

STATE BANK OF INDIA SYDNEY BRANCH
ARBN 082 610 008 AFSL 238340
(Incorporated in India with limited liability of our Company's members)
(Deposits are not subject to Division 2 of the Banking Act – Protection of Depositors)

Suite 2 & 3 Level 12, 234 George Street Sydney NSW 2000 Tel: 02-9241 5643 Fax: 02-9247 0536

APPLICATION FOR TERM DEPOSIT (FOR COMPANIES)

Account No.			
		n a Term Deposit Account in *my/our na	
*I /We authorise you to	honour all payment instructions sign	ed in accordance with the stated signatu	re requirements.
A copy of the Bank's T to be bound thereby.	erms & Conditions for Term Deposits	has been furnished to *me/us and *I/we	have read and understood the same and agree
For Joint Account Or			
In the event of death o	f any of us, you are authorised to pay	the balance in the account to the survivo	or(s).
Signature Requiremen	ts:		
Name (*Mr/Ms/Mrs/Md	lm/Dr)	Occupation	ID Details
Name (IMI/Ma/Mia/Ma			
Home Address			Home Telephone
NA-Disson Andress (16 diss	arout from about		Office Telephone
Mailing Address (if diff	егент понт ароче)		
Nationality	Date of birth	Sex	Signature
Name of Employer			
JOINT APPLICANT(S) (IF APPLICABLE)	Occupation	ID Details
	The second secon		Resident Telephone
Home Address			resident relephone
Mailing Address (if diff	ferent from above)		Office Telephone
Nationality	Date of birth	Sex	Signature
Name of Employer		**************************************	
Name (*Mr/Ms/Mrs/M	dm/Dr)	Occupation	ID Details
= 127			
Home Address	a a file		Resident Telephone
Mailing Address (if dif	ferent from above)	т н н н н д н н н н д	Office Telephone
Nationality	Date of birth	Sex	Signature
Name of Employer		\$1 \$2 \$2 \$2 \$2	

*DELETE INAPPLICABLE

Persons Authorised to Operate on Account/s

	Name, Official Position and Signature	Home Address	Identification details
Name			
Official Position			
Signature			
	Name, Official Position and Signature	Home Address	Identification details
Name			
Official Position			<u> </u>
Signature			
	Name, Official Position and Signature	Home Address	Identification details
Name			
Official Position			
Signature	·		
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ull Name of Compa	ny(ies)	ACN o	ABN
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Applicant (2) – TFN or if you're exempt (please state reason)		
ı	Applicant (2) – TFN or if you're exempt (please state reason)	

Privacy and Confidentiality Acknowledgement

In the following passages dealing with the collection, use and disclosure of your personal information, reference to "we" and "us" means State Bank of India, Sydney Branch and its related companies (including subsidiaries).

We are collecting your information in order to open the account you have applied for and to maintain that account. Without this information we may not be able to do this. By signing this form, each signatory and Authorised Third Party acknowledges and agrees that:

(a) we may also use and disclose your information: to help us provide or tell you about other products and services which may interest you; for our internal administration and operations; and, for market or customer satisfaction research; and

(b) we may disclose your information to credit reporting or debt collecting agencies; our alliance partners, agents, contractors and advisers; to other parties authorised and/or required by law to collect your information.

parties authorised and/or required by law to collect your information.

You may request access to your information at any of our branches. Access will be granted in accordance with the Privacy Act 1988 and in some cases an administrative fee may be charged to cover the costs of access. If any of your information is inaccurate, you may request that it be corrected. As a valued customer, we may contact you from time to time about products and services of State Bank of India Sydney Branch, its subsidiaries and corporate partners that may interest you.

state number	the Company/Accordation to be a
The signatory/les st	nown on the first page is/are authorised by the Company/Association to be a
signatory to the above-mentioned account/s.	· .
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Company /Association name	Signature of Company/Association Verifying Officer
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Bank use only	
Company /Association Verifying Officer's sign	nature/s verified Authority examined and accepted
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STATE BANK OF INDIA, SYDNEY BRANCH

ARBN 082 610 008 AFSL 238340
(Incorporated in India with limited liability of our Company's members)
(Deposits are not subject to Division 2 of the Banking Act – Protection of Depositors)

Suite 2 & 3 Level 12, 234 George Street Sydney NSW 2000

Tel: +61 2-9241 5643 Fax: +61 2-9247 0536

TERM DEPOSIT PLACEMENT FORM

Please tick where applicable and complete this form in BLOCK LETTERS.

* Please delete whichever is not applica	ble.	17	1133		
Account Name				Custor	mer Number
Type of Deposit required		Deposit C	urrency		A 10 10 10 10 10 10 10 10 10 10 10 10 10
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receive	cheque no	dr	awn on (ba Please sta	nk name)te currency of acco	ount to be debited (i.e.AUD, USD etc.)
Correspondence Address (please co	omplete only if differe	ent to the one	e you speci	fied on the Accoun	t Opening Form)
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The state of the s					
Telephone Number:					
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I /We indemnify the Bank, its related reliance on the instructions contained	entities, directors, off I in this form. In addi	icers, emplo tion, I /we aç	yees, agen	ts, successors and ound by the Bank's	assigns, for all actions taken by it in s terms and conditions for all accounts
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Non-application of Division 2 of the Banking Act	
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	DED BY AUTHORISED BY



STATE BANK OF INDIA, SYDNEY BRANCH (Incorporated in India with limited liability of our Company's members) (Deposits are not subject to Division 2 of the Banking Act – Protection of Depositors) ARBN 082 610 008

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Dat	te	•

AFSL 238340

Suite 2 & 3, Level 12, 234 George Street Sydney NSW 2000

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Fax: 0:	2-9247 0536		_		•	
		•	·	Account/s idea	ntification Number	
	R COMPANY ACCOUNTS				·	
r Companies and	l other Incorporated Associations					
	•					
We, the undersigne	i, request you to allow *me/us to open a Cur	rent Account in *my/	our name (s).	;		
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Each respective company hereinafter referred to as the Company.

Full Name of Company/(ies)

Authority has been duly given by resolution passed at a legally constituted meeting of the Directors of the Company for the opening and operation of the account/s in the name and on the terms and conditions and in the manner set out in this authority.

ACN or ABN

Method of Operation We, Pull Inform the Bank that we have authorized Delete account.	·	•	,					
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Collection of Tax File Number (TFN) Information is authorised by tax laws. The Privacy Act and tax laws strictly regulate the use and disclosure of tax file numbers. You are not required by law to provide your tax file number and it is not an offence if you do not provide it. If you do not supply your tax file number or exemption or if you are not an Australian resident, we will be obliged to deduct tax from the

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	Applicant (2) - TFN	N/A	or if you're exempt (please state reason)

Privacy and Disclosure Rights

Tax File Number or Exemption

account at the highest marginal rate plus Medicare levy.

Set out below are the purposes for collecting your personal information and the types of organisations to which we ordinarily disclose your personal information. If you would like to obtain access to your personal information to ensure that it is accurate and up to date please contact []. It some cases an administration fee may be charged to cover the cost of access.

or if you're exempt (please state reason)

You authorise us to:

Applicant (1) - TFN

(a) the extent permitted by the Privacy Act 1988 Cth to collect, retain and use personal information (including sensitive information) about you, or information obtained from a report about any consumer or commercial creditworthiness or financial capacity relating to you from a credit reporting agency and/or information from another credit provider named in my application or in a credit report issued by a credit reporting agency ("Credit Provider") for the following purposes:

(i) assessing your application for opening an account and maintaining that account;

- (ii) administering and financing, whether directly or indirectly, your contracts with us and enforcing our rights under these documents;
- (iii) maintain personal information (other than personal information obtained from a credit report from a credit reporting agency) we collect about you in a database so that we can provide better service to you in the future.

(b) provide the information to:

(i) our employees and agents and any other person in the ordinary course of business, for any of the above purposes including our legal and financial advisers, consultants and auditors and service agents, debt collection and enquiry agents;

(ii) other Credit Providers for their similar purposes as above;

(iii) credit reporting agencies to obtain a credit report and allow the credit reporting agency to create or maintain a credit information file about you which file will contain limited information such as identity particulars eg. name, address, date of birth, drivers licence number etc and limited credit information including; the fact that you have applied for; credit and the amount of credit applied for, that we are credit provider to you; the listing of loan repayments that are overdue by more than 60 days, and for which debt collection has started; and that cheques drawn by the applicant for amounts exceeding \$100,00 have been dishonoured more than once; circumstances where in our opinion you have committed a serious credit infingement; and the credit provided to you by us has been paid or otherwise discharged.

(c) send to you details of our other products and services from time to time;

(d) provide to a proposed guarantor a credit report about you or personal information derived from the report for the purpose of considering whether to offer to become a guarantor or continue to act as guarantor.

You acknowledge that the above authorisations extend to any related company or alliance partner of us, any financier or discounter of your contracts with us, any financier financing any such company upon security of your contracts, any assignee or mortgagee of your contracts, any person who manages your contracts for us or under any securitisation arrangements, as well as to persons considering purchasing us or who are involved in valuing us for ratings purposes.

You also acknowledge that we may disclose information about you and your contracts with us to the extent required by law or if the information is generally and publicly available.

Signature/s

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Letter of Indemnity

The Manager State Bank of India, Sydney Branch (ARBN 082 610 008 AFSL 238340) Suite 2 & 3, Level 12 234 George Street Sydney NSW 2000

In consideration of the State Bank of India acting on the basis of facsing instructions received from the undersigned depositor(s) instructing/authoristhe State Bank of India to make payments by Telex Transfers / Issue Dema Drafts / Funds Transfers or any other connected matters in respect of my / Deposit Account(s) with the State Bank of India, I / We the undersigned	sing and our
nereby (jointly and severally) indemnify and shall keep indemnified the St Bank of India, its related entities, directors, officers, employees, ager successors and assigns, against any and all losses, costs, expenses, clair damages which I/we may sustain or incur, whether directly or indirectarising in any way in connection with the facsimile instructions.	nts, ims
Dated at this day of 20	
Authorised signatory (signatories)	
f Company, please affix Company Stamp	
Customer Number	



STATE BANK OF INDIA, SYDNEY BRANCH ARBN 082 610 008 AFSL 238340

(Incorporated in India with limited liability of our company's members)
(Deposits are not subject to Division 2 of the Banking Act – Protection of Depositors)

Suite 2 & 3, Level 12, 234 George Street, Sydney NSW 2000

Tel: + 61 2 9241 5643 Fax: + 61 2 9247 0536

Dear Madam/Sir,		
Re: OPENING OF DEPOSIT ACCOUNT		
We refer to your instruction to open a deposit account in name of with our branch in Australia.		
Pursuant to the disclosure requirements of the Banking Act 1959 (Cth) as amended, we advise that deposits taken by State Bank of India, Sydney Branch are not covered by Division 2 of the Banking Act and, as such are NOT subject to the depositor protection provisions of the Banking Act.		
Please sign the bottom of this letter to acknowledge that you understand the status of deposits with us.		
Yours faithfully,		
For and on behalf of STATE BANK OF INDIA, SYDNEY BRANCH		
Authorised Signatory		
TO: STATE BANK OF INDIA, SYDNEY BRANCH		
I / We hereby acknowledge that I / we have read and understood the above disclosure statement.		
Signature and name of Signatory	Witness' name and signature	
Signature and name of Signatory	Witness' name and signature	
Date:		