



Filiaal te Antwerpen
Korte Herentalsestraat 3
2018 Antwerpen
Tel.: 0032 (0)3 233 23 55
SWIFT Code: SBINBE2X
www.sbiantwerp.com

Account Opening Form

We request to open a **current account** at State Bank of India, Antwerp branch. We would like to open the following current account(s) or time deposit account:

- Euro current account
- Dollar current account
- Time deposit account

Company details

Company name	
Corporate form	
Corporate purpose	
Registered office	
Correspondence address	
Phone number	
Email	
Website	
Date of incorporation	
Articles of association	Published in: On:
VAT number	
Enterprise number	
Introductory reference	

Management body details

Please provide the bank with a **photocopy of the ID cards or passports of every member of the management body**:

For a Belgian open limited liability company (“*naamloze vennootschap*” / “*société anonyme*”): every member of the board of directors (“*raad van bestuur*” / “*conseil d’administration*”)

For a Belgian closed limited liability company (“*besloten vennootschap met beperkte aansprakelijkheid*” / “*société limitée à responsabilité limitée*”): every member of the board of managers (“*college van zaakvoerders*” / “*collège de gestion*”)

In case the ID card or passport doesn’t contain the address of the members of the management body, please provide SBI Antwerp with a recent document that proves the address, issued by the government authority of the respective country.

Director/Manager 1	
First name and family name	
Nationality	
Citizenship	
Date and place of birth	
ID card number	
Passport number	
Expiry date ID card	
Expiry date passport	
Phone number	
Residential address	
Email	

Director/Manager 2	
First name and family name	
Nationality	
Citizenship	
Date and place of birth	
ID card number	
Passport number	
Expiry date ID card	
Expiry date passport	
Phone number	
Residential address	
Email	
Director/Manager 3	
First name and family name	
Nationality	
Citizenship	
Date and place of birth	
ID card number	
Passport number	
Expiry date ID card	
Expiry date passport	
Phone number	
Residential address	
Email	

Ultimate beneficial owner (UBO) details

The following persons qualify as **ultimate beneficial owners**:

1. Natural persons who own or control directly or indirectly + 25% of your shares or voting rights.
2. Natural persons who, without controlling or owning +25% of the shares or voting rights, control the company.
3. Natural persons who, without having the power to represent the client in its relations with SBI Antwerp, are a member of the management bodies of the client

In case the shareholders are companies, the shareholding of that company must also be provided to SBI Antwerp. In case of a complex shareholding structure, provide a tree structure to the bank in order to identify the ultimate beneficial owners who are natural persons.

Please provide the bank with a **photocopy of the ID cards or passports of every UBO**. In case the ID card or passport doesn't contain the address of the UBO, please provide the bank with a recent document that proves the address of the UBO, issued by the government authority of the respective country.

Ultimate beneficial owner 1	
First name	
Last name	
Address	
Place of birth	
Date of birth	
Percentage of shareholding	

Ultimate beneficial owner 2	
First name	
Last name	
Address	
Place of birth	
Date of birth	
Percentage of shareholding	

Ultimate beneficial owner 3	
First name	
Last name	
Address	
Place of birth	
Date of birth	
Percentage of shareholding	

Declaration of proxy

We hereby declare the details of the proxy for the Directors. The proxy has been appointed as per the Company Resolution dated _____ or the notary declaration dated _____. Please attach a photocopy of this company resolution or notary declaration.

Proxy for the Director _____	
First name and family name	
Nationality	
Date and place of birth	
ID card number	
Passport number	
Expiry date ID card	
Expiry date passport	
Phone number	
Residential address	
Email	
Details of the authorities provided to the proxy	

Proxy for the Director _____	
First name and family name	
Nationality	
Date and place of birth	
ID card number	
Passport number	
Expiry date ID card	
Expiry date passport	
Phone number	
Residential address	
Email	
Details of the authorities provided to the proxy	

Proxy for the Director _____	
First name and family name	
Nationality	
Date and place of birth	
ID card number	
Passport number	
Expiry date ID card	
Expiry date passport	
Phone number	
Residential address	
Email	
Details of the authorities provided to the proxy	

Representatives/ authorized signatories

The following persons are appointed as representatives/ authorized signatories of the company per company resolution on _____ or notary declaration on _____. Please attach a photocopy of this company resolution or notary declaration.

Authorized signatory 1	
First name and family name	
Nationality	
Date and place of birth	
ID card number	
Passport number	
Expiry date ID card	
Expiry date passport	
Phone number	
Residential address	
Email	
Restrictions (e.g. Signing power: Separately/jointly, amount)	

Authorized signatory 2	
First name and family name	
Nationality	
Date and place of birth	
ID card number	
Passport number	
Expiry date ID card	
Expiry date passport	
Phone number	
Residential address	
Email	
Restrictions (e.g. Signing power: Separately/jointly, amount)	

Authorized signatory 3	
First name and family name	
Nationality	
Date and place of birth	
ID card number	
Passport number	
Expiry date ID card	
Expiry date passport	
Phone number	
Residential address	
Email	
Restrictions (e.g. Signing power: Separately/jointly, amount)	

Also provide the bank with a **photocopy of the ID cards or passports of every authorized signatory**. In case the ID card or passport doesn't contain the address of the authorized signatory, please provide the bank with a recent document that proves the address of the authorized signatory, issued by the government authority of the respective country.

Mandate

The account will be operated as per the mandate provided in the company resolution dated _____ which is attached herewith.

Nature of Transaction/ amount limit etc.	Mandate given

Signatures of directors, proxies, and authorized signatories

The below table must be executed (signature) by all persons that can legally represent the company (i.e. directors, proxies and authorized signatories).

Only these signatures will be accepted by SBI Antwerp to approve and execute transactions.

Signatures		
Name	Capacity	Signature

Questionnaire client interview

S,No	Particulars	Response
1	Name of the Client / entity	
2	Country of Incorporation	
3	Registration Number	

4	Type of Activity	
5	Purpose of opening the account	
6	Is the company a new or an existing company?	
7	What are the main sources of its revenue?	
8	What is the annual/expected turnover?	
9	Who are the shareholders?	
10	Have the shareholders any other companies or associate concerns?	
11	Who is taking actually the day-to-day decisions in the company?	
12	Is any of the shareholders a US citizen or linked to any US entity?	
13	Who are the major suppliers/purchasers of the company?	
14	Which country do the usual suppliers/purchasers come from?	
15	Details of existing accounts with other banks, if any	
16	Transaction threshold (indicative)	
17	Any other information	

Terms and conditions

The information provided in this account opening form up-to-date and true. In case the information provided in this document is no longer accurate, the client will contact SBI Antwerp as soon as possible in order to provide the most recent and up-to-date information (incl. a photocopy of the ID card and /or passport) as set forth above.

The client authorizes SBI Antwerp to obtain information about the ownership structure or identity of the client, the credit history and other banking history from one or more credit reporting/rating agency, other banks or any other source.

The client authorizes SBI Antwerp to recover the following charges as applicable from time to time:

- non maintenance of minimum balance ,
- account maintenance
- any other fee / charges

SBI Antwerp reserves the right to terminate the business relationship, in the following situations:

The information the client provides is incorrect

The information the client provides is incomplete

The client doesn't inform SBI Antwerp of any change in the ownership structure, directors, management, proxy or any other relevant information

Adverse legal action by the government, the regulator or the tax authorities

The client doesn't adhere to the terms and conditions of the account

Breach of any of the requirements and provisions included in the AML policy and procedures

No transactions in the account in a calendar year.

Suspicion of money laundering or terrorist financing, or the financing of North Korean or Iranian programs for the proliferation of weapons of mass destruction

In the case an update of the client's file leads to this client's classification in a higher risk category due to new elements and fails the client approval process

To be proceeded by the words: ***Read and agreed,***

Name: _____

Title: _____

Date: _____

Name: _____

Title: _____

Date: _____

Signature: _____

Signature: _____

For Office Use		
Particulars	Date / Number	Initials
Interview conducted on		
Documents received on		
Documents checked on		
Documents rechecked on		
Client Risk Category		
Account Opened On		
CIF Number		
Account Number (EUR)		
Account Number (USD)		