

Date of Arrival - 10/12/2019



Royal Bank

**RBC ROYAL BANK® PERSONAL
DEPOSIT ACCOUNT APPLICATION**

Please print clearly and provide all information requested
to ensure your application is processed quickly and accurately.

| CLIENT INFORMATION | | | | |
|---|------------------------|---|---|-----------|
| FULL LEGAL NAME | | Prefix <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | | |
| First Name Swapnil | | Middle Name Sudhir | | |
| Last Name Garge | | | | |
| Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth DD/MM/YYYY 03/08/1989 | | |
| Social Insurance Number (Optional) | | Correspondence Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French | | |
| Occupation Service | | Employer Name/School Name Ipsos Research Pvt. Ltd | | |
| RESIDENCE ADDRESS (cannot be a P.O. Box/General Delivery) | | MAILING ADDRESS <input type="checkbox"/> Same as Residence Address | | |
| Street A/2 Mulund Shri Vaikuntha CHS | | Street 1105, Romell Grandeur | | |
| Apt./Suite Nahurgaon, Mulund West | | Apt./Suite Off Vishweshwar Nagar Road | | |
| City Mumbai | | City Goregaon East, Mumbai | | |
| Province/State Maharashtra | | Province/State Maharashtra | | |
| Postal Code/Zip Code 400080 | | Postal Code/Zip Code 400063 | | |
| Country India | | Country India | | |
| Home Telephone Number | Country Code (91) | Area Code () | Local Number 9930330326 | Extension |
| Alternate Telephone Number | Country Code () | Area Code () | Local Number | Extension |
| Email Address garge.swapnil@gmail.com | | | | |
| IDENTIFICATION | | | | |
| 1. IDENTIFICATION DETAILS (all applicable fields must be completed) | | | 2. IDENTIFICATION DETAILS (all applicable fields must be completed) | |
| Type of Government Photo Identification Foreign Passport | | | Type of Identification IMM # 5292 - Confirmation of Permanent Residence (Type A) | |
| Number R1174950 | | | Number T603042844 | |
| Place of Issue (Province and/or Country) Mumbai, Maharashtra, India | | | Place of Issue (Province and/or Country) New Delhi, India | |
| Expiry Date DD/MM/YYYY (if applicable) 07/06/2027 | | | Expiry Date DD/MM/YYYY (if applicable) 26/12/2019 | |
| Place of Birth (if provided on ID) Mumbai, Maharashtra, India | | | Place of Birth (if provided on ID) Mumbai, Maharashtra, India | |

ACCOUNT DETAILS**ACCOUNT SELECTION****Savings Accounts**

- ☐ RBC Enhanced Savings®
☒ RBC Day to Day Savings®

Banking Accounts

- ☐ RBC VIP Banking®
☐ RBC Signature No Limit Banking®
☐ RBC No Limit Banking®
☐ RBC Day to Day Banking®
☐ U.S. Personal Account®

Student Banking Accounts

- ☐ RBC No Limit Banking for Students®
☐ RBC Student Banking®
☐ RBC Leo's Young Savers Account®

PURPOSE OF ACCOUNT

- ☐ Payroll/Living Expenses
☐ Investment/Savings
☐ School/Tuition
☐ Vacation/Travel Expenses

STATEMENT & NOTIFICATIONS OPTION

- ☒ Paper without Cheque Image
☐ Paper with Cheque Image
☐ Electronic

ACCOUNT OWNERSHIP

- ☐ Sole
(complete Form 40830)
☐ Joint Or (anyone to sign)
(complete Forms 40830 & 40832)
☐ Joint And (all to sign)
(complete Forms 40830 & 40832)
☐ I am an existing RBC Royal Bank® client.
RBC® Client Card Number
4519 _____

CREDIT BUREAU CONSENT**Credit Bureau Inquiry**

A credit bureau inquiry should be completed in order to allow us to provide you with maximum daily access limits. Do you consent to a background check on you by the credit bureau? ☒ Yes ☐ No

Note: If you answer "No" please understand that while RBC can accommodate your choice not to have your credit information accessed in order to open an account, we will still be confirming and verifying your identity. This verification inquiry is separate from a credit bureau inquiry; however, it will still leave a footprint on your report, meaning it will show that an inquiry was taken. If we have your social insurance number, we may share it with credit reporting agencies as an aid to identify you.

Privacy Consent

Do you consent to the collection, use and disclosure of the personal information on this form by Royal Bank of Canada in order to verify your identity, consider your application for a personal deposit account and as permitted or required by law? ☒ Yes ☐ No

TAX INFORMATION

At least one question must be answered yes. Multiple countries can be identified.

Are you a resident of Canada for tax purposes? ☒ No ☐ Yes, in Province/Territory: _____

Are you a resident of any country/countries outside of Canada for tax purposes?

☐ No ☒ Yes, in country 1: India country 2: _____ country 3: _____

THIRD PARTY DETAILS

Will this account be used by or on behalf of a third party? ☐ Yes ☒ No

If "Yes", please complete the following information on the third party. A third party is an individual/entity who gives instructions on how the funds in the account will be used, but they are not an account owner.

| PERSONAL THIRD PARTY | | BUSINESS THIRD PARTY | |
|--|----------------|---|----------------------|
| First Name, Last Name | | Business Name | |
| Relationship to Account Owner(s) | | Relationship to Account Owner(s) | |
| Date of Birth DD/MM/YYYY | | Type of Business | |
| Occupation | | Corporation <input type="checkbox"/> Yes <input type="checkbox"/> No | Incorporation Number |
| | | Place of Incorporation (Province and Country) | |
| RESIDENCE ADDRESS (cannot be a P.O. Box/General Delivery) | | BUSINESS ADDRESS (cannot be a P.O. Box/General Delivery) | |
| Street | | Street | |
| Apt./Suite | | Apt./Suite | |
| City | Province/State | City | Province/State |
| Postal Code/Zip Code | Country | Postal Code/Zip Code | Country |

FOR BANK USE ONLY

Employee Name/Number _____ Transit _____ Date DD/MM/YYYY _____



Royal Bank of Canada
Specimen Signature
For Personal Deposit Accounts and Client Cards

SRF No.:

Client Name:

By signing this form, I acknowledge receipt of and agree to everything in the following documents:

- RBC Royal Bank Disclosures and Agreements related to Personal Deposit Accounts ("the Booklet");
- RateSetter - Personal Deposit Accounts;

If I also requested a Client Card at the time of opening a personal deposit account, I acknowledge that:

- I must enter a Personal Identification Number (PIN) for my Client Card, and
- I have received and agreed to everything in the **Client Card Agreement** which appears in the Booklet.

If I am an executor, administrator, estate trustee, liquidator, attorney, committee, guardian of property, or other legal and personal representative of the client, then I agree to everything written in the above documents in my capacity as a legal and personal representative only.

Client Specimen of Signature or Mark

Client Signature

Last Name:

First Name:

Middle Name/Initial:

Date:
YYYY/MM/DD

If unable to sign, leave signature line blank and select applicable box:

☐ Child

☐ Unable to Sign

Employee Acknowledgement (to be completed if "Child" or "Unable to Sign" is selected)

Employee Signature

Employee Name:

Transit No.:

Date:
YYYY/MM/DD



RBC Agent Agreement (the "Agreement")

NOTE: This agreement and accompanying forms must be completed by a lawyer, attorney, barrister, solicitor or notary public in good standing, or an RBC employee. This agreement and accompanying forms cannot be completed by an embassy or consulate official acting in an embassy or consular capacity.

RBC has legal and regulatory obligations to identify its clients, including under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) (the "Act") and its associated Regulations. In connection with these obligations, RBC appoints the undersigned (the "Identification Agent") as RBC's agent for the sole and limited purpose, as set out in the Act and its associated Regulations, to identify the client or the authorized signatory if the client is a business.

The Identification Agent hereby accepts the appointment, and agrees to identify the client or authorized signatory if the client is a business, on behalf of RBC in accordance with this Agreement.

The Identification Agent agrees to:

1. meet personally with the client or authorized signatory;
2. examine only original, unaltered, unexpired identification documents requested by RBC;
3. fully complete the Client Identification Form (attached as Schedule A to the Agreement);
4. sign and return a complete and originally-signed copy of this Agreement, together with a completed Client Identification Form for each client or signatory (attached as Schedule A to the Agreement), to the address provided by RBC.

The Identification Agent acknowledges that it has no discretionary power regarding the steps needed to identify the client on behalf of RBC. The Identification Agent acknowledges it has received good and valuable consideration for the tasks required under this Agreement. The Identification Agent is prohibited from delegating its responsibilities under this Agreement.

The Identification Agent confirms he/she is a lawyer, attorney, barrister, solicitor or notary public in good standing, or an RBC employee.

I have read and understood the terms of this Agreement. I agree to act as Identification Agent for RBC in connection with Swapnil Sudhir Garge,
[Name of client or authorized signatory]

and certify that I personally met with Swapnil Sudhir Garge,
[Name of client or authorized signatory]

and I viewed at least two pieces of original, unaltered, and unexpired identification, as described in the attached Schedule A - Client Identification Form. At least one piece of identification is government issued and bears the name and photograph of the client.

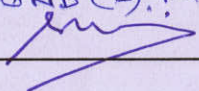
Dated this 7th day of November, 2019 at Mulund, Mumbai, India

Identification Agent Name: Mr. SAMIR K. VAIDYA (Enrolment no. MAH/1374/198

Title: ADVOCATE/LAWYER

Organization: INDIVIDUAL

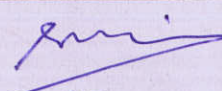
Address: AKANKSHA, 2ND FLOOR, SANE
GURUJI NAGAR, 90 FEET ROAD
MULUND (E), MUMBAI - 400081

Signature: 

Permitted Occupations: (please check one)

- ☒ Lawyer/Attorney/Barrister/Solicitor in good standing
- ☐ Notary Public in good standing
- ☐ RBC Employee

Schedule A - Client Identification Form (Complete a separate form for each client or authorized signatory)

| CLIENT INFORMATION | | | | | |
|--|--|-------------------------------|--|-----------------------------------|---|
| FULL LEGAL NAME | | | Prefix <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | | |
| First Name SWARNIL | | | Middle Name SUDHIR | | |
| Last Name GARGE | | | | | |
| Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | | Date of Birth YYYY/MM/DD 1989/08/03 | | |
| | | | Correspondence Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French | | |
| RESIDENTIAL ADDRESS (cannot be a P.O. Box) | | | | | |
| Street A12, MULUND SHREENAIKUNTH CHS | | | Apt./Suite NAHURGAON, MULUND (W) | | |
| City MUMBAI | | | Province/State MAHARASHTRA | | |
| Postal Code/Zip Code 400080 | | | Country INDIA | | |
| Home Telephone Number | | Country Code (91) | Area Code () | Local Number 9930330326 | Extension |
| BUSINESS ACCOUNT | | | | | |
| If the client identification is being presented in connection with a business account, please provide: | | | | | |
| Business Name <div style="text-align: center;">— x —</div> | | | | | |
| Title of Signing Officer: <div style="text-align: center;">— x —</div> | | | | | |
| IDENTIFICATION | | | | | |
| Minimum two (2) pieces of identification. At least one (1) piece must be government issued with name and photograph. | | | | | |
| 1. IDENTIFICATION DETAILS <i>(all applicable fields must be completed)</i> | | | 2. IDENTIFICATION DETAILS <i>(all applicable fields must be completed)</i> | | |
| ID Type FOREIGN PASSPORT | | | ID Type PERMANENT | | |
| Reference Number R1174950 | | | Reference Number IMM#5292-CONFIRMATION OF RESIDENCE (TYPE 1) | | |
| Place of Issue (Province and/or Country) MUMBAI, MAHARASHTRA, INDIA | | | Place of Issue (Province and/or Country) NEW DELHI, INDIA | | |
| Expiry Date YYYY/MM/DD (if applicable) 2027/06/07 | | | Expiry Date YYYY/MM/DD (if applicable) 2019/12/26 | | |
| US Place of Birth indicated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | US Place of Birth indicated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| IDENTIFICATION AGENT INFORMATION | | | | | |
| Do you certify that you have personally met with the client or authorized signatory named in this Schedule? | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you certify that you have viewed at least two pieces of original, unaltered, and unexpired identification, recorded in the Identification Section of this Schedule? | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Profession or position <input checked="" type="checkbox"/> Lawyer/Attorney/Barrister/Solicitor <input type="checkbox"/> Notary Public <input type="checkbox"/> RBC Employee | | | | | |
| Identification Agent Name SAMIR K. VAIDYA | | | Title ADVOCATE / LAWYER | | |
| Signature  | | | Date YYYY/MM/DD 2019/11/07 | | |
| (ENROLMENT NO. MAH/13741/1989) | | | | | |