

**Indian Bank**  
**No: 3 Raffles Place, Bharat Building**  
**Singapore 048617**  
**Website: www.indianbank-singapore.com**

**Requirements for Opening Personal Account**

- 1) Application Form and Specimen Signature Card
- 2) Identification Documents of account holder/s
- 3) Introduction -By our existing client or other acceptable parties (eg Law Firm / Audit Firm)  
(For Current Account only)
- 4) Fax Indemnity  
(if facility is required)
- 5) Internet Banking (For viewing only)  
(if facility is required)

- \* *Applicants are requested to collect the Original Opening Forms and Specimen Signature Card from our Main Branch.*
- \* *Signatures on the Specimen Signature Card have to be affixed in our presence unless the signature is available in our records.*
- \* *Fax Indemnity is to be furnished as per our format . A soft copy is available at our website.*
- \* *Internet Banking Form can be downloaded from our website.*
- \* *All documents submitted must be in originals or be Certified True Copies.*
- \* *In addition to the above we may also request other details, other documents and 'Sources of Funds'.*
- \* *Applicants will be required to call on us prior to our opening the account*
- \* *Identification Documents :*
  - a) *Singapore Citizen - Singapore NRIC*
  - b) *Singapore Permanent Resident - Singapore NRIC and Passport*
  - c) *Others - Passport*
- \* *Standard Terms and Conditions available at our Website.*
- \* *All Opening of Accounts are subject to our prior Approval.*

## Singapore

### PERSONAL ACCOUNT OPENING FORM

I/We wish to open the following account with Indian Bank Singapore

Please [√] where applicable and delete whichever is not applicable

Account Type	:	<input type="checkbox"/> Current Account	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Others: _____ <small>(Please specify)</small>
Currency	:	<input type="checkbox"/> Singapore Dollars	<input type="checkbox"/> US Dollars	<input type="checkbox"/> EURO	<input type="checkbox"/> Others: _____ <small>(Please specify)</small>
Operation Mode	:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint - Normal	<input type="checkbox"/> Joint - E or S	<input type="checkbox"/> Others: _____ <small>(Please specify)</small>

PRIME ACCOUNT HOLDER	SECONDARY ACCOUNT HOLDER
Mr/Mrs/Miss/Mdm/Dr	Mr/Mrs/Miss/Mdm/Dr
	Relationship to Prime Account Holder :
Residential Address :	Residential Address :
Mailing Address :	Mailing Address :
NRIC / Passport No :	NRIC / Passport No :
Date of Birth :	Date of Birth :
Citizenship :	Citizenship :
Country of Residence :	Country of Residence :
Telephone Numbers :	Telephone Numbers :
_____ (H) _____ (O) _____ (M) _____	_____ (H) _____ (O) _____ (M) _____
E-Mail Address :	E-Mail Address :
Marital Status : [ ] Single [ ] Married [ ] Divorced/Separated [ ] Widow/Widower	Marital Status : [ ] Single [ ] Married [ ] Divorced/Separated [ ] Widow/Widower
Occupation :	Occupation :
Name of Employer / Business :	Name of Employer / Business :
Annual Income :	Annual Income :
SPECIAL INSTRUCTIONS (If Any) :	

*\*Separate / Additional Opening Form/s to be submitted for additional Account Holder/s.*

*Continued Overleaf*

