



**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 applicable.

<b>Account Name</b>		<b>Customer Number</b>				
<b>Type of Deposit required</b>		<b>Deposit Currency</b>				
<input type="checkbox"/> Fixed Deposit (TMD) with interest at maturity <input type="checkbox"/> Fixed Deposit (TDI) with interest <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td><input type="checkbox"/> monthly</td> </tr> <tr> <td><input type="checkbox"/> quarterly</td> </tr> <tr> <td><input type="checkbox"/> others</td> </tr> </table>		<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> others	<input type="checkbox"/> AUD <input type="checkbox"/> USD <input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> monthly						
<input type="checkbox"/> quarterly						
<input type="checkbox"/> others						
		<b>Deposit Amount</b>	<b>Deposit Period</b>			
			Fixed for .....*days/weeks/months/years OR to mature on.....			
<b>In payment please:</b> <input type="checkbox"/> debit my/our # .....account no..... <input type="checkbox"/> receive cheque no.....drawn on (bank name) ..... .....# Please state currency of account to be debited (i.e.AUD, USD etc.)						
<b>Correspondence Address</b> (please complete only if different to the one you specified on the Account Opening Form)						
Telephone Number:						
<b>Maturity Instructions</b>						
Unless you instruct us otherwise, it is the Bank's normal practice to automatically renew a deposit plus accrued interest for the same period on maturity.						
<input type="checkbox"/> Renew principal plus interest on due date for ..... * days/weeks/months/years OR to mature on ..... at the rate of interest prevailing at the time.						
or <input type="checkbox"/> Renew principal at prevailing interest rate on due date for .....* days/weeks/months/years OR to mature on .....and pay interest   OR <input type="checkbox"/> to account no..... OR <input type="checkbox"/> by Bank Cheque.						
or <input type="checkbox"/> Pay principal and interest   OR <input type="checkbox"/> to account no..... OR <input type="checkbox"/> by Bank Cheque <input type="checkbox"/> Others.....						
I /We indemnify the Bank, its related entities, directors, officers, employees, agents, successors and assigns, for all actions taken by it in reliance on the instructions contained in this form. In addition, I /we agree to be bound by the Bank's terms and conditions for all accounts with the Bank.						
<b>Signing instructions</b>						
<b>Customer Signature(s)</b>						
<b>Tax File Number or Exemption</b>						
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"/>		or if you're exempt (please state reason) <input type="text"/>				
Applicant (2) – TFN <input type="text"/>		or if you're exempt (please state reason) <input type="text"/>				

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## 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.

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## 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.

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DATE

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ATTENDED BY

.....  
AUTHORISED BY