You Owner of the Entity?			
If Yes, % of Ownership			
With the Entity Since (mm/yyyy)			

### VERIFICATION OF SIGNATURE AND IDENTITY

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

-: Identity should be verified from the ORIGINAL of the photo ID mentioned on this Page:-

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

1 <sup>st</sup> Authorized Signatory	2 <sup>nd</sup> Authorized Signatory	3 <sup>rd</sup> Authorized Signatory
Name:	Name:	Name:
Signature:	Signature:	Signature:
Signature and Seal of the Verifier:	Signature and Seal of the Verifier:	Signature and Seal of the Verifier:
Date of Verification:	Date of Verification:	Date of Verification:
Place of Verification:	Place of Verification:	Place of Verification:
Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)

**RESOLUTION OF THE BOARD OF DIRECTORS**

1. The undersigned, hereby certify to STATE BANK OF INDIA, Chicago, that at a meeting of the Board of Directors of \_\_\_\_\_ a Company organized and existing under the laws of \_\_\_\_\_ duly called and duly held on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the following resolutions were duly adopted, and that the said resolutions have been entered upon the regular minute book of the said Company, are in accordance with the By-Laws and are now in full force and effect.

**RESOLVED:** 1. That the officers of this Company, or any one or more of them, are hereby authorized to open a bank account or accounts from time to time with the STATE BANK OF INDIA, CHICAGO or any other office of the Bank (referred to as the "Bank"), for and in the name of this Company with such title or titles as he or they may designate.

2. That the following officials

Name	Designation	Mode of operation (Singly, Jointly, any two etc.)

and their successors in office, and any other person hereafter authorized to sign on behalf of this Company, are here by authorized to sign checks, drafts, notes, acceptances, and other instruments, and orders for the payment of withdrawal of moneys, credits, items and property at any time held by the Bank for account of this Company, and the Bank is hereby authorized to honor any or all thereof and other instruments and orders authorized to be paid by the Bank, including such as may bring about an overdraft and such as may be payable to or for the benefit of any signer thereof or other officer or employee individually without inquiry as to the circumstances of the issue or the disposition of the proceeds thereof and without limit as to amount.

3. That the bank is hereby authorized to accept for deposit for the account of this Company for credit, or for collection, or otherwise, any or all checks, drafts, notes and other instruments of every kind indorsed by any person or by hand stamp impression in the name of this Company or without endorsement.

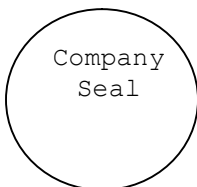
4. That the officers of this Company or any one or more of them singly are hereby authorized to act for this Company in all other matters and transactions relating to any of its business with the Bank.

5. That each of the foregoing resolutions and the authority thereby conferred shall remain in full force and effect until written notice of revocation or modification shall be received by the Bank; that the Secretary or any Assistant Secretary or any other officer of this Company is hereby authorized and directed to certify, under the seal of this Corporation or not, but with like effect in the latter case, to the Bank the foregoing resolutions, the names of the officers and other representatives of this Company, any changes from time to time in the said officers and representatives and specimens of their respective signatures; and that the Bank may conclusively assume that persons at any time certified to it to be officers or other representatives of this Company continue as such until receipt by the Bank of written notice to the contrary.

\_\_\_\_\_

**IN WITNESS WHEREOF**, we have hereunto set our hand as Secretary or other authorized official and affixed the seal of the said Company this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ (place).

Secretary or other Authorized Official	<i>Signature:</i>
This certificate should be attested by a second authorized officer or director of the Company	<i>Signature:</i>



**BANK REFERENCE FORM**

**This Part To Be Filled By The Customer**

I / We authorize State Bank of India, Chicago to obtain information pertaining to our account noted below:

Name of the Bank	
Complete Mailing Address	
Type of Account	
Account Number	
Name on the Account	
Authorized Signature (s)	

**This Part For The Financial Institution Only**

1. Has this account relationship been satisfactory?

Yes       No

2. Additional comments about your account relationship with the customer (*if any*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Financial Institution Certificate:

We certify that the information contained on this form is a true and complete representation of the information contained in our records for the customer's account referenced above.

Name of the Financial Institution: \_\_\_\_\_

Signature: \_\_\_\_\_

Name & Designation of the Person Signing: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Bank Stamp:

