

Partnership Account Opening Form



Validated

SECTION A

Branch

Full Name of Partnership/Account Title

Date of Incorporation

Principal Business Activity

Registered Country

Subsequent Name Change

Date of Name Change

Correspondence Address

Registered Address (if diff. to Correspondence address)

Postcode

Postcode

Telephone

Telephone

Fax

Fax

E-mail

E-mail

Certified Copies attached

Checklist for Partnerships

- i.) Certified copy of the partnership mandate authorising the opening of the account on firm letterhead.
(See Section C of this form for a draft mandate.)
- ii.) A certified copy of the Deposit Taker's Certificate (in respect of PO Box addresses)
- iii.) Status enquiry from UK/EU financial institution or Credit Check. (Persuant to Data Protection Act)
- iv.) Taxes Management form (BRT form – for Non-Resident Companies only)
- v.) Confirmation on firm letterhead that no general charge on assets has been created in favour of any Bank(s).
If no, then see (vi) below
- vi.) If yes, in (v) above, has a 'no objection certificate' been obtained from the Bank(s) in question.

Account Number Allocated

Type of Account

Currency

Date of A/c Opening

Date of A/c Closure

.../.../...

.../.../...

.../.../...

.../.../...

.../.../...

.../.../...

Partnership Account Opening Form



SECTION B

1. Partner's Details

Validated

Address verification

Credit Agency Check

Electoral Register

Utility Bill

Bank/Building Society Statement

Credit Card Statement

Certified copies attached

ID verification

Passport

Certified copy attached

Title(Mr/Mrs/Miss/Other)	<input type="text"/>	First Name	<input type="text"/>
Other Initials	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>	Nationality	<input type="text"/>
Passport Number	<input type="text"/>	E-mail	<input type="text"/>
Address	<i>(Previous address if less than 3 years at current address)</i> <input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Position held in Partnership	<input type="text"/>	Signature	<input type="text"/>

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Utility Bill

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ID verification

Passport

Certified copy attached

2. Partner's Details

Title(Mr/Mrs/Miss/Other)	<input type="text"/>	First Name	<input type="text"/>
Other Initials	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>	Nationality	<input type="text"/>
Passport Number	<input type="text"/>	E-mail	<input type="text"/>
Address	<i>(Previous address if less than 3 years at current address)</i> <input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Position held in Partnership	<input type="text"/>	Signature	<input type="text"/>

Partnership Account Opening Form



SECTION B

1. Details of Authorised Signatory (if not a Partner)

Validated

Title(Mr/Mrs/Miss/Other) First Name

Address verification

Other Initials Surname

Credit Agency Check

Address

Electoral Register

Utility Bill

Postcode Country

Bank/Building Society Statement

Date of Birth Nationality

Credit Card Statement

Passport Number E-mail

Certified copies attached

(Previous address if less than 3 years at current address)
Address

ID verification

Passport

Postcode Country

Certified copy attached

Position held in Signature
Partnership

Validated

2. Details of Authorised Signatory (if not a Partner)

Address verification

Title(Mr/Mrs/Miss/Other) First Name

Credit Agency Check

Other Initials Surname

Electoral Register

Address

Utility Bill

Postcode Country

Bank/Building Society Statement

Date of Birth Nationality

Credit Card Statement

Passport Number E-mail

Certified copies attached

(Previous address if less than 3 years at current address)
Address

ID verification

Passport

Postcode Country

Certified copy attached

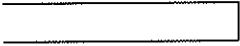
Position held in Signature
Partnership

For office use only

Partnership Account Opening Form



Note: Copies of passports are acceptable provided that the copy has been duly attested by either the High Commission of India or the Embassy of India or the Company's present bankers or a notary public.



Partnership Account Opening Form



SECTION C

Draft of a Partnership Mandate

TO: State Bank of India

Date.....

We the undersigned, *(insert full names of all partners)*
.....
.....
.....

..... being all partners in the Firm of hereby request you to
open a Current/Deposit-at-call/Fixed Deposit Account(s) in the name of the Firm *(delete where appropriate)*.

We hereby authorise you, until you receive from any one of us notice in writing to the contrary, to treat and consider *(insert "either of us" or "any (two) of us" or "all of us" as appropriate)*..... as fully empowered to act on behalf of our said partnership in all transactions with your Bank, and to instruct you with regard to any account or banking transactions of the partnership, and in particular (without prejudice to the generality of the foregoing).

1. To draw, sign, accept make and endorse cheques, orders for payment, bills of exchange and promissory notes on behalf of our said partnership.
2. To sign orders and receipts for the withdrawal of securities, deeds and other articles lodged with you or moneys held on deposit or other account with you in the partnership name and you are authorised to debit the amount of all such cheques, orders for payment, bills of exchange and promissory notes to any partnership account whether it is in credit or may become overdrawn by reason of such debiting, and we undertake that any such overdraft shall be our joint and several responsibility.
3. This letter of authority and our liability hereunder shall be continuing notwithstanding any change in the constitution of our Firm, or in the membership of the Firm, by reason of bankruptcy, retirement or disability of any partner or the admission of a new partner or partners.
4. The Company agrees to provide to the Bank in writing any changes in details or circumstances that may change from time to time.
5. The Firm shall, as and when necessary, supply to the Bank a list of the current Partners and, if applicable, other officials authorised to sign with specimen signatures.
6. We certify that the signatures set down within Section B of this account opening form are those of all the Partners and of any other Officers of the Firm authorised to sign, that such signatures are the genuine signatures of such persons and that such signatures operate as the specimen signatures of each of such persons.

Yours faithfully,

PARTNER 1: Signature..... Name (in Caps).....

PARTNER 2: Signature..... Name (in Caps).....

PARTNER 3: Signature..... Name (in Caps).....

PARTNER 4: Signature..... Name (in Caps).....

PARTNER 5: Signature..... Name (in Caps).....

Note: Copies of passports are acceptable provided that the copy has been duly attested by either the High Commission of India or the Embassy of India or the Company's present bankers or a notary public

NOTICE UNDER THE DATA PROTECTION ACT 1998

You have provided information (data) about yourself in connection with the operation of your account and that information will be stored in both manual and computer files.

The Bank will use your information for the purposes of considering your application and, if granted, administering the account. The Bank may also contact you from time to time to offer services offered by the Bank and members of its group unless you request the Bank not to.

Parts of the Bank may be located in India or otherwise outside the European Economic Area, in countries whose laws do not provide equivalent protection for your personal information, as that provided by the Data Protection Act 1998. In those circumstances the Bank will first ensure that there are measures in place to provide that protection. In particular, it may be necessary for all or some of the data provided by you or already in the Bank's records to be communicated to the Bank's corporate office in India, who may, for regulatory or statistical purposes, be required to provide information to the Indian Regulatory Authorities.

The Bank may use third parties to provide services to it and will pass your information to such third parties for this purpose. In those circumstances, the Bank will first ensure that there are measures in place to provide protection for your personal information.

The information held by the Bank may include data of a sensitive nature such as relating to the commission or alleged commission of an offence or, in very rare circumstances, relating to your health. You consent to the Bank holding this information for the purposes set out in this Notice.

The Bank will treat all your personal information as private and confidential (even when you are no longer a customer). Nothing about your accounts, nor your name and address, will be disclosed to anyone, including other companies in the Bank's Group, other than in four exceptional cases permitted by law. These are:

1. Where we are legally compelled to give the information.
2. Where there is a duty to the public to disclose the information.
3. Where it is in our interests to give the information. This will include the circumstances set out in this Notice but we will not give information about you or your accounts (including your name and address) to anyone else including other companies in our group for marketing purposes.
4. Where you ask us to reveal the information, or if we have your permission.

The Bank may make such enquires of persons such as employers, landlords, accountants, bankers, lenders, the Land Registry and/or the Inland Revenue as it considers necessary in connection with the application to confirm the truth and accuracy of the information contained in it and for credit reference purposes.

Name : Signature: Date:

Name : Signature: Date:.....

Name : Signature:..... Date:.....

BANK REFERENCE FORM

TO BE COMPLETED BY YOUR BANK:

TO :

BANK:

BRANCH:

ADDRESS:

.....

.....

SORT CODE:

ACCOUNT NAME:

ACCOUNT NUMBER:

TO:
 The Manager
 State Bank of India
 15 King Street
 LONDON
 EC2V 8EA

ATTENTION:
MRS. A.R.NAIR
CUSTOMER SERVICES
DEPARTMENT

FAX NO: 020-7454-4423
TEL. NO: 020-7454-4315

Please provide a bank reference for me/us to State Bank of India,
 This reference should: -

i Be dispatched as soon as possible to :

State Bank of India
 15 King Street
 London
 EC2V 8EA

ii Confirm that I/we hold an account with you.

iii Confirm that the signature(s) below appear to be in accordance with your records, and

iv Confirm that in your opinion I am/we are respectable and trustworthy and good for my/ our normal business engagements including opening of a current account. A form is given opposite which you may use at your discretion.

v. **Please debit my account with you for any charges for this Bank Reference**

We confirm that: -

- i The named individual(s) ("the customer(s)") shown opposite is/are the holder(s) of the named account with us.
- ii The signature(s) given appear(s) to be that/those of the customer(s).
- iii That in our opinion the Customer(s) is/are respectable and trustworthy and good for normal business engagements including opening of a current account.
- iv The address shown is that of our customer.

Bank Signatory

Bank Stamp

NAME(S) (Please state Mr. Mrs. Ms or other Title)

.....

ADDRESS:

.....

.....

SIGNED:

DATE :

PLEASE RETURN THIS FORM TO STATE BANK OF INDIA, 15 KING STREET, LONDON EC2V 8EA

Authority and Indemnity in Respect of Facsimile Instructions

To: **STATE BANK OF INDIA,**

Dear Sir,

Account(s) No:-

The Mandate

I/We refer to the Mandate between the Bank and me/us governing the operation of my/our above account(s) and credit or other facilities or banking arrangements with the Bank ('Mandate').

Bank to comply with facsimile or telex instructions.

Notwithstanding the terms of the Mandate or of any future mandate or other agreement or course of dealing between the Bank and me/us, the Bank is requested and authorised, but is not obliged, to rely upon and act in accordance with any notice, demand or other communication which may from time to time be, or purport to be, given by facsimile by me/us or on my/our behalf by any one of the persons mentioned below without inquiry on the Bank's part as to the authority or identity of the person making or purporting to make such notice, demand or other communication and regardless of the circumstances prevailing at the time of such notice, demand or other communication. The Bank shall be entitled to treat such notice, demand or other communication as fully authorised by and binding upon me/us and the Bank shall be entitled (but not bound) to take such steps in connection with or in reliance upon such communication as the Bank may in good faith consider appropriate, whether such communication includes instructions to pay money or otherwise to debit or credit any account, or relates to the disposition of any money, securities or documents, or purports to bind me/us to any agreement or other arrangement with the Bank or with any other person or to commit me/us to any other type of transaction or arrangement whatsoever, regardless of the nature of the transaction or arrangement or the amount of money involved and notwithstanding any error or misunderstanding or lack of clarity in the terms of such notice, demand or other communication.

Indemnity against losses etc

In consideration of the Bank acting in accordance with the terms of this letter, I/we undertake to indemnify the Bank and to keep the Bank indemnified against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by the Bank of whatever nature and howsoever arising, out of or in connection with such notices, demands or other communications, provided only that the Bank acts in good faith.

Notice of termination

The terms of this letter shall remain in full force and effect unless and until the Bank receives, and has a reasonable time to act upon, notice of termination from me/us in writing (signed, in the case of a corporation, by a duly authorised officer), save that such termination will not release me/us from any liability under this authority and indemnity in respect of any act performed by the Bank in accordance with the terms of this letter prior to the expiry of such time.

Enclosures

We enclose a duly certified copy of a resolution of our Board passed on theday ofauthorising any one of (names of authorised persons) to act on our behalf in the giving of instructions to you and the conclusion of agreements with you by facsimile or telex.

Yours faithfully,

(signature of (or on behalf of) customer (s))