



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

OPENING FORM FOR CUSTOMER FOREIGN CURRENCY ACCOUNT
(FOR INDIVIDUAL & COMPANY)

NOTE: Please complete in BLOCK LETTERS and cross (X) application block

TO:
STATE BANK OF INDIA, JOHANNESBURG BRANCH

DATED : _____

1. _____ * I / We,

(full name of individual / Company)

Registration
Number _____
(not applicable for individuals)

hereby request and authorise you to:

- a. open one or more Customer's Foreign Currency Account in the currency or currencies nominated by me/us;
- b. debit the account(s) with such transactions as may be requested by me/us from time to time;
- c. credit the account(s) with such transactions as may be requested by me/us from time to time;
- d. debit the account with all charges consistent with banking practise.

2. * I/We, understand that, should the account be in debit, the indebtedness to the bank shall be determined and proven by a written certificate purporting to have been signed by an official of any branch of the bank, which shall, upon production thereof, be binding and be *prima facie* proof of the contents of such certificate and of the fact that such amount is due and payable.

3. * I/We, warrant that:

- a) * my/our **domicilium citandi et executandi** is the residential address listed below, or which I/we advise the bank from time to time for all purpose in connection with the account;
- b) the information below is true and complete.

4. The company and its Officers are aware that the operations over the account(s) are subject to the requirements of the Exchange Control Regulations, Orders and Rules, 1961, as amended and in terms thereof that all debit and credit transactions must be passed by an Official of State Bank of India.

5. * I/We authorise you to disclose all information contained herein and / or relating to any of the accounts with the bank to all Offices / Branches of State Bank of India, South African Reserve Bank and South African Revenue Services such information to be used at their discretion.

INDIVIDUAL

FULL NAME _____

DATE OF BIRTH: _____ NATIONALITY : _____

ID NO/PASSPORT: _____

INCOME TAX NUMBER: (IF APPLICABLE) _____

Source of Income (Transaction)
Income Tax Number (If applicable)
Educational Qualification (Optional)
Spouses Qualification (Optional)
Any relative settled aboard
Dealings with other Banks.

Existing Credit Facilities
Assets (Approximate value)
Purpose of opening account

COMPANY

REGISTRATION NAME: _____

REGISTRATION NUMBER: _____

HOLDING COMPANY: _____

DATE ESTABLISHED: _____
 VAT NUMBER: _____

OWNERSHIP (LOCAL/FOREIGN): _____

CONSTITUTION _____

INCOME TAX NO (IF APPLICABLE) _____

VAT NO: (IF APPLICABLE) _____

Nature of Business
Annual Turnover
Source of Income (Monthly)
Source of Income (Transaction)
Dealings with other Banks.
Existing Credit Facilities
Assets (Approximate value)
Purpose of opening account

Street

Address:

	Postcode					
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Postal

Address:

	Postcode					
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*** FULL DETAILS OF SIGNATORIES**

IDENTITY / PASSPORT NUMBER	
RESIDENTIAL ADDRESS	
CONTACT DETAILS	
* SHARE HOLDERS HOLDING 25% OR MORE OF THE VOTING (AT GENERAL MEETING)	
FULL NAME/ REGISTERED NAME	
IDENTITY / REGISTRATION NUMBER	

RESIDENTIAL / REGISTERED BUSINESS ADDRESS	
POSTAL ADDRESS	
CONTACT DETAILS	

Contact Person:	Designation:											
Telephone No With dialing code												
Facsimile No With dialing code												
Cellular Number												

Type of business _____

Current Account With SBI													
Account (not held)													

Account(s) to be opened:

(Currency)

(Exchange Control designation)

(Currency)

(Exchange Control designation)

I/We, the undersigned, hereby declare that Money deposited in 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.

* I/We authorise you to accept any instructions by electronic means, fax and indemnify you of any loss or damage as a consequence of any fax instructions issued or purported to have been issued by me/us.

For :

(Full name of individual / Company)

Authorised

Signature _____ **Authorised Signature** _____

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FOR BANK USE ONLY

Introducer (if applicable) : _____

Name: _____

_____ **Designation:** _____

Signature: _____

1. Manager's Authority to open the account(s):

Name:

(Please print clearly)

Dated: _____ **Signature:** _____

2. **Note: -**

- a) If the client has an existing account with State Bank of India, a copy of the Signature Mandate must accompany this form.
- b) If the client does not have an account or existing Customer's Foreign Currency Account, a new Signature Mandate and specimen signature slips must accompany this form.

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- ***Delete if not applicable.***