

ACCOUNT UPDATE FORM

CORPORATE

* Please fill GENERAL DETAILS section and required information to update

GENERAL DETAILS		
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Corporate Name	<input type="text"/>	
Registration Number	Date of Incorporation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ACCOUNT DETAILS	
Account Name	<input type="text"/>
Service Required	<input type="checkbox"/> Internet Banking (please fill Internet Banking Application Form For Corporate Customers) <input type="checkbox"/> Statement by e-mail, <i>specify frequency</i> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly E-mail: _____

TRANSACTION VOLUME	
Volume of Transaction / Year	MVR / USD
Expected Cash Withdrawal	
Expected Cash Deposit	
Expected Outward Remittance	
Expected Inward Remittance	
Expected Total Credits	
Expected Total Debits	

ADDITIONAL DETAILS REQUIRED FOR FIXED DEPOSIT ACCOUNTS	
Duration	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other _____
Auto Renewal	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify renewal method: <input type="checkbox"/> With Interest <input type="checkbox"/> Principle Amount Only. Please Provide Interest Credit Account: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SIGNATURE

Mode of Operation	<input type="checkbox"/> Singly <input type="checkbox"/> Any Two / Both Jointly	Company Seal / Stamp
	<input type="checkbox"/> Other, <i>please specify:</i> _____	

PHOTO	Specimen Signature 1	Specimen Signature 2
	Please paste your recent passport size photograph here	

Name		Group	
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PHOTO	Specimen Signature 1	Specimen Signature 2
	Please paste your recent passport size photograph here	

Name		Group	
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PHOTO	Specimen Signature 1	Specimen Signature 2
	Please paste your recent passport size photograph here	

Name		Group	
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PHOTO	Specimen Signature 1	Specimen Signature 2
	Please paste your recent passport size photograph here	

Name		Group	
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SIGNATURE			
<p>PHOTO</p> <p>Please paste your recent passport size photograph here</p>	Specimen Signature 1		Specimen Signature 2
	Name		Group
<p>PHOTO</p> <p>Please paste your recent passport size photograph here</p>	Specimen Signature 1		Specimen Signature 2
	Name		Group
<p>PHOTO</p> <p>Please paste your recent passport size photograph here</p>	Specimen Signature 1		Specimen Signature 2
	Name		Group
<p>PHOTO</p> <p>Please paste your recent passport size photograph here</p>	Specimen Signature 1		Specimen Signature 2
	Name		Group

FOR BANK USE ONLY		
Checked By	Uploaded By	Verified By

DECLARATION

- I/We hereby declare/certify that the information furnished above is correct. I/We undertake to inform the Bank in the event of any change in the above details that will bring our company under FATCA and also authorize SBI to disclose account information to the relevant authority, in such an eventuality
- I/We confirm that the details / documents submitted by me are correct as per best of my knowledge
- I/We read and agree following terms and conditions of State Bank of India:
 - General fund transfer terms and conditions
 - Fixed deposit account terms and conditions (fixed deposit account opening customers only)

* current terms and conditions and bank service charges are available from our website www.sbimaldives.com and our branches.

Name of Director	ID / PP Number	Signature

Date:

D	D	M	M	Y	Y	Y	Y
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Company Seal / Stamp

FOR BANK USE ONLY

Form Checked & Approved By	Account Opened By	Compliance Checked By	Verified By