

PLEASE AFFIX
ONE RECENT
COLOUR
PASSPORT
PHOTO AND
SIGN OVER IT

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STATE BANK OF INDIA, SOUTH AFRICA
(Reg No. 96/18176/10)

_____ Branch / Sub-Office / Marketing Office

ACCOUNT OPENING FORM (BUSINESS ENTITIES - DEPOSIT ACCOUNT)

1. NAME OF THE COMPANY: _____

2. CONSTITUTION: (INDIVIDUAL/PARTNERSHIP/CORPORATE) _____

3. DATE ESTABLISHED: _____

4. NATURE OF BUSINESS: _____

5. OWNERSHIP: Locally / Foreign Owned Business / USA owned entities (Please refer to serial no. 17)

6. NAME OF HOLDING COMPANY (IF APPLICABLE): _____

7. BUSINESS REGISTRATION NUMBER: _____

8. INCOME TAX NUMBER: _____ VAT NO _____

9. REGISTERED ADDRESS: _____

10. CONTACT PERSON: _____ DESIGNATION: _____

TELEPHONE NO: (_____) _____ CELL NUMBER: _____

11. REGISTERED E-MAIL ADDRESS (MANDATORY): _____

12. POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

13. PHYSICAL ADDRESS: (COMPLETE IF DIFFERENT FROM REGISTERED ADDRESS AND ALSO STATE PERIOD AT THIS ADDRESS)

14. TYPE OF ACCOUNT PROPOSED TO BE OPENED: _____

15. SOURCE OF FUNDS: _____

16. ANNUAL TURNOVER: _____

17. NATURE OF BUSINESS ACTIVITY: _____

18. NAME OF CEO/MANAGER (or similar appointee): _____

I.D./PASSPORT NUMBER: _____

ADDRESS: _____

18. DETAILS OF SHAREHOLDERS HOLDING MORE THAN 10% OR MORE OF THE VOTING (AT GENERAL MEETING):

| | |
|--|--|
| FULL NAME/ REGISTERED NAME | |
| IDENTITY / REGISTRATION NUMBER | |
| RESIDENTIAL / REGISTERED BUSINESS ADDRESS | |
| PERCENTAGE OF SHAREHOLDING | |
| | |
| FULL NAME/ REGISTERED NAME | |
| IDENTITY / REGISTRATION NUMBER | |
| RESIDENTIAL / REGISTERED BUSINESS ADDRESS | |
| PERCENTAGE OF SHAREHOLDING | |
| | |
| FULL NAME/ REGISTERED NAME | |
| IDENTITY / REGISTRATION NUMBER | |
| RESIDENTIAL / REGISTERED BUSINESS ADDRESS | |
| PERCENTAGE OF SHAREHOLDING | |
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| FULL NAME/ REGISTERED NAME | |
| IDENTITY / REGISTRATION NUMBER | |
| RESIDENTIAL / REGISTERED BUSINESS ADDRESS | |
| PERCENTAGE OF SHAREHOLDING | |
| | |
| FULL NAME/ REGISTERED NAME | |
| IDENTITY / REGISTRATION NUMBER | |
| RESIDENTIAL / REGISTERED BUSINESS ADDRESS | |
| PERCENTAGE OF SHAREHOLDING | |

19. FULL DETAILS OF AUTHORISED SIGNATORIES

| | |
|---|--|
| IDENTITY / PASSPORT NUMBER | |
| | |
| RESIDENTIAL ADDRESS | |
| CONTACT DETAILS: CELL NO & MAIL ID | |

| | |
|---|--|
| IDENTITY / PASSPORT NUMBER | |
| | |
| RESIDENTIAL ADDRESS | |
| CONTACT DETAILS: CELL NO & MAIL ID | |

I / We, * the undersigned, hereby declare that the above information is true and correct and undertake to notify the bank in writing of any amendments. I / We shall submit on request any documentary evidence if required. I / We acknowledge that the bank will act upon the information given.

I/ We, the undersigned, hereby declare that money deposited into my / our, undersigned account is beneficially owned by Applicant and that no part nor all of it is associated with illegal/criminal activity and the transaction of money does not constitute money laundering. Where required by domestic or overseas regulators or tax authorities, we consent and agree that the Bank may withhold, and pay out, from our account(s) such amounts as may be required according to applicable laws, regulations, agreements with

regulators or authorities and directives as well as disclose the required information in line with the applicable legislation. Disclosure of information will be done strictly in terms of the Protection of Personal Information Act 4 of 2013. We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which we have provided to the Bank.

We hand you herewith the following: -

- a. Memorandum & Articles of association
- b. Certificate of incorporation
- c. A full list of present signing officials/Directors/members, with their respective signatures
- d. Latest Balance sheet and report of company
- e. Founding Statement
- f. Board Resolution authorizing the opening of account with State Bank of India, South Africa
- g. Personal details of Signatories:
- h. Proof of Details of Shareholders holding 10% or more voting rights.
- i. I / we understand SBI is a USA Foreign Tax Compliance Act (FATCA) Complied Financial Institution and transaction in USA owned accounts shall be shared with the appropriate movement agency as per the US FATCA Act as declared by me in the FATCA declaration form. We further understand that relevant information in terms of CRS regulations will also be shared with SARS.

TERMS & CONDITIONS:

- (i) Every renewal will be treated as fresh contract.
- (ii) Charges / service fees may be charged / imposed by giving reasonable notification either by mail / website or both.
- (iii) The depositor shall keep the Bank informed of any change in its address, identity or any other particulars of the entity.
- (iv) The depositor authorizes the Bank to
 - a. Accept any instructions by electronic means.
 - b. Debit the account, from time to time, with all charges consistent with the banking practice.
 - c. exercise a lien on the deposit account as security for any advance granted to the depositor and in event of default in repayment of such amount on due date exercise the right of set off on the credit balance in the deposit account towards repayment of any amount due.
- (v) Authority is given to accept instructions relating to financial transaction in this account and any account opened in future for this company from the e-mail address recorded in item 11 is given and we I/we will not hold the bank liable for any loss/damage due to this.
- (vi) SBI reserves the right to close the account without giving notice, if the account remains inoperative and without minimum credit balance of (R1000) or as stipulated by the bank for a period of six month.
- (vii) The client indemnifies the Bank of any loss or damage as a consequence of acceptance of any email instructions issued or purported to have been issued by the client from the registered e-mail id given to the bank.(It is the responsibility of the account holder to inform the bank well within time (max. 1 month) if any change is made to the registered e-mail id).
- (vii) Any complaint lodged by you with the Bank will be dealt with in terms of our Complaints Handling and redressed Policy, which is available on our website or can be obtained upon request.

ATM FACILITY / INTERNET BANKING / SMS ALERT / STATEMENT OF ACCOUNT/ADVERTISEMENTS

- i) ATM Debit Card required: YES NO

If yes, the Name: _____ Designation: _____

Of the person who shall handle the debit card. The company shall be bound by all his acts in

This respect.

ii) SMS alerts for debit/credit: Yes No

CELL NO to be used for SMS alerts: _____

iii) Statement of Account in the given email id: Periodicity monthly (by default) / please specify: _____

v) Direct Marketing: Yes No

I/WE * agree to the Terms and Conditions (Delete whichever is not applicable)

AUTHORIZED SIGNATORIES FOR AND ON BEHALF OF THE ACCOUNT HOLDERS

| NAMES IN FULL | CAPACITY | SIGNATURE |
|----------------------|-----------------|------------------|
| 1. | | |
| 2. | | |
| 3. | | |



STATE BANK OF INDIA, SOUTH AFRICA

(Reg No: 96/18176/10)

SIGNING INSTRUCTIONS

(With a request to open/operate an account)

Customer No.

Account No.

To: State Bank of India _____ Branch

*delete whichever is not applicable

*I/Members/Directors/Partners/Trustees of _____

_____ (Name of account holder)

With *physical/registered address at _____

(Name of account holder) hereby *agree/has resolved:

1. That an account in the name of the Client be opened at the at STATE BANK OF INDIA ("the Bank" and the Bank is requested and authorised to accept *the signature(s)/endorsement(s) of the people authorised thereto on all cheques, bills of exchange, promissory notes and other negotiable instruments reasonably purporting to be signed, accepted or made by or on behalf of the Client and pay all

cheques, bills of exchange, promissory notes and other negotiable instruments reasonably purporting to be signed, accepted or made by or on behalf of the Client by these authorised signatories; to debit the account with these items whether the account is in credit or not; to hold the Client liable on all endorsements of cheques, bills of exchanges, promissory notes and other negotiable instruments as well as all agreements, indemnities and documents in connection with all the usual banking transactions, including amongst other the deposit and withdrawal of moneys on fixed deposit, key card account, special deposit or on savings account, the issue of letters of credit, guarantees, drafts, telegraphic and other usual banking transactions. STATE BANK OF INDIA also includes all its subsidiaries, branches and other offices.

2. That the authorised signatories may be changed/amended from time to time but these changes/amendments will only be effective when furnished in writing to be Bank at the Branch where the account is domiciled.
3. That the Bank be requested and authorised to act on instructions countermanning payments of cheques, bills of exchange, promissory notes or orders for payments and to issue cheque books, bank statements and certificates of balance in respect of The account upon the written request of any one of the authorised signatories.
4. That the Bank be requested and authorised to effect debits to the account, whether the account is in credit or not, if so instructed, through use of computer or other electronic equipment.
5. That the Bank open/continue an account as may be requested by the Client from time to time
6. That this authority be furnished to be Bank at the branch where the account is to be domiciled and that this authority to be Bank will remain in force until amended or rescinded in writing by the Client.
7. That any amounts and due dates of any liability, obligation or debt of the Client or any Director/Member/Trustee/Partner in his/her personal capacity shall be proved *prima facie* by a certificate signed by any manager of the Bank whose appointment as such need not be proved.
8. That the Client acknowledges that-
 - 8.1. Any failure to query any error contained in any statement furnished by the Bank in writing within 30 (thirty) days after the date of such statement, shall have the effect that the right to rely on such error shall lapse;
 - 8.2. Any mis-statement of any nature whatsoever herein contained will entitle, but not oblige, the Bank to close the account and to recover the amounts owing to the Bank in relation to such accounts forthwith on demand from the Client.
 - 8.3. No extension of time, relaxation or other indulgence, which the Bank may grant or extend to the Client, shall in any manner whatsoever be construed or interpreted as a waiver of abandonment of the Bank's rights in terms thereof.
9. That nothing herein contained shall in any manner whatsoever be construed or interpreted as a waiver, abandonment or exhaustion of the Bank's rights in terms of the common law or established Banking practice.
 - 9.1. The Client undertakes to pay all bank charges and interest, which the Bank may from, time to time levy in accordance with general banking practice. Should the said account at any stage become overdrawn, the Client undertakes to pay the Bank on demand the amount with which the account is overdrawn
 - 9.2. The Bank will not be liable for losses arising from not readily detectable alterations on cheques, bills of exchange, promissory notes and other negotiable instruments completed with erasable writing material
 - 9.3. All requisition and withdrawal slips, bills, payments and transfer instructions and other documents which reasonable purport to be duly drawn, signed and accepted by the Client relating to the account and which are to be met by the Bank, will be deemed to be a proper instruction to the Bank.
 - 9.4. The Client admits that the Bank will not be obliged to meet any instruction for payment from the account should the Client's account not be sufficient funds available or not have made the necessary arrangements with the Bank for overdraft facilities
 - 9.5. Should the Bank permit any withdrawals against uncleared effects, the Bank will be entitled to debit the Client's account with such withdrawals and/or dishonored cheques, should the Bank have credited the account with uncleared effects. Should the Bank permit that the account become overdrawn in whatever manner or should the Bank permit withdrawals against uncleared effects, such conduct by the Bank will not be deemed to create a practice.
 - 9.6. The Bank reserves the right to change the rate of interest and any other conditions relating to the account, from time to time, subject however to the maximum rates prescribed from time to time in terms of the Usury Act, (73 of 1968), as amended and the National Credit Act 34 of 2005
 - 9.7. The Client undertakes to take reasonable precautions in order to prevent the theft or loss of any cheque book(s), form(s) or card(s) provided to the Client in connection with the account or the disclosure of any information including the PIN number pertaining thereto. Should such cheque book(s), form (s) or card (s) be stolen or lost the Client undertakes to immediately inform the Bank in writing.
 - 9.8. The Bank as well as any division, affiliated or subsidiary company of the Bank is hereby irrevocably authorised to furnish or to disclose any information with regard to this application and any agreement arising from or as a result of this application, as well

as the performance or compliance in respect thereof, to any credit bureau or other banker.

- 9.9. Any credit balance on any of the Client's account(s) with the Bank may at any time in the discretion of the Bank be set off against any monies owed by the Client to the Bank.
10. That the Bank is hereby expressly authorised in its discretion, and without reference to the Client to cede and/or delegate to any third party of its choice any liability, obligation or debt owed to it by the Client.
 11. That the Client chooses Domicilium citandi et executandi at its *physical/registered address where all notices may be validly given by delivery or by posting by prepaid registered post and all court processes may be validly served. Any notices posted as aforesaid shall, until the contrary has been proved, be deemed to have been received on the seventh day following the Date of posting.
 12. That the Client in terms of section 45 of the Magistrate's Act 32 of 1944, as amended consents to the taking of any legal proceedings arising from this authority in the Magistrate's Court of any district otherwise having jurisdiction by virtue of Section 28 (1) of the aforesaid Act, notwithstanding that such proceedings would otherwise be beyond such jurisdiction. The Bank shall nevertheless still have the right to institute such proceedings in any division of the Supreme Court of South Africa, having jurisdiction should it so wish, provided that in either event the Bank shall be entitled to recover and the Client undertakes to Pay all legal costs, including collection costs, on the scale as between attorney and own client.
 13. All necessary documents pertaining to the Client and/or account as requested by the Bank will on signature hereof be made available.
 14. It is herewith certified that neither the Client nor one of its "Members/Directors/Partners/Trustees" have been provisionally or finally sequestered/liquidated or placed under "judicial management/administration".
 15. Where an account is in the name of a company, close corporation, trust, partnership or association, then, until the Bank has been notified to the contrary in writing, any documents of whatsoever nature necessary to act in accordance with the Aforesaid clauses, must henceforth be signed by any _____(Number of signatures) of the authorised signatories

Signed by/on behalf of the Client at _____ on _____

| | | | | | | | | | |
|------------------------|---------|--------|---------|----------------|--------|----------------------|-----------------|-----|----|
| Title | 1. Mr. | 2. Mrs | 3. Miss | 4. Prof. | 5. Dr. | 6. Rev | Other (specify) | | |
| First Name and Surname | | | | | | | | | |
| ID Type | ID book | | | Reference book | | Passport | | | |
| Identity number | | | | | | Compulsory signature | | Yes | No |
| Specimen signature | | | | | | | | | |

| | | | | | | | | | |
|------------------------|---------|--------|---------|----------------|--------|----------------------|-----------------|-----|----|
| Title | 1. Mr. | 2. Mrs | 3. Miss | 4. Prof. | 5. Dr. | 6. Rev | Other (specify) | | |
| First Name and Surname | | | | | | | | | |
| ID Type | ID book | | | Reference book | | Passport | | | |
| Identity number | | | | | | Compulsory signature | | Yes | No |
| Specimen signature | | | | | | | | | |

Terms of service: Internet Banking Service of SBI, South Africa

General Information:

- Please refer to the Internet banking registration information available on www.onlinesbiglobal.com to register and activate your Internet banking.
- Kindly login to your Internet Banking at least once every 90 days to avoid your password expiring. If you believe that any information relating to your account has a discrepancy, please bring it to the notice of the branch by e- mail or letter.
- Once registered for Internet Banking the customer can change his/her User ID.

- SBI will make reasonable use of available technology to ensure security and to prevent unauthorised access to any of these services which means that:
 - *You are dealing with SBI at that moment.*
 - *The two-way communication is highly secured with 256-bit SSL encryption technology, which ensures the confidentiality of the data during transmission. These together with access control methods and digital token system designed on the Site would afford a high level of security to the transactions you conduct.*
- As a security precaution, customers should avoid using PCs with public access or public WiFi when accessing www.onlinesbiglobal.com.
- SBI or any of its representative will never send you e-mail/sms or call you for your personal information, password or one time Pin token (OTP). Any such e-mail /sms or phone call is an attempt to fraudulently gain access to your account through internet banking. Never respond to such e-mails/sms or phone calls. Please report to mgrsys.rsa@statebank.com report.phishing@sbi.co.in in case of such an attempt. If you feel your password has been compromised please change it immediately.
- Each user will have to provide their own mobile number when registering for Internet banking in order to receive OTP.

That each of the officials as empowered by the Company to operate the Company's accounts with SBISA either singly or jointly as the case may be, is hereby authorized to register for and avail the 'Corporate Internet Banking' by using facility offered by SBISA and to carry out and do all things for which they have been authorized, electronically, using their user name and password.

We, the undersigned, being the Directors of the Company as at this date pursuant to the Company's Articles of Association, resolve as follows;-

That the Company does avail the 'Corporate Internet Banking Service' over the Internet channel provided by State Bank of India, South Africa (SBISA) at its various Branches and the Company accepts such "Terms or Service" governing Corporate Internet Banking as laid down by SBISA and may be modified or supplemented from time to time for such purpose.

AUTHORIZED SIGNATORIES

NAME

ID NUMBER

DATE

State Bank of India, South Africa
FATCA/CRS Self-Certification for Entities

Tax regulations require the collection of certain information about each account holder's tax status.

Please complete all relevant sections and provide any additional information that may be requested. In certain circumstances, there may be a requirement to share this information with the South African/or relevant overseas tax authorities.

Please ensure you read this form carefully and that you understand it before completing and signing. If you require assistance, please speak to your tax advisor.

Section 1- COUNTRY OF RESIDENCE FOR TAX PURPOSES

1.1. Does the entity have tax obligations, tax liabilities or tax residencies outside South Africa?

| Y | N |
|---|---|
| | |

1.2. Do any of the controlling persons of the entity:

a) Have tax obligations outside of South Africa* ?

b) Hold citizenship or nationalities outside of South Africa (including US citizenship) or are they are US person or a US national * ?

| | |
|--|--|
| | |
| | |

Important notes on completing this form:

- If 'No' is selected for all the above questions, then proceed directly to Section 9.
- If 'Yes' is selected for questions 1.1 and 1.2 above, complete Sections 4 & 5
- In addition, if the entity is a Financial Institution (e.g a custodial institution, a depository institution, an investment entity or a specified insurance company), complete Sections 6 and 9. Do not complete Section 7.
- However, if the entity is not a Financial Institution, complete Sections 7 and 9. Do not complete Section 6.
- * Note- Please complete the Individual FATCA & CRS Self Certification Form

Section 2- UNITED STATES TAX RESIDENCY

2.1. Is the entity incorporated in or organised in the US?

| Y | N |
|---|---|
| | |

2.2 Is the entity a trust over which the US would have jurisdiction, or a trust where one or more US person(s) would have the authority to control decisions of the trust?

| | |
|--|--|
| | |
|--|--|

2.3. Does the entity have any tax obligations in the US?

| | |
|--|--|
| | |
|--|--|

If you have answered 'Yes' to any of the questions in Section 2, please complete an IRS W-9 form for the entity

Section 3- ENTITY TAX RESIDENCY

This section must be completed to indicate all countries in which the entity is tax resident and/or has tax responsibilities

| Country of Tax Residence | TIN |
|--------------------------|-----|
| | |
| | |
| | |

If you are unable to provide the TIN, please indicate the reasons below:

Section 4- FINANCIAL INSTITUTION TYPE

This section only applies to entities that are financial institutions. Please indicate in the boxes below whether the account holder is:

4.1. an investment entity that is not resident in a participating jurisdiction and managed by another financial institution If 'Yes' is selected for 4.1., Section 6 must be completed.

| Y | N |
|---|---|
| | |

4.2. any other investment entity

| | |
|--|--|
| | |
|--|--|

4.3. a depository institution, custodial institution or specified insurance company

| | |
|--|--|
| | |
|--|--|

If 'Yes' is selected for 4.1., 4.2. or 4.3., please provide the entity's GIIN (Global Intermediary Identification Number)

If the GIIN number provided belongs to a sponsoring entity, please provide the name of the sponsoring entity:

4.4. a financial institution that meets the definition of Non-Participating Foreign Financial institution (NPFPI)

| | |
|--|--|
| | |
|--|--|

If 'Yes' is selected for 4.4., please complete the W-8BEN-E form.

Section 5-NON- FINANCIAL ENTITY CLASSIFICATION

This section only applies to entities that are not financial institutions. Please indicate in the boxes below whether the account holder is:

5.1. an Active Non-Financial Entity (NFE). An entity whose shares are regularly traded on an established stock exchange or an entity that is related to another entity whose shares are regularly traded on an exchange.

| Y | N |
|---|---|
| | |

If 'Yes' is selected for 5.1., please indicate which stock exchange:

5.2. an Active NFE: A governmental entity

5.3. an Active NFE: A central bank.

5.4. an Active NFE: International organisation (e.g. United Nations, World Health Organisation).

5.5. an Active NFE: Non-profit Entity that is registered as a PBO with the South African Revenue Service (SARS).

If 'Yes' is selected for 5.5., please provide PBO number issued by SARS:

5.6. an Active NFE: An entity for which less than 50% of the gross income is passive income, and less than 50% of the assets held are assets that produce-, or are held for the production of, passive income. (Passive income includes dividends, interest, annuities, rent etc.)

5.7. Other Active NFE. An entity not qualifying as one of the above (5.1. – 5.6.).

5.8. a Passive NFE. An entity not qualifying under any of the above criteria.

If 5.8 is selected, it is mandatory to complete Section 6

Section 6-CONTROLLING PERSON IDENTIFICATION*

This section only applies to Managed Investment Entities resident outside of CRS Participating Jurisdiction and Passive NFEs. Please provide details below

| First name(s) | Surname | Identification number | email address |
|---------------|---------|-----------------------|---------------|
| | | | |
| | | | |
| | | | |

**Please provide a completed Individual Self-Declaration Form for each controlling person listed in the table above*

Section 7- DECLARATION AND SIGNATURE

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the country/ies in which this account(s) is/are maintained.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to State Bank of India, South Africa

and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

SIGNATURE

DATE