

# Application for Banking Transactions

Retention period: 5years from date of termination

I consent that State Bank of India's General Terms & Conditions for Deposit Transaction and other terms & conditions for relevant transactions shall apply. I have been given a complete explanation of and I agree to the provision concerning transfer and pledge establishment, as set forth in the General Terms & Conditions for Deposit Transaction (Matters requiring the Bank's approval). I hereby apply for the transactions as described below.

Associate	Deputy CEO	CEO
		Review and approval

Required Name (Company, Group)	(First) (Middle) (Last)	Required Resident(business) registration ID	Required Nationality
	Short Name :	Name of CEO and real name verification No.	
Date of Birth / Corporation :		Required Address (Enter selective or all items)	<input type="checkbox"/> Home City State Country
Gender :			<input type="checkbox"/> Company/Organization Name
Marital Status Gross Annual Income <input type="checkbox"/> Resident / <input type="checkbox"/> Non-resident (Country : since )		Required Occupation	<input type="checkbox"/> Salaried employee <input type="checkbox"/> Professional <input type="checkbox"/> Business owner <input type="checkbox"/> Civil servant <input type="checkbox"/> Pension income earner <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Other( )
Business Type			
Tax ID No.		Required Contract No. (Enter selective or all items)	<input type="checkbox"/> Home : <input type="checkbox"/> Mobile : <input type="checkbox"/> Office : Fax <input type="checkbox"/> E-mail : @ (Receive e-mail Yes <input type="checkbox"/> N <input type="checkbox"/>
Key Contact Person Name :			
<input type="checkbox"/> Tel/Mobile No :			
<input type="checkbox"/> E-mail :			
Receive mail	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Head Office <input type="checkbox"/> Factory <input type="checkbox"/> None	Phone Notice	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Head Office <input type="checkbox"/> Factory <input type="checkbox"/> Mobile <input type="checkbox"/> None

※ For enhanced service, your pre-registered information with State Bank of India, Seoul Branch will be automatically replaced with the information provided on this form. All information you provide will be kept strictly confidential in accordance with the Real Name Financial Transaction Act and other relevant laws.

♣ Information related to customer verification

Source of funds	<input type="checkbox"/> Earned/pension income <input type="checkbox"/> Retirement income <input type="checkbox"/> Business income <input type="checkbox"/> Income from real-estate
	<input type="checkbox"/> Income from real estate transfer <input type="checkbox"/> Financial income(interest,dividend) <input type="checkbox"/> Inheritance/gift
Purpose of transaction	<input type="checkbox"/> Saving/investment <input type="checkbox"/> Salary/living expenses <input type="checkbox"/> Business-related transaction <input type="checkbox"/> Other( )
Is transaction being made in person by the customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

※ ※ In accordance with Article 5-2(Responsibilities of financial institutions, etc. to verify clients) of the Act on Reporting and Use of Certain Financial Transaction Information, State Bank of India, Seoul Branch may collect information and/or data, and may reject or suspend transactions with customers who do not provide the information and/or data necessary for customer verification or for whom verification cannot be completed.

Recommender	(Seal) Real Name Checker	(Seal)
Seal	Signature	

Account Opening Particulars	
Account Type	<input type="checkbox"/> Saving Account <input type="checkbox"/> Time Deposit
Time Deposit	<input type="checkbox"/>


♣ Application for Time Deposit Renewal

I request that the deposit be renewed as described below at maturity (or the next business day if maturity date fall on holiday) Interest rate quoted by deposit period on renewal date by SBI, Seoul.		Applicant : (Seal, Signature)
Deposit amount renewal	<input type="checkbox"/> Amount including interest <input type="checkbox"/> Amount excluding interest	Maturity date of Renewal
	Renewal period Months Times of Renewal Times	
(Account No. to receive interest : E-mail Notice <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail Notice of Maturity Date	I request for the email notice of maturity of the time deposit under my name.	Applicant : (Seal, Signature)
<input type="checkbox"/> In accordance with Article 3.3 of Act on Real Name Financial Transactions and Confidentiality, it is banned to conduct illegal financial transactions under borrowed name/s that include concealing property, money laundering, and tax evasion. Those who engage in such ill-intended financial transactions can be imprisoned up to five years or fined up to 50 million won. I hereby certify that I have read and understood the information provided to me in accordance with Article 6.3 of Act on Real Name Financial Transactions and Confidentiality. <input type="checkbox"/> I hereby certify that I have been provided the above-mentioned statement.		
(If applied via proxy) Proxy: (Seal, Signature)		Applicant : (Seal, Signature)
<input type="checkbox"/> I have fully understood the explanations on the deposit product and have ( <input type="checkbox"/> received <input type="checkbox"/> not received ) the product brochure and the terms and conditions.		Applicant : (Seal, Signature)

♣ Confirm whether or not he/she is a U.S. taxpayer?

Nationality	Are you a U.S. citizen/U.S. permanent resident/U.S. tax resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant : (Seal, Signature)
Please complete the form if you are U.S. citizen/U.S permanent resident or U.S. tax resident. The personal information and bank account information shall be provided to the Korean National Tax Service in accordance with the Korea-U.S. Automatic Tax Information Exchange Agreement.		
Name	Last Name First Name	U.S. TIN : SSN or TIN
Address		

<b>Date</b>	<b>Bank Account No.</b>	<b>Account Holder</b>	<b>Resident(business) registration ID No.</b>	<b>New Customer No.</b>
<b>Address</b>				
<b>Tel. No</b>				

<b>Power of attorney</b> <b>(Real name identification required documents :</b> - Applicant's ID (or copy) - Applicant(corporation)'s certificate of seal impression(original) -Attorney's ID	Attorney's personal information	Name / Resident		Relationship to applicant	
		Date of Birth			
		Address		Tel. No	
		The applicant delegates all relevant procedures required to verify his/her real name for the deposit transaction that he/she seeks to enter into with State Bank of India, to the above said agent.			
(Seal, Signature)		<b>Delegator(Deposit Holder)</b>			