



Account-Opening For Individual Customers

Thank you for choosing us for your business needs.

We are pleased to attach herewith an account-opening pack to assist you in opening an account with us. It includes a document checklist, a non-individual account application form and other forms. The documents in the checklist must be provided to the Bank to facilitate the opening of the account.

You can obtain and read the terms and conditions governing our non-individual accounts at uob.com.sg or by clicking on the following hyper links:

- Terms and Conditions Governing Accounts and Services
- Additional Terms and Conditions Governing Accounts and Services

If you have any enquiry, please contact your Relationship manager or visit any of our branches or call **1800 226 6121** to speak with our customer service officers.

We look forward to being of service to you.



Document Checklist:

Sole Proprietorship (where the sole individual is an individual)
Please bring the following documents to the branch for account opening:
☐ Individual Account Application Form Please complete the form with the required details. The completed form must be signed in the presence of an
authorised UOB officer.
☐ Original Identification documents of:
Sole ProprietorAll approved signatories
The above individuals must be present at the branch with their original identification documents (such as NRIC or passport) to open the account.
☐ ACRA Business Profile searches on Owner and Sole Proprietorship
 □ Common Reporting Standard and FATCA Self Certification Form • Self – Certification (Individual)
 U.S. IRS Form W-8BEN-E/W-8IMY/W-8ECI/W-9 U.S. IRS forms can be found under 'Forms & Pubs' tab located at U.S. IRS website (https://www.irs.gov/)
If applicable, please also provide:
□ Proof of residential address
If the residential address is not stated in an identification document, please provide original bank statements or utility bills issued to a residential address in the last six months as a proof.

Important Note:

The Bank's receipt of the application form and supporting documents does not bind the Bank to open an account. The Bank reserves the right to reject the application without disclosing any reason.

Notes:

- 1. The Bank reserves the right to conduct a search on the sole proprietorship and any cost incurred will be payable by the sole proprietorship. Search fees paid by the sole proprietorship are non-refundable in the event that the Bank rejects the application to open the account.
- 2. A service charge will be levied on accounts with an average daily balance that is below the amount set by the Bank. Please visit uob.com.sg for the prevailing account fees and service charges
- 3. The Bank may request additional supporting documents as it deems necessary.



FOR BANK USE	
Application No:	

APPLICATION FOR NON-INDIVIDUAL ACCOUNT(S)

To: UNITED OVERSE	AS BANK LIMITED / FAR E	ASTERN BANK LIM	ITED		
(each a "Bank")					
APPLICANT PARTICU	JLARS				
Applicant Name:				Registered ID:	
	ou have an existing account under th	ne same applicant name			
	<u> </u>			0	
* Registered Address:				Contact Information:-	
				Office No:	
Mailing Address:				Fax No:	
				Email:	
* Data of Incomparation		* Na	ature of Business	 S:	
* Date of Incorporation: * Country of Incorporation:		Ви	siness Activity a	and Products traded:	
* Country of Business Oper	ration:		mary Clientele E	Base:	
· ·		An	inual Turnover:		
SIGNING INSTRUCTI	ONS				
(Please tick either box)					
Signing Condition as	per my / our existing a/c to be in	the same currency as acc	ounts applied fo	or. Please specify a/c no:	
Per Operating Manda	ate - attached				
ACCOUNT(S) APPLIE	D FOR				FOR BANK USE
					A/C No:
		(CCY:)			Cheque Range:
Account Name: Additional Account Inform					
Purpose of Account:	☐ Transactional	☐ Investment	☐ Loan Rep	navment	
r urpose of Account.	Others (pls specify)	_		odyment .	
Source of Funds: [Origin o	of incoming funds (Do not state otl		You may tick mo	re than one box	
	☐ Business Proceeds	☐ Services Rendered		n Investments	
	☐ Commission or Contract Fee	Others (pls specify)			
Country of Funds Origin:	☐ Singapore	☐ Others (pls specify) _			
Product:		(CCY:			A/C No:
Account Name:		(Cheque Range:
Additional Account Inform	<u>nation</u>				
Purpose of Account:	☐ Transactional	☐ Investment	☐ Loan Rep	payment	
	Others (pls specify)				
Source of Funds: [Origin of	of incoming funds (Do not state otl				
	☐ Business Proceeds	☐ Services Rendered		n Investments	
	☐ Commission or Contract Fee				
Country of Funds Origin:	☐ Singapore	Others (pls specify)			
					A/C No:
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Additional Account Inforn		_	_		
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Source of Funds: [Origin o	of incoming funds (Do not state other incoming funds (Do not state other) Business Proceeds	☐ Services Rendered	-	n Investments	
	☐ Commission or Contract Fee			THINVESTITIETITS	
Country of Funds Origin:	_	Others (pls specify)			
CONFIRMATION & AC	GREEMENT (To be signed	by person(s) authori	sed to open	the Account(s))	
	nt named in this Application, the	•	. ,	elow: ccount(s) specified by us in the	

- 2. acknowledge that the submission of this Application and its receipt by the Bank does not mean that the Bank has approved this Application. The Bank reserves the right to reject any Application without assigning any reason whatsoever;

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	NFIRMATION & AGREEMENT	(To be si	gned by person(s) auth	orised to open the Account(s))		
3. confirm that we have obtained and agree to be bound by the Bank's prevailing Terms and Conditions Governing Accounts & Services and Additional Terms and						
4.	Conditions Governing Accounts and Services (also available at uob.com.sg and at the Bank's branches); Loconfirm that we have read and understood the Bank's Privacy Notice (Corporate) (available at uob.com.sg and at the Bank's branches) which forms part of the terms					
	and conditions governing our relationship with the Bank. We represent and warrant to the Bank that when providing the Bank with the personal data of the Relevant Individual(s) from time to time, we would have obtained the consent of the Relevant Individual(s) for the collection, use and disclosure of the personal data for Basic					
	Banking Purposes, Co-branding Purpose, Research Purpose and Marketing Purpose as described in the Bank's Privacy Notice (Corporate);					
5.			•	appropriate in order to meet any obligation or re	•	• .
	or the enforcement of any economic	-	· ·	rity including fraud, money laundering, terrorist a	ctivity, bribery, coi	rruption, or tax evasion
6.				ant and agree with the Bank that the signature(s)	on this Applicatio	on form shall constitute
		0 11	, , ,	or the purpose of operating the Account(s) specif		
_	give notice to the Bank in writing of a					
7.	acknowledge that we have received f		Resident in Singapore	or in this Application;		
8.	hereby declare that the Applicant is a	1.	Non-Resident in Singapore	ore		
9.	confirm there has been no amendment	nt made to		s of Association since the last time we provided	a certified true co	py to the Bank.
	[(please tick if applicable)					
Sche	Deposit Insurance Scheme: Singapore Dollar deposits of non-bank depositors and monies and deposits denominated in Singapore dollars under the Supplementary Retirement Scheme are insured by the Singapore Deposit Insurance Corporation, for up to \$\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.					
	athorised Signature / Name:			Authorised Signature / Name: NRIC / Passport No:		
				MINO / Lassport No.		
Da	ite:			Date:		
Da	ate:		FOR	·		
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OPERATING MANDATE	Part/
Account Name:	_
Account Number:	_
OPERATING MANDATE	

OPERATING MANDATE				
Product:	(CCY:		_)	Signing Requirement
Authorisation Limit (Please check a	and complete the application boxes)			
☐ Any Amount				
□ Up to				
☐ Aboveto_				
☐ Aboveto				
☐ Aboveto				
☐ Other Signing Requirement				
PARTICULARS OF SIGNATORY(IES)			Please sign v	within the boxes below
Name:	Residential Address:			
NRIC / Passport No.:				
Country of Birth:	DOB:			
Nationality:	Home No:			
Gender:	Office No:			
Position:	Mobile No:		Signature	Group:
Additional ID Number				
Identity Number:	ID Type:	ID Co	ountry of Issue:	ID Expiry Date:
Name:	Residential Address:			
NRIC / Passport No.:				
Country of Birth:	DOB:			
Nationality:	Home No:			
Gender:	Office No:			
Position:	Mobile No:		Signature	Group:
Additional ID Number	Westerner.		Signature	Gloup.
Identity Number:	ID Type:	ID Co	ountry of Issue:	ID Expiry Date:
Name	Decidential Address			
Name:	Residential Address:			
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Nationality:	Home No:			
Gender:	Office No:		0	
Position:	Mobile No:		Signature	Group:
Additional ID Number Identity Number:	ID Type:	ID Co	ountry of Issue:	ID Expiry Date:
Name:	Residential Address:			
NRIC / Passport No.:				
Country of Birth:	DOB:			
Nationality:	Home No:			
Gender:	Office No:			
Position:	Mobile No:		Signature	Group:
Additional ID Number Identity Number:	ID Type:	ID Co	ountry of Issue:	ID Expiry Date:
	V F	30	,	
Authorized Signature / Nemer		Λ,.41-	oriend Cianatur-	/ Name:
Authorised Signature / Name: NRIC / Passport No:		NRIC	orised Signature C / Passport No:	/ Name.
Date:		Date	:	







COMMON REPORTING STANDARD ("CRS") & FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SELF-**CERTIFICATION FORM (SOLE PROPRIETORSHIP -INDIVIDUAL OWNERS)**

Instructions

1. "CRS" means the Common Reporting Standard.

United Overseas Bank Limited ("UOB") is required under the Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulations 2016 ("the Regulations") to collect information about each account holder's tax residency status. UOB is required to submit this information to the Inland Revenue Authority of Singapore ("IRAS") to comply with the Regulations.

2. "FATCA" means the Foreign Account Tax Compliance Act.

UOB is obliged under the Income Tax (International Tax Compliance Agreements) (United States of America) Regulations 2015 to collect each account holder's US/Non-US Person status for FATCA purposes.

- 3. UOB may seek additional information from you after the submission of this form to ensure compliance with the aforementioned Regulations and any other relevant laws enacted to implement CRS and FATCA.
- 4. To assist you in completing this form, a glossary of terms is attached to this form. The glossary is not a substitute for understanding the requirements of the Regulations. The glossary and this document do not constitute tax advice.
- 5. <u>UOB does not provide tax advice.</u> Please consult your tax, legal and/or other professional advisers if you have any questions on or in relation to CRS and FATCA, the Regulations and the information requested in this Self-Certification Form.
- 6. Please complete this form to reflect the details of the Sole Proprietorship and the details of the owner of the Sole Proprietorship. The owner of the Sole Proprietorship must sign and date this
- 7. This form must be signed, dated and please complete all sections in a legible manner
- 8. The following render this form defective:-
 - Alterations to the pre-printed content.
 - Use of correction fluid or tape.
 - C. Failure to state address in full, namely failing to specify the relevant City, Country and Postcode for your address.

	Section 1						
	IDENTIFICATION OF SOLE PROPRIETORSHIP AND SOLE PROPRIETOR						
Α	Name of the Sole Proprietorship:						
В	Business Registration No.:						
С	Full Name of Sole Proprietor (Individual Owner of Sole Proprietorship) (as per NRIC/Passport)						

D	Sole Proprietor (Individual Owner of Sole Proprietorship) NRIC/Passport Number*						

*Please delete where not applicable.

CRS-3(11.16)

E Date of Birth of Sole Proprietor (Individual Owner of Sole Proprietorship)	F Country of Birth Sole Proprietor (Individual Owner of Sole Proprietorship):
D D M M Y Y Y	
F Current Residence Address of Sole Proprietor (Individual O	wner of Sole Proprietorship)
BLOCK/HOUSE NO. UNIT NO.	Postal/Zip Code
STREET	
Спу	
Country O Singapore O Foreign (Please Specify)	
F Mailing Address of Sole Proprietor (Individual Owner of Sol from Section E)	e Proprietorship) (complete only if different
BLOCK/HOUSE NO. UNIT NO.	Postal/Zip Code
STREET	
Сіту	
Country O Singapore O Foreign (Please Specify)	
Section 2 COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND REL EQUIVALENT NUMBER ("TI	
PLEASE FILL IN ONLY NON-US TAX RESIDENCY INFORMATION PLEASE ALSO FILL UP SECTION 3.	IN SECTION 2. IF YOU ARE A US PERSON,
Whether a person is tax resident in a particular country de definition of a tax resident under the tax laws of that country. is your NRIC or FIN.	•
For more information on tax residence, please consult your tax automatic exchange of information portal.	advisor or refer to the information at OECD
Please complete the following table indicating:- (i) all countries and/or jurisdictions (including Singapore) v (ii) your TIN for each country/jurisdiction indicated.	where you are a tax resident; and
NOTE:	
If you are a tax resident in more than three countries/jurisdiction The state of t	
*Please delete where not applicable. United Overseas Bank Limited Co Reg No. 193500026Z / Far Eastern Bank	Page 2 of 5 Limited Co Reg No. 195800116D

If a TIN	l is unavailable, please provide t	he appropriate reason A, B or C:	
Reasor The co		a resident for tax purposes does not issue	TINs to its residents.
		TIN or equivalent number (Please provide ou have selected this reason).	a written explanation as to
		this reason if the authorities of the count losed).	try of tax residence entered
	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
(i)			
(ii)			
(iii)			
(iv)			
row b	pelow	ain why the Entity is unable to obtain a T	TN in the corresponding
Co	ountry/Jurisdiction of tax residence	Explanation	
(i)			
(ii)			
(iii)			
(iv)			
	rther confirm that I am not a "U Please proceed to Section 4 if yo		

CRS-3(11.16)

Section 3 - US Persons & Former US Persons
☐ I confirm that I am a "US Person".
My Taxpayer Identification number (TIN) / Social Security Number (SSN) is:
TIN / SSN (9 digits) TIN Country: US
☐ I was a US Person but I confirm I am no longer a "US Person". A copy of Certificate of Loss of US
Nationality is enclosed.
Section 4 – Authorisations and Undertakings
1. I understand that the information provided herein is subject to the terms and conditions governing the Accountholder's relationship with United Overseas Bank Limited ("UOB").
2. I confirm that all information in this form is accurate, complete and true.
3. I undertake to notify UOB and to provide UOB with a suitably updated Self-Certification form within 30 days of any change in circumstances which affects the tax residency status of the Accountholder named in Section 1 above or causes the information contained herein to become incorrect.
4. I agree to provide UOB with such documents as UOB may require from time to time in its sole discretion for the purpose of UOB satisfying itself that the information herein is valid.
5. Without prejudice to any other rights or remedies UOB may otherwise have, I shall indemnify, keep indemnified and hold harmless UOB against any and all liabilities, actions, claims, losses, damages, costs and expenses (including but not limited to legal costs on a full indemnity basis) suffered or incurred by UOB as a result of, or in connection the information herein being inaccurate, outdated or untrue.
Note: If you are not the Accountholder, please indicate the capacity in which you are signing the form. An authorised representative or officer must state the capacity in which he/she is signing on behalf of the Accountholder. If this form is completed by an agent acting under a duly authorised Power of Attorney, the form must be accompanied by the Power of Attorney in proper form specifically authorising the agent to represent the Accountholder in making, executing and presenting the form.
Signature
Print Name:
Capacity (if applicable):
Date:

CRS-3(11.16)

GLOSSARY

Definition of "US Person"

- a. A US Citizen or resident individual.
- b. A partnership or corporation organised in the US or under the laws of the US or any state of the US.
- c. A trust if (i) a court within the US would have authority under applicable law to render orders or judgements concerning substantially all issues regarding administration of trust, and (ii) one or more US Persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.

This definition shall be interpreted in accordance with the US Internal Revenue Code. Please note that persons who have lost their US citizenship and who live outside the US may nonetheless in some circumstances be treated as US Persons.

- If you hold multiple citizenships and one of them is US, you are a US Person.
- If you have a US Green Card, you are a US Person.
- If you were born in the US or a US Territory (Puerto Rico, Guam, US Virgin Islands or Northern Mariana Islands), you are a US Person.
- If you meet the substantial presence test**, you are a US Person.

**To meet this test, you must be physically present in the United States at least:

- 1. 31 days during the current year, and
- 2. 183 days during the 3-year period that includes the current year and the 2 years immediately before that, counting:
 - All the days you were present in the current year, and
 - 1/3 of the days you were present in the first year before the current year, and
 - 1/6 of the days you were present in the second year before the current year.

For Bank Use Only					
FOR BRANCHES/BUSINESS UNIT USE ONLY					
Validation documents enclosed	d:				
☐ Certificate of Loss of US Na	ationality				
☐ Passport/Identity Card colle	ected and reviewed	Others:			
FATCA Identification Status:					
Attended/Processed By*		Signature Verified by (For Thumba	orint-Witnessed by):		
	Lan ID: Staff ID:		Lan ID: Staff ID:		
Signature/Name	Date	Signature/Name	Date		
FOR COC USE ONLY					
Processed By:		Approved By:			
Signature and Name	 Date	Signature and Name	 Date		

^{*}Please delete where not applicable.