



## BUSINESS ACCOUNT OPENING FORM

### BUSINESS INFORMATION

Business Legal Name:				
Business Trade Name: (if different from Business Legal Name)				
Business Startup Date:				
Business Tax Identification Number (TIN):				
Type of Industry:				
If Other, Specify :				
Primary Business Function:				
Most current Annual Gross Sales / Revenue :				
As Per Financial Statement dated :				
Corporation Number	Jurisdiction of the Corporation (Provincial/ State / Federal)	Name of the Jurisdiction (Specify Province)		
<b>Estimated Monthly Transaction Activity</b>				
	<b>Deposits</b> No. of transactions per month	<b>Deposits</b> Amount per month	<b>Withdrawal</b> No. of transactions per month	<b>Withdrawal</b> Amount per month
Cash				
Cheques				
Domestic Bank Transfers				
International Wire Transfers				
ACH Transfers (e.g. Direct Deposits, Pre Authorized payments)				
Are you a not-for-profit organization?			Yes	No
Do you solicit charitable donations from the public?			Yes	No
Are you registered as Charity with Canada Revenue Agency?			Yes	No
if applicable , Provide your CRA registration number				
Do you operate in other countries?			Yes	No
If Yes, Provide the name of Countries you deal with :				

Total Number of Employees				
Select the branch where you wish to open the account				
<b>Select the type of Account(s) you wish to open</b>				
Select	Account type	Currency	Amount	Term
	Business Chequing account			
	Business Super saver Account			
	Business GIC Account			
Intended use of Account:				
if others				
Structure of Business:				
if others				
Does the Business have an existing account with SBIC				
If Yes, Provide SBIC Customer Number (CIF)				
SBIC Account Number				
Name of your Primary Banker				
<b>Physical Business Address</b>				
Street#		Unit#		
City:	Province:	Postal Code:		
No. of years to current address:		Country:		
<b>Mailing Address (if different from above)</b>				
Street#		Unit#		
City:	Province :	Postal Code:		
No. of years to current address:		Country:		
<b>Contact Details</b>				
Business Phone no:		Cell Phone No.		
FAX number:		Email Address		
<b>Source of Funds</b>				
I/We declare that the source of funds is:				
<i>Specify, if others:</i>				
<b>Account options</b>			<b>Select</b>	
Would you like to order a cheque book with this account (Cheque book charges may be applicable)			Yes	No
Would you like to have corporate internet banking			Yes	No
Account Statement:	E-Statement	Paper Statement	No Statement	

**Owner / Authorized Signer Details**

Total Number of Partner/ Owner :

Please provide full details of following related parties:

1. All Principals who own or control directly, or indirectly, having 20% or more equity ownership
2. All signatories authorized to operate the business account.

In case of more than 4 principals/authorized signatories, please add a separate sheet for each Principal/ authorized signatory, giving full details thereof.

Sr No.	Full Name of the Owner / Partner / Authorized Signatory	Role / Capacity	Percentage of Ownership/ Interest (To be provided only in case of owner/Director or holding entity with ownership of 20% or more)
		A) Owner/Partner B) Director C) Authorized signer	
		A) Owner/Partner B) Director C) Authorized signer	
		A) Owner/Partner B) Director C) Authorized signer	
		A) Owner/Partner B) Director C) Authorized signer	

**Mode of Operation :**

***If others, :***

**Third Party Information**

**I/We confirm that this account will be used only by the Business Entity mentioned in this application form as account holder. It will not be used by or on behalf of any other business or entity which is not mentioned as an account holder in this application.**

## CORPORATE INTERNET BANKING

Name of Authorized User	Business Phone number	Rights of Authorized User
		A) View Rights B) Transaction Rights C) Admin Rights
		A) View Rights B) Transaction Rights C) Admin Rights
		A) View Rights B) Transaction Rights C) Admin Rights
		A) View Rights B) Transaction Rights C) Admin Rights

### Authorization

The undersigned Authorized Individuals (hereinafter termed as the "Applicants") acknowledge receipt of SBI Canada Bank's Business Account service terms & conditions (the "Terms") which are incorporated by reference in this application. The Applicants hereby agree to be jointly and severally bound by the terms as amended from time to time. The applicants hereby confirm that all necessary Corporate, Regulatory, or other actions and authorizations (including without limitation, passing of necessary resolutions) as may be required for the purpose of opening and operating the account(s) sought to be opened pursuant to this application as well as for establishing its banking in accordance with the terms have been duly obtained and are in full force and effect. The Applicants hereby consent to the Bank for collecting, using, and disclosing personal information for the purposes identified in the Bank's privacy policy, which the Applicants have received, read, and understood. The Applicants hereby represent that all the information in this application is true and complete and agree that it can be relied upon by the Bank. The Applicants authorize the Bank to send account statements by mail to the address mentioned in the application form and as defined in the "Account Terms and Conditions" of the Bank.

I/We hereby confirm and certify both personally and on behalf of the Business that I am / we are the Principal of the Business and that all the statements and information provided in the account application form is true, complete, and correct in all respects. I/We agree and acknowledge that SBI Canada Bank – SBIC – may verify the information provided above and including by means of credit check to verify the accuracy. I/We have received, read, and understood SBIC account opening terms & conditions (<https://ca.statebank/account-terms-conditions>) and website terms of use. I/We confirm having read and understood SBIC Privacy policy posted on the website, and I/We consent to the collection, use and disclosure of my personal information in accordance with the Privacy Policy of the Bank as amended from time to time.

I/We understand that SBIC reserves the right to carry out any further additional checks on me/us for verification purpose. I/We, acknowledge, understand, and agree that if there is any change in the information as provided /declared above, I/We undertake to inform SBI Canada Bank of any such change immediately.

Name	Signature	Date

OWNER / AUTHORIZED SIGNER DETAILS				
Owner		Partner		Authorized Signer
<b>Personal Information</b>				
Title:		Full Name:		
Date of Birth:				
<b>Home Address</b>				
Street#			Unit#	
City:		Province:		Postal code:
No. of years to current address:			Country:	
<b>Mailing Address (if different from above)</b>				
Street#			Unit#	
City:		Province:		Postal code:
No. of years to current address:			Country:	
<b>Contact Details</b>				
Phone no:			Cell Phone Number:	
FAX number:			Email Address:	
<b>Social insurance number (SIN):</b>				
<p>CRA (Canada Revenue Agency) requires SBIC to call for your SIN number for interest bearing accounts.</p> <p>Canada Revenue agency requires SIN number to be incorporated on Tax Receipts issued to you.</p> <p><b>If Social insurance number (SIN) is not provided, a refusal letter for not providing SIN details to be given.</b></p>				
<b>Politically Exposed Person Information</b>				
Are You a PEP (Politically Exposed Person)?		Yes	No	
If yes, please select the type of PEP		Domestic	Foreign	
What is your PEP status?				
<b>Employment/Occupation Information</b>				
Company Designation:			Type of Industry:	
Type of Employment:			Principal Occupation:	
Annual income:				
<b>Identification Details</b>				
<b>Primary ID Documents</b>				
ID Type	ID Number	Place of Issue	Date of Issue	Expiry date
<b>Secondary ID Documents</b>				