



At which branch do you wish to open an account (A/C):

- Toronto Mississauga Scarborough Brampton
 Vancouver Surrey Abbotsford

(PLEASE FILL THIS FORM IN BLOCK LETTERS)

Account No.: _____
 Debit Card No.: _____
 Supervisor Initials: _____
 Authorised By : _____
 (For Office Use Only)

*** Mandatory Field**

PERSONAL INFORMATION

Mr. Mrs. Miss Ms. Dr.

First Name* _____ Middle Initial _____ Last Name* _____ Birthdate* _____
M M D D Y Y Y Y

Street Address* (Current*) _____ No. of years at Current Address _____ Social Insurance Number# _____

City* _____ Province* _____ Postal Code* _____
The Income Tax act requires SBIC to ask for your SIN when you open an Interest Bearing Account

Home Phone _____ Business Phone _____ Cell Phone _____ Fax No. _____

Email Address _____

Would you like to apply for Debit Card?(Operational A/Cs only) Yes No Internet Banking ? Yes No

Where did you hear about us? (Please select from list): Print Radio TV Outdoor Ad Telephone Call Internet

Mail Sponsorship/Event Word of Mouth News / Story Family / Friend / Referral Others _____

EMPLOYMENT INFORMATION

Principal Business or Occupation* _____ Title _____ Company Name _____

Company Address _____ Phone No. _____ No. of years Employed _____

JOINT APPLICANT INFORMATION (If Applicable)

Mr. Mrs. Miss Ms. Dr.

First Name* _____ Middle Initial _____ Last Name* _____ Birthdate* _____
M M D D Y Y Y Y

Street Address* (Current*) _____ No. of years at Current Address _____ Social Insurance Number# _____
The Income Tax act requires SBIC to ask for your SIN when you open an Interest Bearing Account

City* _____ Province* _____ Postal Code* _____ Email Address _____

Home Phone _____ Business Phone _____ Cell Phone _____ Fax No. _____

Would you like to apply for Debit Card? (Operational A/Cs only) Yes No Internet Banking ? Yes No

EMPLOYMENT INFORMATION

Principal Business or Occupation* _____ Title _____ Company Name _____

Company Address _____ Phone No. _____ No. of years Employed _____

PURPOSE OF THE ACCOUNT

Purpose of Opening the Account : General Savings Savings for Retirement Savings for Education

Savings for Investment/ Savings for Major Purchases Others (please specify) _____

MODE OF OPERATION

If there is more than one applicant : Either to sign Both to sign

SELECT THE TYPE OF ACCOUNT YOU WISH TO OPEN

Regular Savings Account CAD Current Account CAD USD
Super Saver Account CAD USD GIC (Term Deposit) Account CAD USD

Would you like to order a cheque book along with this Account (Operational Accounts Only) Yes No
(Charges for use of cheques will be recovered from the customer)

Record Keeping Options (Operational Accounts Only) - Monthly Statements (any one) E-Mail Mail

THIRD PARTY INFORMATION (This section must be completed)

Will this account be used by or on behalf of any other party who is not an account holder in this application? Yes No

I/We confirm that this account is to be opened in the name/s given above and is not on behalf of nor will it be used for conducting any transaction on behalf of any third parties who are not part of this agreement.

OTHER INFORMATION (This section must be completed)

Do you now or have you ever held any of the following offices or positions in or on behalf of a foreign state : (A) head of state of head of government; (b) member of the executive council of government or member of a legislature; (c) deputy minister or equivalent rank; (d) ambassador or attache or counsellor of an ambassador; (e) military officer with a rank of general or above; (f) President of a state-owned company or a state-owned bank; (g) head of a government agency; (h) judge; or (i) leader or president of a political party represented in a legislature.

Are you a family member of a person who now holds or has ever held an office or position listed above, a family member being: (a) the person's spouse or common-law partner; (b) a child of the person; (c) the person's mother or father; (d) the mother or father of the person's spouse or common-law partner; (e) a child of the person's mother or father.

Yes No If Yes Please Specify: _____

AUTHORIZATION

I/We agree and acknowledge that State Bank of India (Canada)("SBIC") may verify the information provided above including by means of credit check to ensure its accuracy. I/We acknowledge that the personal cheque/s sent along with this application permits SBIC to clear the cheque in order to open this account. I/We have received, read and understood SBIC account opening terms and conditions and website terms of use. I/We confirm having read and understood SBIC Privacy Policy posted on Website and I/we consent to the collection, use and disclosure of my/our personal information in accordance with the Privacy Policy of the Bank as amended from time to time.

Applicant Signature

Date

Joint Applicant Signature

Date

ACCOUNT APPLICATION REQUIREMENTS

- If you open an account at one of our branches, you have to complete the Personal Account Application form and provide the following :
- Two (2) original pieces of identification (ID) (together with photocopies of the front and back to clearly identify your signature), ensuring that one piece is from each list below; and
 - A personalized cheque (with your name & address pre-printed) from another Canadian financial institution, made payable to yourself for any amount for your initial deposit to your new account. In case of joint account holders, you may give us a cheque on a similar joint account with another Canadian financial institution and if not please send us a separate cheque for each joint account holder.

Primary Identification (List A)

We require at least one original, valid and unexpired piece of ID from this list

- Valid Canadian Driver's License / Valid Canadian Passport
- Certificate of Canadian Citizenship or Certificate of Naturalization in paper Or card form (not commemorative issue) Permanent Resident Card or Citizenship and Immigration Canada form IMM 1000 or IMM 1442
- Birth Certificate issued in Canada
- Canadian Social Insurance Number (SIN) Card / Canadian Old Age Security Card
- Government of Canada Certificate of Indian Status / Provincial Health Insurance Card (not permitted by Provinces of Prince Edward Island, Manitoba and Ontario)
- Provincial Personal Identification Card, bearing your photograph and signature

Secondary Identification (List B)

ID from this section must include your name

- Employee Identification Card, issued by an employer well known in the community.
- ATM or Bank Card issued by a member of the Canadian Payments Association (CPA) with your name & signature on the same.
- Credit Card issued by a member of the CPA with your signature on the same.
- Canadian National Institute for the Blind (CNIB) card, bearing your photograph and signature.
- A Current Foreign Passport

Reference Number _____

Place of Issuance _____

Additional Identification Requirements:

If the identification presented by you does not contain your name, date of birth, address and occupation please provide this information, unless you are unemployed.