

Please Affix a recent photo and sign over it



Please Affix a recent photo and sign over it

CORPORATE ACCOUNT OPENING FORM

Account Opening Branch:	Currency:	Type of Entity:	Ownership:
Johannesburg <input type="checkbox"/>	ZAR <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Locally <input type="checkbox"/>
Durban <input type="checkbox"/>	USD <input type="checkbox"/>	Partnership <input type="checkbox"/>	US Owned <input type="checkbox"/>
	GBP <input type="checkbox"/>	Close Corporation <input type="checkbox"/>	Foreign (excluding US) <input type="checkbox"/>
	EUR <input type="checkbox"/>	Limited Liability <input type="checkbox"/>	
	Other _____	Foundation/ NGO <input type="checkbox"/>	
Type of Account:			
Current <input type="checkbox"/>	Term Loans <input type="checkbox"/>	Trade Finance <input type="checkbox"/>	Call Deposit <input type="checkbox"/>
CFC <input type="checkbox"/>	Loan Syndications <input type="checkbox"/>	Loan Syndications <input type="checkbox"/>	Working Capital Finance (OD, BD, PB) <input type="checkbox"/>

ENTITY DETAILS

Entity Name:	Date Established:																					
<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y															
Nature of business:	Vat Number:																					
<input type="text"/>	<input type="text"/>																					
Income Tax Number:	Entity Registration Number:																					
<input type="text"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Business Address in (RSA):																						
<input type="text"/>																						
Suburb:	City:	Post Code:																				
<input type="text"/>	<input type="text"/>	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																				
Postal Address in (RSA):																						
<input type="text"/>																						
Suburb:	City:	Post Code:																				
<input type="text"/>	<input type="text"/>	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																				
Contact Person:	Designation:	Mobile Number:																				
<input type="text"/>	<input type="text"/>	<input type="text"/>																				
Work Number:	Email Address:																					
<input type="text"/>	<input type="text"/>																					
Beneficial Owner/ Holding Company (If Applicable)	Parent Company Location:																					
<input type="text"/>	<input type="text"/>																					
Cash Accepting Business: Yes <input type="checkbox"/> No <input type="checkbox"/>																						
Do you have a copy of the businesses latest financials? Yes <input type="checkbox"/> No <input type="checkbox"/>																						
Source of Funds	Annual Turnover:																					
<input type="text"/>	<input type="text"/>																					

Residential/Business Address:

Suburb:

City:

Post Code:

Full Name/Entity Name:

ID Number/Registration Number:

Percentage:

Residential/Business Address:

Suburb:

City:

Post Code:

Full Name/Entity Name:

ID Number/Registration Number:

Percentage:

Residential/Business Address:

Suburb:

City:

Post Code:

I / We, * the undersigned, hereby declare that the above information is true and correct and undertake to notify the bank in writing of any amendments. I / We shall submit on request any documentary evidence if required. I / We acknowledge that the bank will act upon the information given.

I/ We, the undersigned, hereby declare that money deposited into my / our, undersigned account is beneficially owned by Applicant and that no part nor all of it is associated with illegal/criminal activity and the transaction of money does not constitute money laundering. Where required by domestic or overseas regulators or tax authorities, we consent and agree that the Bank may withhold, and pay out, from our account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives as well as disclose the required information in line with the applicable legislation. Disclosure of information will be done strictly in terms of the Protection of Personal Information Act 4 of 2013. We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which we have provided to the Bank.

We hand you herewith the following: -

- a. Memorandum & Articles of association
- b. Certificate of incorporation
- c. A full list of present signing officials/Directors/members, with their respective signatures
- d. Latest Balance sheet and report of company/Financial statements
- e. Founding Statement
- f. Board Resolution authorizing the opening of account with State Bank of India, South Africa
- g. Personal details of Signatories:
- h. Proof of Details of Shareholders holding 10% or more voting rights.
- i. I / we understand SBI is a USA Foreign Tax Compliance Act (FATCA) Complied Financial Institution and transaction in USA owned accounts shall be shared with the appropriate movement agency as per the US FATCA Act as declared by me in the FATCA declaration form. We further understand that relevant information in terms of CRS regulations will also be shared with SARS.

TERMS & CONDITIONS:

- (i) Every renewal will be treated as fresh contract.
- (ii) Charges / service fees may be charged / imposed by giving reasonable notification either by mail / website or both.
- (iii) The depositor shall keep the Bank informed of any change in its address, identity or any other particulars of the entity.
- (iv) The depositor authorizes the Bank to:
 - a. Accept any instructions by electronic means.
 - b. Debit the account, from time to time, with all charges consistent with the banking practice.
 - c. Exercise a lien on the deposit account as security for any advance granted to the depositor and in event of default in repayment of such amount on due date exercise the right of set off on the credit balance in the deposit account towards repayment of any amount due.
- (v) Authority is given to accept instructions relating to financial transaction in this account and any account opened in future for this company from the e-mail address recorded and we I/we will not hold the bank liable for any loss/damage due to this.

(vi) SBI reserves the right to close the account without giving notice, if the account remains inoperative and without minimum credit balance of (R1000) or as stipulated by the bank for a period of 12 months.

(vii) The depositor authorizes and indemnifies the Bank to:

- a) Accept any instructions by electronic means, including e-mails from the registered mail id with the Bank as per this account opening form.
- b) Debit the account, from time to time, with all charges consistent with the banking practices and notified in advance in available media including Banks website <https://za.statebank>
- c) Any loss or damage as a consequence of acceptance of any email instructions issued or purported to have been issued by the depositor from his registered e-mail id with the bank. (It is the responsibility of the account holder to inform the bank well within time if any change is made to his/her registered e-mail id).
- d) Exercise a lien on the deposit account as security for any advance granted to the depositor and in event of default in repayment of such amount on due date exercise the right of set off on the credit balance in the deposit account.
- e) Debit any erroneously credited funds by the bank or third parties.

viii) Our fee structure can be found on our website <https://za.statebank/transactional-services>

ix) It is your responsibility as the customer to keep your pin safe.

- f) Never share your ATM pin/OTP with anyone, including friends and family.
- g) Always follow the general guidelines/safety tips when using your debit card, for more information please visit our website <https://za.statebank>

(x) Any complaint lodged by you with the Bank will be dealt with in terms of our Complaints Handling and Redressal Policy, which is available on our website or can be obtained upon request.

ATM FACILITY / INTERNET BANKING / SMS ALERTS / STATEMENT OF ACCOUNT

1. ATM Debit Card required: Yes No
2. If yes, please provide the details of the individual who will have access to the debit card. The company shall be bound by all his acts in this respect.
3. Name: Designation:
4. SMS alerts for debit/credit: Yes No
5. Mobile Number for SMS alerts:
6. Statement Period: Monthly Weekly Fortnightly
7. Do you wish to receive Direct Marketing: Yes No
8. Activate debit card for Online Shopping (E-Commerce) Yes No

Debit Card Number:

5	5	5	9																
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- a. The debit card can be used for online shopping (internet purchases) only on domestic websites with transactions in ZAR currency.
- b. The debit card can only be used on 3D secured websites.
- c. When initiating a transaction the One Time Password (OTP) will be sent to the main signatory/directors register mobile number as mentioned above.
- d. SBI will not be responsible /liable for quality of goods/ services purchased by me online.
- e. SBI will not be responsible /liable for any dispute on account of late delivery/ non-delivery of goods/ services purchased by me online.
- f. Charge back claims for refund/ return of amount for any unsuccessful/ disputed transaction shall be dealt with by the Bank as per MasterCard Charge- back policy.
- g. I undertake that any dispute with vendor/ supplier of goods/ services for any reason above or otherwise will be settled by me directly with them.

I/WE * agree to the Terms and Conditions (Delete whichever is not applicable)

Name:	Designation:	Signature:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name:	Designation:	Signature:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>



SIGNING INSTRUCTIONS

*Delete whichever is not applicable

I/Members/Directors/Partners/Trustees of _____

With registration number _____ hereby *agree/has resolved:

1. That an account in the name of the Client be opened at the at STATE BANK OF INDIA ("the Bank" and the Bank is requested and authorised to accept *the signature(s)/endorsement(s) of the people authorised thereto on all cheques and other negotiable instruments reasonably purporting to be signed, accepted or made by or on behalf of the Client and pay all cheques and other negotiable instruments reasonably purporting to be signed, accepted or made by or on behalf of the Client by these authorised signatories; to debit the account with these items whether the account is in credit or not; to hold the Client liable on all endorsements of cheques and other negotiable instruments as well as all agreements, indemnities and documents in connection with all the usual banking transactions, including amongst other the deposit and withdrawal of moneys on fixed deposit, special deposit or on savings account, the issue of letters of credit, guarantees, drafts, telegraphic and other usual banking transactions. STATE BANK OF INDIA also includes all its subsidiaries, branches and other offices. Fixed deposits will auto renew at the prevailing interest rate, for the initial period on the date of maturity, should the bank not receive any communication/instructions from the client upon expiry.
2. That the authorised signatories may be changed/amended from time to time but these changes/amendments will only be effective when furnished in writing to be Bank at the Branch where the account is domiciled.
3. That the Bank be requested and authorised to act on instructions countermanning payments of cheques or orders for payments and to issue cheque books, bank statements and certificates of balance in respect of the account upon the written request of any one of the authorised signatories.
4. That the Bank be requested and authorised to effect debits to the account, whether the account is in credit or not, if so instructed, through use of computer or other electronic equipment.
5. That the Bank open/continue an account as may be requested by the Client from time to time
6. That this authority be furnished to be Bank at the branch where the account is to be domiciled and that this authority to be Bank will remain in force until amended or rescinded in writing by the Client.
7. That any amounts and due dates of any liability, obligation or debt of the Client or any Director/Member/Trustee/Partner in his/her personal capacity shall be proved *prima facie* by a certificate signed by any manager of the Bank whose appointment as such need not be proved.
8. That the Client acknowledges that-
 - 8.1. Any failure to query any error contained in any statement furnished by the Bank in writing within 30 (thirty) days after the date of such statement, shall have the effect that the right to rely on such error shall lapse;
 - 8.2. Any misstatement of any nature whatsoever herein contained will entitle, but not oblige, the Bank to close the account and to recover the amounts owing to the Bank in relation to such accounts forthwith on demand from the Client.
 - 8.3. No extension of time, relaxation or other indulgence, which the Bank may grant or extend to the Client, shall in any manner whatsoever be construed or interpreted as a waiver of abandonment of the Bank's rights in terms thereof.
9. That nothing herein contained shall in any manner whatsoever be construed or interpreted as a waiver, abandonment or exhaustion of the Bank's rights in terms of the common law or established Banking practice.
 - 9.1. The Client undertakes to pay all bank charges and interest, which the Bank may from, time to time levy in accordance with general banking practice. Should the said account at any stage become overdrawn, the Client undertakes to pay the Bank on demand the amount with which the account is overdrawn
 - 9.2. The Bank will not be liable for losses arising from not readily detectable alterations on cheques and other negotiable instruments completed with erasable writing material
 - 9.3. All requisition and withdrawal slips, bills, payments and transfer instructions and other documents which reasonable purport to be duly drawn, signed and accepted by the Client relating to the account and which are to be met by the Bank, will be deemed to be a proper instruction to the Bank.
 - 9.4. The Client admits that the Bank will not be obliged to meet any instruction for payment from the account should the Client's account not be sufficient funds available or not have made the necessary arrangements with the Bank for overdraft facilities
 - 9.5. Should the Bank permit any withdrawals against unclear effects, the Bank will be entitled to debit the Client's account with such withdrawals and/or dishonoured cheques, should the Bank have credited the account with unclear effects. Should the Bank permit that the account become overdrawn in whatever manner or should the Bank permit withdrawals against unclear effects, such conduct by the Bank will not be deemed to create a practice.
 - 9.6. The Bank reserves the right to change the rate of interest and any other conditions relating to the account, from time to time, subject however to the maximum rates prescribed from time to time in terms of the Usury Act, (73 of 1968), as amended and the National Credit Act 34 of 2005
 - 9.7. The Client undertakes to take reasonable precautions in order to prevent the theft or loss of any cheque book(s), form(s) or card(s) provided to the Client in connection with the account or the disclosure of any information including the PIN number pertaining thereto. Should such cheque book(s), form (s) or card (s) be stolen or lost the Client undertakes to immediately inform the Bank in writing.
 - 9.8. The Bank as well as any division, affiliated or subsidiary company of the Bank is hereby irrevocably authorised to furnish or to disclose any information with regard to this application and any agreement arising from or as a result of this application, as well as the performance or compliance in respect thereof, to any credit bureau or other banker.

Email Address:

ID/Passport Number:

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Postal Address in (RSA):

Suburb:

City:

Post Code:

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Signature:

TERMS OF SERVICE: INTERNET BANKING

General Information:

- Please refer to the Internet banking registration information available on www.onlinesbiglobal.com to register and activate your Internet banking.
- Kindly login to your Internet Banking at least once every 90 days to avoid your password expiring. If you believe that any information relating to your account has a discrepancy, please bring it to the notice of the branch by e- mail or letter.
- Once registered for Internet Banking the customer can change his/her User ID.
- SBI will make reasonable use of available technology to ensure security and to prevent unauthorised access to any of these services which means that:
 1. *You are dealing with SBI at that moment.*
 2. *The two-way communication is highly secured with 256-bit SSL encryption technology, which ensures the confidentiality of the data during transmission. These together with access control methods and digital token system designed on the Site would afford a high level of security to the transactions you conduct.*
- As a security precaution, customers should avoid using PCs with public access or public Wi-Fi when accessing www.onlinesbiglobal.com.
- SBI or any of its representative will never send you e-mail/sms or call you for your personal information, password or one time Pin token (OTP). Any such e-mail /sms or phone call is an attempt to fraudulently gain access to your account through internet banking. Never respond to such e-mails/sms or phone calls. Please report to mgrsys.rsa@statebank.com / report.phishing@sbi.co.in in case of such an attempt. If you feel your password has been compromised please change it immediately.
- Each user will have to provide their own mobile number when registering for Internet banking in order to receive OTP.

That each of the officials as empowered by the Company to operate the Company's accounts with SBISA either singly or jointly as the case may be, is hereby authorized to register for and avail the 'Corporate Internet Banking' by using facility offered by SBISA and to carry out and do all things for which they have been authorized, electronically, using their user name and password. We, the undersigned, being the Directors of the Company as at this date pursuant to the Company's Articles of Association, resolve as follows:-

That the Company does avail the 'Corporate Internet Banking Service' over the Internet channel provided by State Bank of India, South Africa (SBISA) at its various Branches and the Company accepts such "Terms or Service" governing Corporate Internet Banking as laid down by SBISA and may be modified or supplemented from time to time for such purpose.

THE PROTECTION OF PERSONAL INFORMATION

The Protection of Personal Information Act (POPI) requires us to inform you how we use, disclose and destroy personal information we obtain from you. We are committed to protecting your privacy and will ensure that your personal information is used appropriately, transparently, securely and according to applicable law.

PERMISSION TO USE YOUR PERSONAL INFORMATION

- By agreeing to the terms of this account opening form, I hereby voluntarily authorise State Bank of India to process my personal information (including my name, physical address, telephone numbers and any other information I have provided to State Bank of India).
- Processing shall include the receipt, recording, storage, updating or modification, retrieval, alteration, dissemination by means of transmission and destruction of information. This consent is effective immediately and will endure until the relationship between State Bank of India and the Customer has been terminated.
- I take note that by supplying State Bank of India with the above-mentioned information I consent to them using the information for the purpose of opening a bank account and any other process that flows out of this matter.
- Cross border transfer: Where personal information and related data is transferred to a country which is situated outside the borders of South Africa, your personal information will only be transferred to those countries which have similar privacy laws to POPI in place or where the recipient of the personal information is bound contractually to no lesser obligations than those imposed by POPI.
- Access by others: SBISA may from time to time have to disclose your personal information to other parties, including its group companies or subsidiaries, client companies and entities and or approved product or third party service providers, regulators and or governmental officials, overseas service providers and related companies or agents, but such disclosure will always be subject to an agreement which will be concluded between SBISA and the party to whom

FATCA & CRS SELF DECLARATION FOR ENTITIES

Foreign Account Tax Compliance Act (“FATCA”) Common Reporting Standard (“CRS”)

Tax regulations require the collection of certain information about each account holder’s tax status.

Please complete all relevant sections and provide any additional information that may be requested. In certain circumstances, there may be a requirement to share this information with the South African/or relevant overseas tax authorities.

Please ensure you read this form carefully and that you understand it before completing and signing. If you require assistance, please speak to your tax advisor.

SECTION 1- COUNTRY OF RESIDENCE FOR TAX PURPOSES

1.1	Does the entity have tax obligations, tax liabilities or tax residencies outside South Africa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2	Does any of the controlling persons of the entity:		
A	Have tax obligations outside of South Africa*?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B	Hold citizenship or nationalities outside of South Africa (including US citizenship) or are they are US person or a US national *?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Important notes on completing this form:

- If ‘No’ is selected for all the above questions, then proceed directly to Section 9.
- If ‘Yes’ is selected for questions 1.1 and 1.2 above, complete Sections 4 & 5
- In addition, if the entity is a Financial Institution (e.g. a custodial institution, a depository institution, an investment entity or a specified insurance company), complete Sections 6 and 9. Do not complete Section 7.
- However, if the entity is not a Financial Institution, complete Sections 7 and 9. Do not complete Section 6.
- * Note- Please complete the Individual FATCA & CRS Self Certification Form

SECTION 2- UNITED STATES TAX RESIDENCY

2.1	Hold citizenship or nationalities outside of South Africa (including US citizenship) or are they are US person or a US national * ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.2	Is the entity a trust over which the US would have jurisdiction, or a trust where one or more US person(s) would have the authority to control decisions of the trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.3	Does the entity have any tax obligations in the US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered ‘Yes’ to any of the questions in Section 2, please complete an IRS W-9 form for the entity.

SECTION 3- ENTITY TAX RESIDENCY

This section must be completed to indicate all countries in which the entity is tax resident and/or has tax responsibilities

Country of Tax Residence	TIN

If you are unable to provide the TIN, please indicate the reasons below:

SECTION 4- FINANCIAL INSTITUTION TYPE

This section only applies to entities that are financial institutions. Please indicate in the boxes below whether the account holder is:

4.1	An investment entity that is not resident in a participating jurisdiction and managed by another financial institution. (If 'Yes' Section 6 must be completed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2	Any other investment entity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3	Any other investment entity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4	A financial institution that meets the definition of Non-Participating Foreign Financial institution (NPFFI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have indicated 'Yes' is selected for 4.1., 4.2. Or 4.3., please provide the entity's GIIN (Global Intermediary Identification Number)

If the GIIN number provided belongs to a sponsoring entity, please provide the name of the sponsoring entity:

If you have indicated 'Yes' is selected for 4.4., please complete the W-8BEN-E form.

SECTION 5-NON- FINANCIAL ENTITY CLASSIFICATION

This section only applies to entities that are not financial institutions. Please indicate in the boxes below whether the account holder is:

5.1	An Active Non-Financial Entity (NFE). An entity whose shares are regularly traded on an established stock exchange or an entity that is related to another entity whose shares are regularly traded on an exchange. (If 'Yes' is selected please indicate which stock exchange)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.2	An Active NFE: A governmental entity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.3	An Active NFE: A central bank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.4	An Active NFE: International organisation (e.g. United Nations, World Health Organisation).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.5	An Active NFE: Non-profit Entity that is registered as a PBO with the South African Revenue Service (SARS). (If 'Yes', please provide PBO number issued by SARS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.6	An Active NFE: An entity for which less than 50% of the gross income is passive income, and less than 50% of the assets held are assets that produce-, or are held for the production of, passive income. (Passive income includes dividends, interest, annuities, rent etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.7	Other Active NFE. An entity not qualifying as one of the above (5.1. – 5.6.).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.8	A Passive NFE. An entity not qualifying under any of the above criteria. (If Yes, it is mandatory to complete Section 6)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 6-CONTROLLING PERSON IDENTIFICATION*

This section only applies to Managed Investment Entities resident outside of CRS Participating Jurisdiction and Passive NFEs. Please provide details below

1.	Surname: <input type="text"/>	First Name: <input type="text"/>																				
	ID/Passport Number: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
2.	Surname: <input type="text"/>	First Name: <input type="text"/>																				
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**Please provide a completed Individual Self-Declaration Form for each controlling person listed in the table above*

SECTION 7- DECLARATION AND SIGNATURE

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the country/ies in which this account(s) is/are maintained.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to State Bank of India, South Africa and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

1.	Surname: <input type="text"/>	First Name: <input type="text"/>
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Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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2. Surname:

First Name:

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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3. Surname:

First Name:

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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_____ Branch / Sub-Office / Marketing Office

INDEMNITY FORM FOR ELECTRONIC INSTRUCTIONS (CORPORATE)

I _____, (Name) located at _____ (Address), hereinafter to be referred to the "Client"

AND;

State Bank of India Branches, (Johannesburg/Lenasia/Durban) located in Republic of South Africa, hereinafter to be referred to as the "Bank"

It is agreed between the parties as follows:

We the "Client" hereby request and authorise you to act in accordance with the terms of e-mail instructions (as defined hereafter) which may be received from us from time to time, or purporting to be from us, without further inquiry of any kind on your part into the authority of the persons who cause such E-mail instructions to be transmitted to you.

In consideration of your agreeing to act in accordance with such instructions as aforesaid, we hereby irrevocably agree and undertake as follows: -.

1. E-mail Instructions:

As used herein, e-mails transmitted, which on their face value appear to be from us, based solely on the appearance of our name as sender, _____ they need not be tested.

According to this agreement, for transactions by E-mail, client will take note of the SB/CA/OD account and authorized signature to transaction E-mail as below.

SB/CA/OD account number:

The authorized persons to transact

Full name of persons authorized to sign	Specimen of Signature	Telephone / Mobile Number	Mode of Operation (Singly, Either, Jointly, other)

*The telephone/mobile phone number of authorized persons is to confirm the transactions by E-mail

The following E-mail address will be used by the client for "Money Transfer Request":

_____ and this may be verified by us prior to the processing of the request.

2. Confirmation by Email:

We shall confirm by email delivered to you within seventy-two (72) hours and clearly marked "Confirmation of our E-mail instructions" the terms of any E-mail instructions. In the event of any discrepancy between the terms of any E-mail instruction and our written confirmation, the terms of the E-mail instructions shall govern as to any action taken in reliance thereon. All E-mail instructions to you by us pursuant to this agreement shall be binding on us whether such confirmation shall have been received by you or not.

3. Undertaking and Indemnity:

We hereby undertake to reimburse you for, indemnify and hold you harmless against all amounts paid by you on our behalf and for our account and all obligations of whatever nature incurred by you for our account or on our behalf (whether such obligations be contingent or matured) pursuant to any E-mail instructions together with interest at your normal rates applicable from time to time, bank commission, charges, claims, losses, damages and expenses with respect in your acting in accordance with E-mail instructions, irrespective of whether such messages are incorrect, mistranslated, duplicated, or the subject of unauthorized, unlawful, or improper use of any e-mail, however arising. This applies whether the source of difficulty arises in respect of:

- a. Our employee or agents, or
- b. Any e-mail or transmission corporation, agency or body (whether governmental or otherwise), or
- c. Any third parties, or
- d. The employees or agents thereof of any such corporation, agency, body or third party.

4. Bank Facilities:

The E-mail instructions you may receive may relate to any one or more of the financial services or accommodations you or any of your other branches may provide (other than payments on our account to third parties)/ including (without limitation) foreign exchange contracts, loans, loans disbursements, and transfer of funds, guarantees, letters of credit and all other obligations incurred in our account and we shall, now and in the future, unconditionally honor and ratify your actions taken in accordance with instructions contained in E-mail instructions received by you from time to time, and we agree to perform in accordance with the terms of E-mail instructions and the terms hereof with respect thereto. We acknowledge that you shall not be bound to act on these instructions unless you have entered into a specific agreement with us that makes available to us within its terms any financial facility or accommodation that is the subject of the E-mail instruction.

5. Termination of Agreement:

We acknowledge that you may, on twenty-four hours' notice, or from a reasonable time after you have dispatched to us written notices, terminate our right to send messages to you by e-mail instructions, but any such termination shall not release us from any liability which we may have incurred hereunder or otherwise prior to such termination.

You may act on E-mail instructions received by you until a reasonable time after you have actually received written notice from us, canceling this Agreement or the authority of any person to issue such instructions pursuant to this Agreement.

6. Governing Law and Jurisdiction:

This Agreement shall be governed and construed in accordance with South African Laws and we submit to the non-exclusive jurisdiction of the South African Courts, provided that nothing herein contained shall prevent the Bank enforcing its rights hereunder against us in any jurisdiction in which we or our assets may be found.

Signed On:

D	D	M	M	Y	Y	Y	Y
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Client Name:

Representative Name:

Signature:

Signed at, State Bank of India: Johannesburg Lenasia Durban

Signature:

VP (Banking/Trade/Credit/WB)

1. Surname:

First Name:

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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2. Surname:

First Name:

D	D	M	M	Y	Y	Y	Y
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