

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 type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
First Name Mukta		Middle Name Swapnil		
Last Name Garge				
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Date of Birth DD/MM/YYYY 22/07/1991		
Social Insurance Number (Optional)		Correspondence Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French		
Occupation Service		Employer Name/School Name Unichem Laboratories Pvt. Ltd.		
RESIDENCE ADDRESS (cannot be a P.O. Box/General Delivery)		MAILING ADDRESS <input checked="" type="checkbox"/> Same as Residence Address		
Street 1105, Romell Grandeur		Street		
Apt./Suite Off Vishweshwar Nagar Road		Apt./Suite		
City Goregaon East, Mumbai		City		
Province/State Maharashtra		Province/State		
Postal Code/Zip Code 400063		Postal Code/Zip Code		
Country India		Country		
Home Telephone Number	Country Code (91)	Area Code ()	Local Number 9920892395	Extension
Alternate Telephone Number	Country Code ()	Area Code ()	Local Number	Extension
Email Address muktad227@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 S7529200			Number T603042846	
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) 04/09/2028			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

First Name, Last Name

Relationship to Account Owner(s)

Date of Birth DD/MM/YYYY

Occupation

BUSINESS THIRD PARTY

Business Name

Relationship to Account Owner(s)

Type of Business

Corporation

☐ Yes ☐ No

Incorporation Number

Place of Incorporation (Province and Country)

RESIDENCE ADDRESS (cannot be a P.O. Box/General Delivery)

Street

Apt./Suite

City Province/State

Postal Code/Zip Code Country

BUSINESS ADDRESS (cannot be a P.O. Box/General Delivery)

Street

Apt./Suite

City Province/State

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:

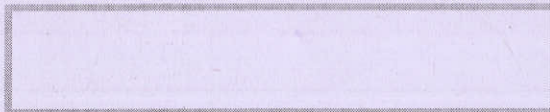
Middle Name/Initial:

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 MUKTA SWARNIL GARGE,
[Name of client or authorized signatory]

and certify that I personally met with MUKTA SWARNIL 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/1374/1989)

Title: ADVOCATE/LAWYER

Organization: INDIVIDUAL

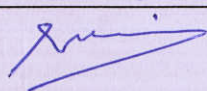
Address: AKANKSHA, 2ND FLOOR, SANE
GURUJI NAGAR, 90 FEET ROAD,
MULUND (E), MUMBAI - 400081

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 type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
First Name MUKTA			Middle Name SWARNIL		
Last Name GARGE					
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			Date of Birth YYYY/MM/DD 1991/07/22		
			Correspondence Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French		
RESIDENTIAL ADDRESS (cannot be a P.O. Box)					
Street 1105, ROMELL GRANDEUR			Apt./Suite OFF VISHWESHWAR NAGAR ROAD		
City GOREGAON (E), MUMBAI			Province/State MAHARASHTRA		
Postal Code/Zip Code 400063			Country INDIA		
Home Telephone Number		Country Code (91)	Area Code ()	Local Number 9930330326	Extension /9920892395
BUSINESS ACCOUNT					
If the client identification is being presented in connection with a business account, please provide:					
Business Name - X -					
Title of Signing Officer: - X -					
IDENTIFICATION					
Minimum two (2) pieces of identification. At least one (1) piece must be government issued with name and photograph.					
1. IDENTIFICATION DETAILS (all applicable fields must be completed)			2. IDENTIFICATION DETAILS (all applicable fields must be completed)		
ID Type FOREIGN PASSPORT ★			ID Type PERMANENT IMM# 5292 - CONFIRMATION OF RESIDENCE		
Reference Number S 7529200			Reference Number T603042846		
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) 2028/09/04			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/1374/1989					