



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.

*I /We, the undersigned, request you to allow *me/us to open a Term Deposit Account in *my/our name (s).
 *I /We authorise you to honour all payment instructions signed in accordance with the stated signature requirements.
 A copy of the Bank's Terms & Conditions for Term Deposits has been furnished to *me/us and *I/we have read and understood the same and agree to be bound thereby.

For Joint Account Only

In the event of death of any of us, you are authorised to pay the balance in the account to the survivor(s).

Signature Requirements:

Name (*Mr/Ms/Mrs/Mdm/Dr)		Occupation	ID Details
Home Address			Home Telephone
Mailing Address (if different from above)			Office Telephone
Nationality	Date of birth	Sex	Signature
Name of Employer			

JOINT APPLICANT(S) (IF APPLICABLE)

Name (*Mr/Ms/Mrs/Mdm/Dr)		Occupation	ID Details
Home Address			Resident Telephone
Mailing Address (if different from above)			Office Telephone
Nationality	Date of birth	Sex	Signature
Name of Employer			

Name (*Mr/Ms/Mrs/Mdm/Dr)		Occupation	ID Details
Home Address			Resident Telephone
Mailing Address (if different from above)			Office Telephone
Nationality	Date of birth	Sex	Signature
Name of Employer			

*DELETE INAPPLICABLE

Persons Authorised to Operate on Account/s

I understand that the law requires signatories to state all the names by which they are commonly known and prohibits the use of false names. I declare that my particulars (including identification details) as shown on this form are complete and correct.

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			
Signature			

Name, Official Position and Signature		Home Address	Identification details
Name			
Official Position			
Signature			

Complete this Section for Company(ies)

Full Name of Company(ies)

ACN or ABN

Each respective company hereinafter referred to as the Company.

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.

We hand the Bank herewith or The Bank has already received for inspection and return current Certificate of Registration of the Company.

Complete this Section for Incorporated Association/s

Full Name of Association

ACN or ABN

Hereinafter referred to as the Association.

The Bank has already received: Current Certificate of Registration Book of Rules
 Enclosed are: Current Certificate of Registration Book of Rules

No alterations have been made in the said Rules (except such (if any) as are printed and handed to you) and no regulation or regulations have been made by the Association in General Meeting purporting to restrict or having the effect of restricting the rights or powers of the Association as regards operations on banking accounts and generally dealing with the property of the Association.

Authority has been duly given by resolution passed at a legally constituted meeting of the Committee Members of the Association in accordance with the said Rules 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.

Method of Operation

We,

Full names (Company, Association and individuals) of all parties to the account.

desire to inform the Bank that we have authorised

Any one All conjointly Other method of operation

whose signatures are set out on the front page in relation to the account/s and dealings with the Bank to act as set out in the following section.

Delete any clause/ part clause not required

- place money on term deposit in the name of the Company/Association and to withdraw on maturity or by arrangement with the Bank prior to maturity any such moneys held on term deposit and give valid discharges for interest paid and principal repaid;
- have access to and to receive and give valid receipts for any securities, deeds, scrip, debentures or other documents or property held by the Bank in the name of the Company/Association, whether as security or for safe custody or otherwise in respect of which no special written authority from the Company/Association as to dealing or delivery is held by the Bank;
- make arrangements with the Bank for the issue of Encashment Authorities, Documentary Credits, authorities to negotiate and all matters incidental thereto;
- make application for authority to buy or sell Foreign Currency (being any currency other than Australian) in such form or forms and subject to such conditions or agreements as may be required by the Bank or the Banking (Foreign Exchange) Regulations and to complete, amend or cancel any such application or any condition or agreement relative thereto;
- change the mailing address of such account/s; and
- open new accounts with the Bank by mutual agreement.

Persons authorised to obtain information

We have also authorised

Any one All conjointly Other method of operation

of the signatories which appear on the front page to obtain statement of account and any information required concerning the account/s generally.

Cancellation and Acknowledgements

The Bank shall not be obliged to enquire into the circumstances of any instructions given to it in accordance with this authority and subject to the next sentence, the Bank is released from all liability for any loss or damage suffered by the Company/Association as a result of the Bank acting on this authority in good faith. Where the Bank is by agreement supplying services to the Company/Association as a consumer, as defined in the Trade Practices Act 1974 ('the Act'), then nothing in this authority excludes, restricts or modifies any liability right or remedy imposed or conferred by the Act. However, to the extent permitted by the Act, any such liability of the Bank is limited to the cost of supplying the services again.

All previous authorities as to authorised signatures are hereby cancelled except as regards instruments dated prior to the date hereof and presented for payment on or after such date.

I/We hereby request you to recognise and act upon this authority until the Bank receives notice in writing from us or any one of us of the cancellation thereof. Any purported variation of this authority by any of us will operate as a total cancellation of the authority.

Non-application of Division 2 of the Banking Act

You should note that as a branch of an overseas bank, we are not covered by Division 2 of the Banking Act, and as such we are not subject to the depositor protection provisions of the Banking Act.

Tax File Number or Exemption

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 account at the highest marginal rate plus Medicare levy.

Applicant (1) – TFN or if you're exempt (please state reason)

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).

Non-application of Division 2 of the Banking Act

You should note that as a branch of an overseas bank, we are not covered by Division 2 of the Banking Act, and as such we are not subject to the depositor protection provisions of the Banking Act.

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.

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.

.....
DATE

.....
ATTENDED 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
 AFSL 238340

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Date

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

Account/s Identification Number

AUTHORITY FOR COMPANY ACCOUNTS
 For Companies and other Incorporated Associations

*I/We, the undersigned, request you to allow *me/us to open a Current Account in *my/our name (s).

*I/We authorise you to honour all payment instructions signed in accordance with the stated signature requirements.

A copy of the Bank's Terms & Conditions for opening Current Accounts has been furnished to *me/us and *I/we have read and understood the same and agree to be bound by them.

Name of account

Persons Authorised to Operate on Account/s

I understand that the law requires signatories to state all the names by which they are commonly known and prohibits the use of false names. I declare that my particulars (including identification details) as shown on this form are complete and correct.

Name, Official Position (if applicable) and Signature		Home Address	Identification details
Name			
Official Position			
Signature	X		

Name, Official Position (if applicable) and Signature		Home Address	Identification details
Name			
Official Position			
Signature	X		

Name, Official Position (if applicable) and Signature		Home Address	Identification details
Name			
Official Position			
Signature			

Complete this Section for Company/(ies)

Full Name of Company/(ies)

ACN or ABN

Each respective company hereinafter referred to as the Company.

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.

We hand the Bank herewith or The Bank has already received for inspection and return current Certificate of Registration of the Company.

Complete this Section for Incorporated Association/s **N/A**

Full Name of Association	ACN or ABN

Hereinafter referred to as the Association.

The Bank has already received: Current Certificate of Registration Book of Rules

Enclosed are: Current Certificate of Registration Book of Rules

No alterations have been made in the said Rules (except such (if any) as are printed and handed to you) and no regulation or regulations have been made by the Association in General Meeting purporting to restrict or having the effect of restricting the rights or powers of the Association as regards operations on banking accounts and generally dealing with the property of the Association.

Authority has been duly given by resolution passed at a legally constituted meeting of the Committee Members of the Association in accordance with the said Rules 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.

Method of Operation

We,
Full names (Company, Association and individuals) of all parties to the account.

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desire to inform the Bank that we have authorised

Any one All conjointly Other method of operation

whose signatures are set out on the front page in relation to the account/s and dealings with the Bank to act as set out in the following section.

Delete any clause/ part clause not required

- overdraw such account/s to any extent permitted by the Bank;
- withdraw moneys from such account;
- draw, make, accept or discount bills of exchange, promissory notes and other negotiable instruments;
- place money on term deposit in the name of the Company/Association and to withdraw on maturity or by arrangement with the Bank prior to maturity any such moneys held on term deposit and give valid discharges for interest paid and principal repaid;
- have access to and to receive and give valid receipts for any securities, deeds, scrip, debentures or other documents or property held by the Bank in the name of the Company/Association, whether as security or for safe custody or otherwise in respect of which no special written authority from the Company/Association as to dealing or delivery is held by the Bank;
- make arrangements with the Bank for the issue of Encashment Authorities, Documentary Credits, authorities to negotiate and all matters incidental thereto;
- make application for authority to buy or sell Foreign Currency (being any currency other than Australian) in such form or forms and subject to such conditions or agreements as may be required by the Bank or the Banking (Foreign Exchange) Regulations and to complete, amend or cancel any such application or any condition or agreement relative thereto;
- give and cancel authorities in the Bank's usual form for periodical payments from such account/s;
- ~~obtain cheque book for the account/s of the said Company/Association;~~
- change the mailing address of such account/s; and
- open new accounts with the Bank by mutual agreement.

Non-application of Division 2 of the Banking Act

You should note that as a branch of an overseas bank, we are not covered by Division 2 of the Banking Act, and as such, we are not subject to the depositor protection provisions of the Banking Act.

Persons authorised to obtain information

We have also authorised

Any one All conjointly Other method of operation

of the signatories which appear on the front page to obtain statement of account and any information required concerning the account/s generally.

Bills, promissory notes or other instruments payable to the order of the Company/Association and intended for collection, discount or negotiation and credit of proceeds to its account/s to be endorsed by any one of the abovementioned signatories or by:

Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input checked="" type="text"/>	Signature	<input checked="" type="text"/>

Cancellation and Acknowledgements

The Bank shall not be obliged to enquire into the circumstances of any instructions given to it in accordance with this authority and subject to the next sentence, the Bank is released from all liability for any loss or damage suffered by the Company/Association as a result of the Bank acting on this authority in good faith. Where the Bank is by agreement supplying services to the Company/Association as a consumer, as defined in the Trade Practices Act 1974 (the Act), then nothing in this authority excludes, restricts or modifies any liability right or remedy imposed or conferred by the Act. However, to the extent permitted by the Act, any such liability of the Bank is limited to the cost of supplying the services again.

All previous authorities as to authorised signatures are hereby cancelled except as regards instruments dated prior to the date hereof and presented for payment on or after such date.

I/We hereby request you to recognise and act upon this authority until the Bank receives notice in writing from us or any one of us of the cancellation thereof. Any purported variation of this authority by any of us will operate as a total cancellation of the authority.

Tax File Number or Exemption	
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 account at the highest marginal rate plus Medicare levy.	
Applicant (1) – TFN	<input type="text" value="N/A"/> or if you're exempt (please state reason) <input type="text" value="N/A"/>
Applicant (2) – TFN	<input type="text" value="N/A"/> or if you're exempt (please state reason) <input type="text"/>

Privacy and Disclosure Rights

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 []. In some cases an administration fee may be charged to cover the cost of access.

You authorise us to:

- (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 infringement; 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

Company /Association Verifying Officer/s

state number

The signatory/ies shown on the first page is/are authorised by the Company/Association to be a signatory to the above-mentioned account/s.

Company /Association name	Signature of Company/Association Verifying Officer

Company /Association name	Signature of Company/Association Verifying Officer

Company /Association name	Signature of Company/Association Verifying Officer

Bank use only

Company /Association Verifying Officer's signature/s verified

Authority examined and accepted

.....
DATE

.....
ATTENDED BY

.....
AUTHORISED BY

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 facsimile instructions received from the undersigned depositor(s) instructing/authorising the State Bank of India to make payments by Telex Transfers / Issue Demand Drafts / Funds Transfers or any other connected matters in respect of my / our Deposit Account(s) with the State Bank of India, I / We the undersigned _____

hereby (jointly and severally) indemnify and shall keep indemnified the State Bank of India, its related entities, directors, officers, employees, agents, successors and assigns, against any and all losses, costs, expenses, claims or damages which I/we may sustain or incur, whether directly or indirectly, arising in any way in connection with the facsimile instructions.

Dated at _____ this _____ day of 20_____.

Authorised signatory (signatories) _____

If 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:.....