

### SME Account Opening Supplement

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.  
Please complete in BLOCK LETTERS and put a “√” where applicable

Name of the individual who wishes to open a banking account to conduct business activities: \_\_\_\_\_  
Business Name (if applicable): \_\_\_\_\_ Business Registration Number (if applicable) : \_\_\_\_\_

<p>Please complete the personal information of the individual who wishes to open a banking account to conduct business activities:</p> <p>Residential Address : _____          _____ Country : _____</p> <p>Is this a care of address? <input type="checkbox"/> Yes (if you do not stay at above address but know the owner who collects your mails) <input type="checkbox"/> No (if you stay at above address)</p> <p>Telephone Number : _____          _____          Country Code Area Code (if applicable) Phone Number</p> <p>* Hold mail service is not provided by SCB</p>	<p>Remark:</p> <ul style="list-style-type: none"> <li>If any contact details is in US, please consult local SCB offices for services that can be provided</li> </ul>
<p>1 a) Are you a U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No          b) Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No          c) Do you hold a U.S. Permanent Resident Card (Green Card)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. <input type="checkbox"/> Identification Document / <input type="checkbox"/> Passport</p> <p>Expiry Date : _____          _____          DD / MM / YY (if applicable)</p> <p>3. Country of Birth : _____ Nationality : _____</p>	<p>Remark</p> <ul style="list-style-type: none"> <li>If any of the answers is US-related, please consult local SCB offices for services that can be provided</li> </ul>
<p>Please put a “√” if any statement below applies to you.</p> <p>1. <input type="checkbox"/> 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).</p> <p>2. <input type="checkbox"/> I have set up Payment Standing Instruction (s) for the banking account and the beneficiary account(s) is in U.S.</p>	<p>Document Requirements</p> <ul style="list-style-type: none"> <li>If any of the boxes is checked, please consult local SCB offices for additional documents to be provided</li> </ul>

Subject to applicable local laws, I hereby consent for Standard Chartered PLC or any of its affiliates (including branches) (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.<sup>1</sup>

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.<sup>2</sup>

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: \_\_\_\_\_  
Date: \_\_\_\_\_

<sup>1</sup> This clause is required only if the relevant legal terms is not sufficiently wide to permit disclosure of customer’s information to domestic and overseas tax authorities. Country Legal to advise if the clause is required.

<sup>2</sup> This clause is required only if the relevant legal terms is not sufficiently wide to permit withholding tax for the purpose of FATCA. Country Legal to advise if the clause is required.