



PERSONAL ACCOUNT OPENING FORM

I/We wish to open the following account with Indian Overseas Bank, Singapore. Please [v] where applicable and delete whichever is not applicable.

INITIAL	
CUSTOMER ID	
ACCOUNT NUMBER	
CURRENCY	
DATE	

Account Type	:	<input type="checkbox"/> Current Account	<input type="checkbox"/> Fixed deposit	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Others: _____ (Please Specify)
Currency	:	<input type="checkbox"/> Singapore Dollars	<input type="checkbox"/> US Dollars	<input type="checkbox"/> EURO	<input type="checkbox"/> Others: _____ (Please Specify)
Customer Type	:	<input type="checkbox"/> Individuals	<input type="checkbox"/> Joint-Normal	<input type="checkbox"/> Joint- E or S	<input type="checkbox"/> Others: _____ (Please Specify)

PRIME ACCOUNT HOLDER: (Enclose KYC/ID Documents) Mr /Mrs /Miss /Mdm /Dr	SECONDARY ACCOUNT HOLDER: (Enclose KYC/ID Documents) Mr /Mrs /Miss /Mdm /Dr
	<u>Relationship to Prime Account Holder</u>
<u>Residential Address:</u>	<u>Residential Address:</u>
<u>Mailing Address</u> (if Different from above)	<u>Mailing Address</u> (if Different from above)
Telephone Number:	Telephone Number:
E-Mail Address	E-Mail Address
Marital Status: [] Single [] Married [] Divorced/Separated [] Widow/Widower	Marital Status: [] Single [] Married [] Divorced/Separated [] Widow/Widower
Occupation: Name of Employer/Business: Annual Income:	Occupation: Name of Employer/Business: Annual Income:
Purpose of Account Opening:	Purpose of Account Opening:
Source of Fund/Income:	Source of Fund/Income:
<u>Other Account Details</u> Bank Name Type of Account Year of Opening	<u>Other Account Details</u> Bank Name Type of Account Year of Opening
Other Details(Income Tax Returns)	Other Details(Income Tax Returns)
SPECIAL INSTRUCTIONS (if any):	

*Separate/Additional Opening Forms to be submitted for additional Account Holders
 **Individual KYC form shall be filled up completely and signed along with necessary supporting documents.

DEPOSIT INSURANCE SCHEME

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$100,000/- in aggregate per depositor per Scheme Member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

DECLARATION: I/We agree and confirm that all the information provided by me/us in this Application is true to the best of my/our knowledge and belief and that the Bank shall be duly entitled to rely on the accuracy of such information without any further investigations on the part of the Bank; in the case of any change; I/We will bring it to the knowledge of the Bank. I/We confirm having read and understood the General Terms & Conditions for opening the above account and confirm that I/We will be bound by any additional Terms and Conditions that the Bank may impose from time to time. I/We undertake all funds being routed by me/us under this Deposit(s) is/are legitimately sourced and not related to any criminal activities/drug trafficking/terrorist activities/other forms of money laundering and suspicious activities and do not violate any provisions of the laws in this regard. I/We authorize Bank to disclose any information and particulars relating to such of our account(s) to any and all persons in accordance with the Bank's Terms and conditions and Prevailing Laws and Regulations. I/We confirm that no Legal Actions/Bankruptcy proceeding is / are pending against me / us. I / We declare that I/we comply with all Tax Laws of the Country of our residence / where we are citizens or otherwise subject to.

<p>Account Holder Signature</p> <p>Name: _____ Date: _____</p>	<p>Account Holder Signature</p> <p>Name: _____ Date: _____</p>
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<u>Introduction</u> (For Current Account only)	
<p>Introduced By: (Name/ Address/Contact No)</p>	<p>Signature</p>

FOR OFFICE USE ONLY

<p><u>RISK PROFILE</u></p> <p>Introduction Verified : YES/NO</p> <p>Operating Instruction :</p> <p><input type="checkbox"/> LOW RISK (RIP I) <input type="checkbox"/> MEDIUM RISK (RIP II) <input type="checkbox"/> HIGH RISK (RIP III) <input type="checkbox"/> PEP RELATED (Exceptional RIP III)</p> <p>THRESHOLD LIMIT:</p> <p>REMARKS:</p> <p>_____</p> <p>Authorized Signature _____ Date _____</p>	<p><u>Approval by Officer In Charge</u> (Comment / Remarks. If any)</p> <p>KYC Obtained : YES/NO</p> <p>ACRA Verification : YES/NO</p> <p>PEP Verification : YES/NO</p> <p>Source of Fund/Income Detail :</p> <p>Beneficial Ownership , if Different detail, if any } :</p> <p>Special Instruction :</p> <p>_____</p> <p>Authorized Signature _____ Date _____</p>
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Comments and/or Approval –Please refer to Enclosed Office note

Officer in Charge
Date: