State Bank of India
(California)

BUSINESS CUSTOMER INFORMATION SHEET

Business Name:		**CID Number:**
Business Address :		**Account Number:**
Mailing Address, if different from Business Address.		Business Phone No.:
Tax ID #	☐ **EIN** ☐ **SSN**	

	PRIMARY BUSINESS ACCOUNT SIGNER -1	SIGNER - 2	SIGNER -3	SIGNER - 4
Name				
Title (President, CFO, Owner etc.)				
Beneficial Owner Y/N?				
Occupation				
Home Address				
Work Address				
Home Phone				
Work Phone				
Cell Phone				
Tax Identification No.				
Date of Birth				
Place of Birth				
Mother's Maiden Name				
Identification Number				
ID Issue Date / Issuer				
ID Expiration Date				
2ND Identification Number				
2nd ID Issue Date / Issuer				
2nd ID Expiration Date				

Are you a U.S. Citizen? Signer 1 ☐ Yes ☐ No Signer 2 ☐ Yes ☐ No Signer 3 ☐ Yes ☐ No Signer 4 ☐ Yes ☐ No

Do you work for a foreign consulate?
Signer 1 ☐ Yes ☐ No

Primary ID obtained for individuals must be an unexpired government issued form of ID bearing photograph or similar safeguard.

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If yes, Country_____ Position_____ Address_____

Signer 2 ☐ Yes ☐ No

If yes, Country_____ Position_____ Address_____

Signer 3 ☐ Yes ☐ No

If yes, Country_____ Position_____ Address_____

Signer 4 ☐ Yes ☐ No

If yes, Country_____ Position_____ Address_____

Are you or have you ever been affiliated with or related to a foreign or domestic elected official?
Signer 1 ☐ Yes ☐ No

If yes, provide details – Country_____ Official's position and your affiliation/Relation_____

Signer 2 ☐ Yes ☐ No

If yes, provide details – Country_____ Official's position and your affiliation/Relation_____
Signer 3 ☐ Yes ☐ No

If yes, provide details – Country_____ Official's position and your affiliation/Relation_____
Signer 4 ☐ Yes ☐ No

If yes, provide details – Country_____ Official's position and your affiliation/Relation_____

Signature (s) (1):_____ (2)_____

(3) _____ (4)_____
(Your signature indicates that all information above obtained for this business customer is correct)

BANK USE ONLY

Account Number	Checking	Money Market	Savings	C.O.D	Institutional Deposit	Other
Open Date						

Opening Deposit: Check $ Cash $ Other $ (MO/CC/TC./Wire/ _____)	☐OFAC VERIFIED
Source of Funds	HIGH RISK CODE #
Previous Bank	

Date _____ Opened by : _____ Reviewed & Approved by : _____

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