

Time Deposits & Subsidiary Accounts

1 Applicant Information

Name of Entity (insert FULL legal name) _____

Business Registration Number (if applicable) _____

2 Details of Account(s)/Time Deposit

I/We wish to open the following account(s) in the same name(s) and signing mandate as per my/our current existing account number:
A/C No. _____

Product Name	Product Currency	Amount	Time Deposit Tenure	For Bank Use Only		
				Account Number	Product Code	Interest Rate (p.a.)

3 Declaration

I/We apply to open the above Account(s) with Standard Chartered Bank (Singapore) Limited (the "Bank"). I/We acknowledge that the Bank may decline our application without providing any reason. I/We agree to be bound by the Bank's applicable terms and conditions entered into with the Bank as the same may be updated or amended from time to time, in connection with all Account(s) opened by me/us with the Bank. The latest version of the General Business Banking Terms and Conditions is available on sc.com/sg/business/booklet. Without prejudice to the Bank's rights to disclose any information relating to its customers under the common law, the Banking Act (as amended or re-enacted from time to time) or otherwise, I/we authorise the Bank to disclose particulars relating to the me/us and this application form to any of the Bank's head office, branches, representative's office, subsidiaries related corporations or affiliates worldwide, any credit bureau approved by the relevant authority, the Bank's agents, contractors, and any other persons for any other purpose as the Bank deems fit in the Bank's discretion. I/We further agree to be bound by any additional terms governing any facilities, products and/or services offered by the Bank as I/we may apply for/or utilise from time to time.

Approving Signature(s) (as in Bank's record)

Name _____

NRIC/Passport No. _____

Date (dd/mm/yyyy) _____

Approving Signature(s) (as in Bank's record)

Name _____

NRIC/Passport No. _____

Date (dd/mm/yyyy) _____

4 Time Deposit Placement and Renewal/Maturity Instructions

*Placement of Time Deposit

Debit my/our SCB Account No.** _____
and credit the said amount(s) stated above to my/our new account(s).

Authorised Signature(s) (as in Bank's record)

Name _____

NRIC/Passport No. _____

Date (dd/mm/yyyy) _____

*Time Deposit Renewal Instructions

Renew principal and interest for similar tenure(s)

Renew principal for similar tenures, interest to be credited to
SCB A/C No. _____

Principal and interest to be credited to
SCB A/C No. _____

Authorised Signature(s) (as in Bank's record)

Name _____

NRIC/Passport No. _____

Date (dd/mm/yyyy) _____

5 Important Information for SGD Current/Savings Accounts & SGD Time Deposits

Deposit Insurance Scheme

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$75,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

6 For Bank Use Only

Verified By (Signature)	Approved By (Signature)
Name	Name
PSID	PSID
Date	Date

Account Opening Supplement (For Sole Proprietors)

This form must be completed by any individual (commonly known as a Sole Proprietor) who wishes to open a banking account to conduct business activities.

1 Customer Information

Name of Sole Proprietor			
Name of Entity (if applicable)			
Business Registration Number (if applicable)			
Residential Address			
City/State/Country		Postal Code	
Is this a care of address?	Yes	No	
Telephone Number	Country Code	Area Code	Phone Number
* Hold mail service is not provided by Standard Chartered.			
1. Are you a U.S. Resident?	Yes	No	
2. Are you a U.S. Citizen?	Yes	No	
3. Do you hold a U.S. Permanent Resident Card (Green Card)?	Yes	No	
4. NRIC/Passport No.			
Expiry Date (dd/mm/yyyy)			
5. Country of Birth			
Nationality			
Please tick if applicable:			
I have (a) granted a Power of Attorney to a person who has a U.S. address, or (b) authorised a person who has a U.S. address to operate the banking account (either physically or electronically).			
I have set up Payment Standing Instruction(s) for the banking account and the beneficiary account(s) is in the U.S.			
			<p>Remark:</p> <p>If any contact details are in the U.S., please consult local Standard Chartered offices for services that can be provided.</p>
			<p>Remark:</p> <p>If any of the answers are U.S. related, please consult local Standard Chartered offices for services that can be provided.</p>
			<p>Document Requirements:</p> <p>If any of the boxes is checked, please consult local Standard Chartered offices for additional documents to be provided.</p>

2 Declaration

Subject to applicable local laws, I hereby consent for Standard Chartered PLC or any of its subsidiaries and affiliates (including each branch or representative office) or any successors or assigns of all or part of the business of the Standard Chartered PLC and its subsidiaries and affiliates (collectively "the Bank") to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.

Signature of Sole Proprietor

Date (dd/mm/yyyy)