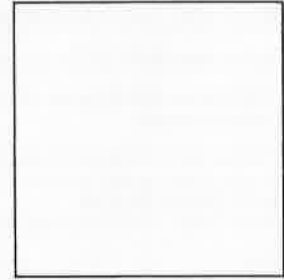


Main Applicant



Joint Applicant

**APPLICATION OF NEW ACCOUNT(S) AND SERVICE(S)**  
 To: \_\_\_\_\_ Limited Account No. \_\_\_\_\_  
 Mumbai, India  
 Do you have an existing Account with the Branch  Yes \_\_\_\_\_  No \_\_\_\_\_

**PART 1 : ACCOUNT INFORMATION (\* Please strike off where not applicable)**

Account Name : _____	* A/c Type: _____ (CCY: _____)
Communication Address : _____	* A/c Type: _____ (CCY: _____)
Purpose of Account: * Personal Use / Transactional / Investment / Others (please specify): _____	Interest Credit Account: (only applicable to Time/Fixed Deposit)
	Signing Condition: * Single / Either One / Any One / Both to
	Sign / Others : _____

**PART 2 : APPLICANT'S INFORMATION**

**PART 2A : Personal Information (\* Please strike off where not applicable)**

	1) First Applicant (Mr. / Ms.)	2) Joint Applicant (Mr./Ms./Mrs./Dr./others)
Name		
PAN/GIR No.		
Form 60/Form 61 (in case applicable, to be annexed with form)		
Category (SC, ST, OBC, Others)		
Nationality		
DOB (DD/MM/YYYY)		
Gender		
Marital Status		
Permanent Address (if different from mailing address)		
Telephone		
Mobile		
Telephone (O) / Email		
Relationship to Main Applicant		
Mother's Maiden Name		
Name of the Introducer		
Bank Account Number		
Relationship of the Introducer to applicant(s)		
Date of Introduction		
Signature of Introducer		

**PART 2B: Professional Information, Education and other Details**

Occupation :  Salaried  Business  Self Employed  House wife/Retiree  Politician  Student  Others (please specify) \_\_\_\_\_

Nature of Business :  Manufacturing  Trading  Services  Retailing  Agriculture  Stock Broker  Real Estate  Others (please specify) \_\_\_\_\_

Nature of Self Employment :  Doctor  CA/CS  Lawyers  Architects  Consultant  Engineer  Others (please specify) \_\_\_\_\_

Employed With:  Proprietorship  Partnership  Pvt. Ltd.  Public Ltd.  Public Sector  Government  Multinational  Others (please specify) \_\_\_\_\_

Education :  Non-matric  HSC/SSC  Under Graduate  Graduate  Post Graduate  Professional

Gross Annual Income (in Rupees) :  Nil  <50k  50k-1.5 Lacs  1.5 Lacs-<3Lacs  3 Lacs-<5 Lacs  5 Lacs-<10 Lacs  10 Lacs-<50 Lacs  50 Lacs and above

Gross Annual Turnover (in case of self employed and Business):  <10 Lacs  10 Lacs-<50 Lacs  50 Lacs-< 100 Lacs  100 Lacs and above

**Expected value of transactions in a month (Rs.)**

Total Deposit :  Upto 50k  50k - <1 Lacs  1 Lacs - <3 Lacs  3 Lacs - < 5 Lacs  5 Lacs - <10 Lacs  10 Lacs - ,20 Lacs  >=20 Lacs

Total Withdrawal :  Upto 50k  50k - <1 Lacs  1 Lacs - <3 Lacs  3 Lacs - < 5 Lacs  5 Lacs - <10 Lacs  10 Lacs - ,20 Lacs  >=20 Lacs

**PART 2C: Other Account Related Information**

To be completed by the parent / guardian, if applicant is a minor:

- Relationship with the minor: father / mother / court appointed guardian. In case the guardian has been appointed by a court, a copy of such order should be obtained by UOB.
- Full name and address of the parent / guardian \_\_\_\_\_

**Part 2 D: Mode of Funding**

- Cash                       Self drawn cheque                       Pay Order                       RTGS/SWIFT

NOMINATION REQUIRED:  YES (Please attached separate DA1 Form)     NO (I have been explained about the benefits of the nomination facility. However, I would like to inform you that I do not wish to provide nomination account

Signature \_\_\_\_\_

**CONFIRMATION AND ACKNOWLEDGEMENT**

1. I/We, the Applicant(s) named in this Application, hereby request United Overseas Bank Limited ("Bank") to open the Account(s) and/or provide the Service(s) specified by us in this Application.
2. I/We agree to abide and, when this Application is accepted by the Bank, by performing any transaction in relation to the Account(s) or utilising any of the Services specified in this Application, we represent to the Bank that we have received a copy of and have read and understood and regard myself/ourselves to be bound by the Bank's Terms and Conditions Governing Accounts and Services, the Bank's Additional Terms and Conditions Governing Accounts and Services.
3. In consideration of the Bank accepting the Application herein, we represent, warrant and agree with the Bank as follows:
  - (a) where this Application is for the provision of the Services specified, the Services shall be provided for in relation to the Account(s) specified in this Application, and where any application is made to link any Account to any existing Services, the application is to extend the Services to those Accounts;
  - (b) my/our signature(s) on this Application form shall constitute my/our signature(s) for the purpose of operating the Account(s) specified in this Application unless and until I/we change my/our signature(s) by giving the Bank notice thereof;
  - (c) where a request for the supply of a cheque book is made in this Application, we shall promptly confirm in writing to the Bank my/our receipt from the Bank of such cheque book or, where I/we shall fail to do so, issue of cheques from the cheque book received by me/us shall constitute my/our representation to the Bank of my/our receipt of the same;
  - (d) where a request to open Fixed Deposit Account is made in this Application and an interest credit account is specified herein, the Bank shall, unless and until it receives instructions to the contrary, transfer for credit to that account the interest earned on the Fixed Deposit Account.
4. I/We confirm that I/we am/are the beneficial owner(s) of the account(s).
5. I/We agree that I am / we are duly authorized to execute this application form and that I am / we are more than eighteen years of age  
OR  
(where the applicant is a minor)  
I am the parent / guardian of the applicant named herein who is my \_\_\_\_\_ and I shall represent the said minor applicant in all future transactions of any description in this account until the minor applicant attains the age of majority. I hereby agree to indemnify the Bank, its directors, officials, employees and agents against any claim that the said minor applicant may make for any withdrawal / transaction made by me in this account.
6. I/We agree that the Bank may at its discretion, accept or reject this application.
7. I/We agree to pay all service charges as may be applicable and as levied by the Bank from time to time. I/We agree and authorize the Bank to deduct service charges as may be payable by me/us with regard to the services availed by us / me from the Bank from my/our account without having the requirement to take a specific authorization from me/us.
8. I/We undertake to maintain the minimum balance in the account as required by the Bank and do hereby acknowledge and confirm that in the event I am/we are not able to maintain the minimum balance in my/our account, the Bank will be entitled to charge me/us and or deduct such charges from my/our account as may be specified by the Bank in this regard from time to time.
9. In case of any overdraft being created by wrong credits or in the Teller, I/we shall make good the same with interest as applicable.
10. I/We hereby confirm that all information provided to the Bank, in this Form or otherwise is true and correct.
11. I/We agree that the Bank is entitled to close the account\* if I/we fail to comply with any terms and conditions thereof.
12. Indemnity from persons who cannot read or write in English language as per follows:  
I/We hereby confirm that although my / our signatures appearing herein are not in English language I/we have read the terms and conditions / terms and conditions have been read to me/us and I/we have understood and have agreed to abide by the same. In consideration of the Bank opening the above mentioned bank account at my/our request in my/our name(s), we hereby agree to indemnify and keep indemnified, defended and hold harmless the Bank and its respective shareholders, officers, directors, employees and agents (herein after collectively referred to as the "Indemnified") from and against any and all monetary loss, harm or injury that may be caused to the Indemnified on account of any penalties, damages, costs, judgments, settlements, reasonable attorneys' fees and disbursements, or other expenses of any nature whatsoever that may be caused to and/or suffered, directly or indirectly, by the Indemnified on account of any claim by me/us and/or on my/our behalf on the Bank in this regard.
13. Know Your Customer (KYC) certification by the concerned Bank official. Caution: For foreign currency deposits, bank charges and adverse exchange rate movements could erase interest earning or reduce the original principal amount. Once the foreign exchange rate is contracted, the customer is bound by it and may not change or cancel the transaction.

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Main Applicant : \_\_\_\_\_ Date : \_\_\_\_\_ Joint Applicant: \_\_\_\_\_ Date : \_\_\_\_\_

Attended By: \_\_\_\_\_ Date : \_\_\_\_\_ Approved By: \_\_\_\_\_ Date : \_\_\_\_\_

Officer's Signature/Name	Officer's Signature/ Name	Officer's Signature/Name
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FATCA – SELF-CERTIFICATION (INDIVIDUAL)

Section 1: Particulars (Mandatory)

Name (as in NRIC/Passport\*) (Dr/Mr/Miss/Mrs/Mdm\*)
NRIC/Passport Number\*

Section 2: Self Certification (Please tick [V] only one box)

US Person
I confirm that I am a "US Person"
My Taxpayer Identification number (TIN) is:
1. TIN TIN Country : US
2. TIN TIN Country :
[Please complete 2 if you have a Non-US TIN as well]
Non US Person
I was a US Person but I confirm I am no longer a "US Person"
I confirm that I am not a "US Person"
My Taxpayer Identification number (TIN) is:
TIN Country :
Note 1: Definition of "US Person"
Note 2:

Section 3: FATCA Undertakings

I undertake to immediately notify the Bank in writing if I become a US Person. I also undertake to provide such documents as the Bank may require from time to time in its sole discretion for the purpose of the Bank satisfying itself that I am not a US Person.
Without prejudice to any other rights or remedies the Bank may otherwise have, I shall indemnify, keep indemnified and hold harmless the Bank against any and all liabilities, actions, claims, losses, damages, costs and expenses (including but not limited to legal costs on a full indemnity basis) suffered or incurred by the Bank as a result of, or in connection with, my US Persons Declarations(s) being inaccurate, outdated or untrue.
I acknowledge that a failure on my part to provide accurate and timely information pursuant to the Bank's FATCA obligations may result in the Bank reporting me to the local authorities and that the Bank may take all necessary action against me in order to comply with FATCA, local legislation to implement FATCA and / or any other provision arising out of an Inter-Governmental FATCA Agreement.
Signature Date

For Bank Use Only

FOR BRANCHES/BUSINESS UNIT USE ONLY

FATCA cure documents enclosed:-
Certificate of Loss of US Nationality
Others:
Passport/Identity Card collected and reviewed
FATCA Identification Status : Complete Pending
Attended by: Name: Lan ID: Staff ID
Signature/Date
Signature Verified by (For Thumbprint-Witnessed by): Name: Lan ID: Staff ID
Signature/Date
FOR COC USE ONLY
Processed By
Approved By
Signature and Name Date
Signature and Name Date

\*Please delete where inapplicable.
United Overseas Bank Limited Co Reg No. 193500026Z/Far Eastern Bank Limited Co Reg No.1958001





**CRS – SELF-CERTIFICATION (INDIVIDUAL)**

**Instructions**

1. CRS means the Common Reporting Standard.
2. In furtherance of the multilateral agreement signed by India on June 3, 2015, to automatically exchange information and based on Article 6 of the Convention on Mutual Administrative Assistance in Tax Matters (Convention) under the Common Reporting Standard (CRS) and Rules 114F to 114H of the Income tax Rules, 1962, United Overseas Bank Limited (UOB) is obliged to collect certain information about each account holder's tax residency status. Where necessary, UOB is required to submit necessary information to the Central Board of Direct Taxes through its authorized officers in order to comply with the above rules.
3. Please note that following the submission of this form, additional information may be sought by UOB in order to comply with the above rules and any relevant laws enacted to implement CRS.
4. Please complete all sections in a legible manner.
5. You must sign and date this form.
6. Please do not make any alterations to the pre-printed content of this form. Such alterations render this form defective.
7. Please do not use correction fluid or correction tape on this form. The use of either will make this form defective.

Section 1: Particulars	
Name (as appears in Passport) (Dr/Mr/Miss/Mrs/Mdm)	
Residential Address	
Mailing Address	
Registered Address (for sole proprietorship)	
Place & Country of Birth	
Date of Birth	
Nationality	
Citizenship (please specify if more than one)	
PAN (If applicable)	

Gross Annual Income	<input type="checkbox"/> Below INR 5 Lakhs	<input type="checkbox"/> INR 5 – 25 Lakhs	<input type="checkbox"/> INR 25 – 50 Lakhs
	<input type="checkbox"/> INR 50 Lakhs – 1 Crore	<input type="checkbox"/> Above INR 1 Crore	Please indicate accurate value if available _____

**Section 2: Tax Residency Declaration**

Please complete the following table indicating (i) where you are tax resident and (ii) your Tax Identification Number for each country indicated. If you are tax resident in more than three countries please use a separate sheet.

Country of Tax Residence	Tax payer number / Other identification number (please specify the type)

**Section 3: CRS Undertaking**

I confirm and declare that all of the information I have provided on this form is complete, current and accurate. I undertake to notify UOB in writing of any change in circumstances that causes any certification on this form to become incorrect and to provide an appropriately updated form within 30 days of such change.

Without prejudice to any other rights or remedies UOB may otherwise have, we shall indemnify, keep indemnified and hold UOB harmless against any and all liabilities, actions, claims, losses, damages, costs and expenses (including but not limited to legal costs on a full indemnity basis) suffered or incurred by UOB as a result of, or in connection with, my Declarations(s) being inaccurate, outdated or untrue.

I acknowledge that a failure on my part to provide accurate and timely information pursuant to the UOB's CRS obligations may result in UOB taking necessary measures and actions as provided in the Convention and the related rules and guidance issued thereunder.

Signature

Name

PAN/ Passport

Date

**For Bank Use Only**

**FOR BRANCHES/BUSINESS UNIT USE ONLY**

Attended by: _____ Signature/Date	Name: Lan ID: Staff ID	<input type="checkbox"/> Others : _____
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<b>FOR COC USE ONLY</b>	Signature Verified by (For Thumbprint-Witnessed by): Name: Lan ID: Staff ID _____ Signature/Date
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Processed By _____ Signature and Name	_____ Date
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