



STATE BANK OF INDIA
 19 S LaSalle St, Ste 200, Chicago, IL 60603
 Tel: 312-621-1200; Fax: 312-740-0232

CHECK LIST FOR OPENING ACCOUNTS BY PUBLIC LIMITED COMPANIES

No.	DOCUMENTS / ITEM (Please Check <input type="checkbox"/>)
1	<input type="checkbox"/> Account opening form duly filled and signed. Check the execution box for the Funds Transfer Agreement if you wish to instruct us by fax for funds transfer (recommended).
2	<p>Attach certified copies of the documents mentioned below in case you forward the documents through mail. If copies of these documents are submitted in person, original documents need to be produced for verification by a bank official and return.</p> <p><input type="checkbox"/> A copy of the Certificate of Incorporation / Copy of Filed application with filing receipt.</p> <p><input type="checkbox"/> A copy of the Articles of Association.</p> <p><input type="checkbox"/> A certified copy of a corporate resolution (per draft enclosed or substantially similar to it) approved by the Board of Directors of the company authorizing the opening of account and stating the names of the official(s) who can do so and naming the official(s) who can operate the account and the extent of powers vested in these officials and their designation.</p>
3	<input type="checkbox"/> Specimen Signature Card with signatures duly verified by Notary Public or SBI Official;
4	<input type="checkbox"/> Bank Reference Form signed by current banker.
5	<input type="checkbox"/> For non-U.S. corporate: Form W-8BEN <input type="checkbox"/> For U.S. corporate: Form W-9
6	<input type="checkbox"/> Documents evidencing Tax Identification Number
7	<input type="checkbox"/> A copy of latest Annual Report/ Tax Return/ Form 990 (as applicable)
8	<input type="checkbox"/> A copy of unexpired, government-issued photo-identification evidencing nationality or residence and bearing a photograph or similar safeguard, such as a U.S. driver license, a U.S. non-driver photo ID or passport for each authorized signatory to the proposed account. Copies of Photo Ids to be attested by Notary Public in USA
9	<input type="checkbox"/> In case of a major connection with an Indian entity &/or major cross border financial transactions envisaged between the two, copies of any relevant documents viz contracts, Reserve Bank of India's approval etc. <u>Corporate Registered in India:</u> Submit Reserve Bank of India's approval for the opening of the account. If no specific approval is required, please enclose copy of RBI notification granting general permission for opening the account.
	<p><u>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT</u></p> <p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.</p> <p><u>What this means for you?:</u> When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you as well as supporting documents. We will ask to see your driver's license or other identifying documents. We may also ask you for proof of source of funds.</p>

- An advanced copy of all documents may be scanned and sent by fax for our review.
- Please email for any clarification.
- Duly completed documents should be mailed to us.



19, S. LaSalle St, Ste 200
Chicago IL 60603

Member FDIC Tel: 312-621-1200; Fax: 312-740-0232

<p><i>For Office use</i> Customer No. _____ Approved:</p>

CORPORATE CHECKING ACCOUNT / MONEY MARKET ACCOUNT / CERTIFICATE OF DEPOSIT		
We request you to open the following account(s) with the under noted details:		
<input type="checkbox"/> Corporate Checking Account <input type="checkbox"/> Money Market Deposit Account <input type="checkbox"/> Certificate of Deposit		
1. Name of the Company:		
1(a). Legal Status:		
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Solely Owned Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Proprietorship/General Partnership		
2. Business Street Address (<i>Post Box address is not acceptable</i>):		
3. Business Tel No.:	4. Fax No.:	5. Email Address:
6. Tax I.D. No.:	7. Year of Establishment:	8. Website URL:
9. Licensing Authority:	10. Country of Incorporation:	11. Mode of Operation of Account: <input type="checkbox"/> As per the enclosed Board Resolution <input type="checkbox"/> Any other (please specify):
12. Does the Company Currently Have an Account With SBI?		
<input type="checkbox"/> Yes, with _____ branch <input type="checkbox"/> No		
13. Latest Annual Turnover (USD): \$ _____ for the year 200		14. No. of Employees:
15. Nature of Business and General Description of Products / Services® (For trading Cos, Name of Countries from/to goods imported/exported)		
16. Type of Credits and Debits Into the Account:		
<input type="checkbox"/> Checks <input type="checkbox"/> Wire Transfers <input type="checkbox"/> Others (specify): _____		
17. Major Sources of Such Credits (<i>Please specify what the funds into the account will represent/ the activity which will generate the funds</i>):		
Expected Annual Volume of Transaction (USD):		
18. Major Purposes of Such Debits (<i>Please specify the purpose for which funds will be utilized</i>):		
Expected Annual Volume of Transaction (USD):		
19. Previous / Other Banking Relationships	Name of the Bank	A/c No.
20.		
1st Contact Person Details	Name and Designation:	
Telephone No:	Mobile No.:	Email :
2nd Contact Person Details	Name and Designation:	
Telephone No:	Mobile No.:	Email :

LETTER / FAX AGREEMENT FOR FUNDS TRANSFER

I/We, the applicants/account holder(s), acknowledge that, State Bank of India, Chicago Branch (the "Bank") has made available a variety of procedures for the transmission of instruction to the Bank. I/We are fully aware pf the risks associated with transmitting instructions via letter or facsimile machine ("fax") and hereby authorize the Bank to act upon each written payment order (funds transfer instruction or communication) sent to it by me/us by mail or fax if the signatures(s) on such payment order match, in the Bank's judgment, with my/our signature(s) provided on this form, or provided subsequently, and to debit or credit, as the case may be, accounts which I/We may hold with the same customer number. The Bank's understanding of any oral notice, instruction or other communication in regards to the payment order sent by person(s) mentioned above or their representatives shall be final and binding. This authorization applies to all accounts opened with the same customer number as for the current application.

Prior to the executing of the instruction, the Bank may, at its discretion and only if it considers it necessary, reasonable and practicable, verify the payment order by telephone call to a person and telephone number given in this application or recorded later by me/us with the Bank, following which the Bank shall have no further duty to verify the identity or authority of the person giving or confirming the contents of any payment order or instruction. Notwithstanding any provision hereof, the Bank shall have the right in its sole discretion to refuse to execute any payment order or instruction.

I/We understand that the Bank may not act upon a payment order or instruction on the same business if the order or instruction is received by it after 2 p.m EST. I/We agree to be bound by a payment order or instruction whether or not authorized, issued in its name and accepted by the Bank in compliance with these procedures and further agree to indemnify and hold the Bank harmless for any loss, liability, claim, damage or expenses (including legal fees), collectively referred to herein as "claims", attributable to executing and accepting the payment order or instruction in accordance with these procedures or action omitted to be taken, whether such claims are brought by me/us or our representative or by a third party. I/We shall notify the Bank if a payment order or instruction was not authorized by me us, within a reasonable time not exceeding 90 day after the date. I/We received the notification from the Bank that the order was accepted or my/our account was debited with respect to the order.

The procedure established by this agreement may be varied only by a written agreement signed by both parties, and supersedes all prior agreements or practices, if any, in respect to instruction and may not be changed by an oral agreement or by a course of dealing or custom. This agreement shall be governed by the laws of the State of Illinois and any dispute in connection herewith shall be adjudicated in a federal or Illinois State Court located in the City of Chicago.

I/We execute the above agreement: YES NO

ACKNOWLEDGEMENTS

- I/We undertake to abide by the usual terms and conditions governing accounts in the U.S. as well as the terms, rules and regulations in the State Bank of India Customer Manual, receipt of which is hereby acknowledged. I declare that funds offered by me/us to the Bank represent/ shall represent my/our own funds, earned through legitimate means and complying with all U.S. laws.
- I/We understand that on no occasion my/our account will be permitted by the Bank to go into overdraft.
- I/We understand that the Bank may not act upon my/our funds transfer instructions conveyed through a letter/fax, unless I/We execute a Letter/Fax agreement for funds transfer or attach a check to the instruction letter.
- The information supplied in this application is true and correct to the best of my/our knowledge and belief. I/We authorize the Bank to obtain information about my/our identity, credit history and other banking history from consumer reporting agency (ies) or other sources. I/We further understand that if information in the credit history results in a decision to either disallow my/our-signing authority on the account or disallow opening the account, the Bank will communicate this fact to the owners and/or authorized signers of the (proposed) account. I/We further authorize the Bank to obtain this information at any time from one or more consumer reporting agencies or other sources that it may choose as long as I/We am/are (an) authorized signer(s) on the account.
- I/We acknowledge and agree that - Federal Reserve Regulation GG prohibits funding of unlawful internet gambling, under the Unlawful Internet Gambling Enforcement Act of 2006 ("UIGEA"). It prohibits any person, including a business engaged in gambling/betting or wagering, from knowingly disbursing or accepting payments in connection with the participation of another person in unlawful internet gambling. Such transactions are termed "restriction transactions" (Reg GG). By signing this agreement, you acknowledge your intent to comply with the terms and conditions of Reg GG.

VERIFICATION OF SIGNATURE AND IDENTITY

(If you send your application by mail, please get your signature below verified by SBI Official OR Notary Public OR Indian Embassy / Consulate)

-: Identity should be verified from the ORIGINAL DOCUMENTS meant for the purpose of execution:-

<i>Signature of Authorized Signatory:</i>	<i>Signature of Authorized Signatory:</i>	<i>Signature of Authorized Signatory:</i>
Name:	Name:	Name:
Designation:	Designation:	Designation:
Signature:	Signature:	Signature:
Signature and Seal of the Verifier:	Signature and Seal of the Verifier:	Signature and Seal of the Verifier:
Date of Verification:	Date of Verification:	Date of Verification:
Place of Verification:	Place of Verification:	Place of Verification:
Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)



19, S. LaSalle St, Ste 200
 Chicago IL 60603
 Tel: 312-621-1200; Fax: 312-701-0232

Checking/ MMD / CD Account No. _____
 (For office use)

Specimen Signature Card of: _____
 (Name of the Company)

For security purposes, please strike through all signature blocks NOT used.

Particulars	1 st Authorized Signatory	2 nd Authorized Signatory	3 rd Authorized Signatory
Name			
Designation			
Driver License / Passport No.* (attach attested photocopies))			
Issuing Authority			
Issue Date (mm/dd/yyyy)			
Expiration Date (mm/dd/yyyy)			
Office Phone Number			
Mobile Number			
Home Phone Number			
Home Address			
If U.S. Resident, SSN			
Date of Birth (mm/dd/yyyy)			
Are You Owner of the Entity?			
If Yes, % of Ownership			
With the Entity Since (mm/yyyy)			

VERIFICATION OF SIGNATURE AND IDENTITY

(If you send your application by mail, please get your signature below verified by SBI Official **OR** Notary Public **OR** Indian Embassy / Consulate)

-: Identity should be verified from the ORIGINAL of the photo ID mentioned on this Page:-
-:PLEASE NOTE THAT IN ADDITION THE VERIFIER MUST ATTEST THE COPY OF THE PRIMARY PHOTO-ID:-

1 st Authorized Signatory	2 nd Authorized Signatory	3 rd Authorized Signatory
Name:	Name:	Name:
Signature:	Signature:	Signature:
Signature and Seal of the Verifier:	Signature and Seal of the Verifier:	Signature and Seal of the Verifier:
Date of Verification:	Date of Verification:	Date of Verification:
Place of Verification:	Place of Verification:	Place of Verification:
Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)

RESOLUTION OF THE BOARD OF DIRECTORS

1. The undersigned, hereby certify to STATE BANK OF INDIA, Chicago, that at a meeting of the Board of Directors of _____ a Company organized and existing under the laws of _____ duly called and duly held on the _____ day of _____, 20____ the following resolutions were duly adopted, and that the said resolutions have been entered upon the regular minute book of the said Company, are in accordance with the By-Laws and are now in full force and effect.

RESOLVED: 1. That the officers of this Company, or any one or more of them, are hereby authorized to open a bank account or accounts from time to time with the STATE BANK OF INDIA, CHICAGO or any other office of the Bank (referred to as the "Bank"), for and in the name of this Company with such title or titles as he or they may designate.

2. That the following officials

Name	Designation	Mode of operation (Singly, Jointly, any two etc.)

and their successors in office, and any other person hereafter authorized to sign on behalf of this Company, are here by authorized to sign checks, drafts, notes, acceptances, and other instruments, and orders for the payment of withdrawal of moneys, credits, items and property at any time held by the Bank for account of this Company, and the Bank is hereby authorized to honor any or all thereof and other instruments and orders authorized to be paid by the Bank, including such as may bring about an overdraft and such as may be payable to or for the benefit of any signer thereof or other officer or employee individually without inquiry as to the circumstances of the issue or the disposition of the proceeds thereof and without limit as to amount.

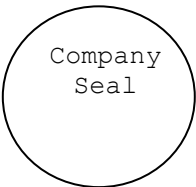
3. That the bank is hereby authorized to accept for deposit for the account of this Company for credit, or for collection, or otherwise, any or all checks, drafts, notes and other instruments of every kind indorsed by any person or by hand stamp impression in the name of this Company or without endorsement.

4. That the officers of this Company or any one or more of them singly are hereby authorized to act for this Company in all other matters and transactions relating to any of its business with the Bank.

5. That each of the foregoing resolutions and the authority thereby conferred shall remain in full force and effect until written notice of revocation or modification shall be received by the Bank; that the Secretary or any Assistant Secretary or any other officer of this Company is hereby authorized and directed to certify, under the seal of this Corporation or not, but with like effect in the latter case, to the Bank the foregoing resolutions, the names of the officers and other representatives of this Company, any changes from time to time in the said officers and representatives and specimens of their respective signatures; and that the Bank may conclusively assume that persons at any time certified to it to be officers of other representatives of this Company continue as such until receipt by the Bank of written notice to the contrary.

IN WITNESS WHEREOF, we have hereunto set our hand as Secretary or other authorized official and affixed the seal of the said Company this _____ day of _____, 20____ at _____ (place).

Secretary or other Authorized Official	<i>Signature:</i>
This certificate should be attested by a second authorized officer or director of the Company	<i>Signature:</i>



BANK REFERENCE FORM

This Part To Be Filled By The Customer

I / We authorize State Bank of India, Chicago to obtain information pertaining to our account noted below:

Name of the Bank	
Complete Mailing Address	
Type of Account	
Account Number	
Name on the Account	
Authorized Signature (s)	

This Part For The Financial Institution Only

1. Has this account relationship been satisfactory?

Yes No

2. Additional comments about your account relationship with the customer (*if any*):

3. Financial Institution Certificate:

We certify that the information contained on this form is a true and complete representation of the information contained in our records for the customer's account referenced above.

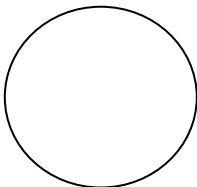
Name of the Financial Institution: _____

Signature: _____

Name & Designation of the Person Signing: _____

Date: _____ Place: _____ Contact Phone Number: _____

Bank Stamp:



Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
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Employer identification number												
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

▶ For use by individuals. Entities must use Form W-8BEN-E.

▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes.
- The person named on line 1 of this form is not a U.S. person.
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income.
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)	Date (MM-DD-YYYY)
Print name of signer	Capacity in which acting (if form is not signed by beneficial owner)



19, S La Salle Street, STE 200
 Chicago IL 60603
 Tel 312-621-1200 Ext 253, 255; Fax 312-701-0232
 Member FDIC

Form DEP-CD

APPLICATION FOR CERTIFICATE(S) OF DEPOSIT
 (New customers should fill this form along with Form DEP-1)

CUSTOMER NAME

CUSTOMER NUMBER

I / We request you to open the following CDs with your branch. I/We have read and understood the terms and conditions on which CDs are offered. I/We acknowledge the receipt of the interest rate chart applicable for Certificates of Deposit.

Amount (\$)	Months	Interest Option		
		Cumulative	Non-cumulative	In case of non-cumulative interest
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Credit my/our <input type="checkbox"/> Checking <input type="checkbox"/> MMD account with your Branch. <input type="checkbox"/> Mail interest check to the home address of the first account holder.
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Source of Funds
 (Check All That Are Applicable)

- Current Income/wages Past savings Pension/S.S. Benefits
 Rent Liquidation of investments Sale of property
 Others (specify):

Mode of Deposit (Funding) & Amount

- Debit my/our Checking / MMD /Savings Acct. No. _____ with you,
 OR
 Check No. _____ attached for the Amount: USD _____

Mode of operation of the Account

- Any one or Self Jointly with Right of Survivorship

Purpose of the Account
 (Check all that are applicable)

- Savings and Salary Sending remittances to India
 Receiving Social Security benefits Cash receipts / payments
 Collection / Issue of checks Others (specify):

1st Applicant

2nd Applicant

3rd Applicant

Signature:

Signature:

Signature:

Name:

Name:

Name:

Date:

Place:

**31 CFR § 1010.230 CERTIFICATION REGARDING
BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS**

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by any person opening a new account on behalf of a **legal entity** with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; and (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity's **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Beneficial owners are:

- (1) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation; **and**
- (2) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (1), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (1), you must provide the identifying information of one individual under section (2). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (2)), and up to five individuals (i.e., one individual under section (2) and four 25 percent equity holders under section (1)).

a legal entity may have multiple "beneficial owners," this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial	
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here** **if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address	10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
15a. Country of issuance:			

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name	17. First Name	18. M.I.	19. Date of birth (MM/DD/YYYY)
20. Address	21. City	22. State	23. ZIP/Postal Code
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
26a. Country of issuance:			

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature:

Date:

(MM/DD/YYYY)

Legal Entity Identifier (Optional)

Additional Section 1 - Second Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Third Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Additional Section 1 - Fourth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.