FOR BRANCH USE: B1 Receipt Date://			Signature	State Bank of Ind
Request	for change of	Personal De	etails in NRE/NR	O account NRI-2.4
Account No:	Account Holder	's Name:	Branch Name	e / Code:
2. If new information for	field(s) wherever (*)	symbol is mentioned	the new details in the space p d, pertains to the USA, then provided by you to the Bank	please fill Annexure compul
Change of Postal	Address* (Please end	lose self-attested cop	y of new address proof)	
Change address for Address Type: R				seas / Indian) Address
			Town / District	
State	Cou	ntry		PIN
Change of Mobile Change of Email			for tra- do it t For	For change of mobile number & email ad nsactions done through internet banking, p hrough Internet Banking facility on your change of mobile number, p purier/submit in person the request
			genera	ted to your home branch for approval.
Change of Teleph	one Number*			– (In ISD – STD – Number fo
Change of Passpo	ort / VISA / Work I	Permit Details* (1	Please enclose self-attested cop	y of relevant pages)
Details to be change	d for (Tick One):	Passport	VISA / Work Permit	
Number	Issue Date	Place of Issue	Nationality [#]	Valid Up to
			([#] Not required, if VISA / V	Vork Permit Details are to be cha
Change of Record	led Signature		(10070400004, 9 710117)	
	Did Signature ^		New Specim	en Signature
	iu Signature			
Your new specimen sig	natures should be the s preign Office (wherev	ame as on the proof er it is permitted)	submit copy of your Passpon being given. The proof being 2. Indian Embassy / H	given should be duly atteste
	ank to amend the ir	formation provid	ed in my account as state	d above and confirm that
Date		Place	Sign	ature
ustomer Acknowledg	ement Copy (To be	returned to the custor	ner, if submitting it in the person	n) Branch Seal & Stam
	A/c Holder N	me		
/c No:				
/c No: ype of request: Change of ate of receipt://	personal details			

Account Holder's Maiden Name (if	any):	
Place of Birth:	Country of Birth:	
Father Name:		<first-middle-surname></first-middle-surname>
Spouse Name (<i>Required if Marital S</i>	<first-middle-surname></first-middle-surname>	
Aadhaar No:	(Optional)	

Taxation Details (Please fill following details, if you are tax payer in any of the country or multiple countries)						
S. No.	Country of residence for tax purpose	Tax Identification Number (TIN) number or functional equivalent	TIN issuing Country			
1						
2						
3						
 a. Docu b. Certinagence c. Any frequencies 	ment mentioning Tax Identification ficate of residence or any valid by or a municipality, of the court	please give one of the following proofs for each ation Number (TIN) or functional equivalent identification issued by an authorized Governmentry or territory of residence credit report, bankruptcy filing, or a report of the	ent body, including a Government			
Please pro	Please provide address, if S. No. 1 is filled in Taxation Details:					

Same as Permanent Address

Other Address: _____

City / Town / District: _____

_ Country_____

PIN

FATCA / CRS / Central KYC Registry - Declaration and Undertaking:

- 1. I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular No. RBI/2015-16/165 DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
- 2. I understand and acknowledge that as per the provisions Income tax Act, Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) and Common Reporting Standards (CRS) and or any other similar arrangements.
- 3. I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of my account as a U.S. Reportable Account or other reportable Account or otherwise.
- 4. I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self- certification along with documentary evidence.
- 5. I also agree that my failure to disclose any material fact known to me, now or in future, may invalidate me from transacting in the account and State Bank of India would be within its right to put restrictions in the operations of my account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by State Bank of India, under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me within the stipulated period.
- 6. I also agree to furnish and intimate to State Bank of India any other particulars that are called upon me to provide on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify State Bank of India for any loss that may be caused to the State Bank of India on account of providing incorrect or incomplete information by me.
 I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS / Email on my registered number / email address.

	Signature impression holder			
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CONSENT FORM (NRI CUSTOMERS OTHER THAN IN EU)

The Branch Manager State Bank of India

__ Branch

India

Madam/Dear Sir,

CONSENT FOR USE OF INFORMATION FURNISHED IN RELATION TO SAVINGS/CURRENT/DEPOSIT ACCOUNT WITH STATE BANK OF INDIA

I/we understand that the State Bank of India (SBI) will use the information furnished by me/us in relation to the application dated _______ for opening my/our Savings / Current / Deposit Account or my such existing accounts* (including the information modified or updated in the Bank's records/ system subsequently). In accordance with the applicable law(s) of India and/or, to the extent applicable and necessary, with any foreign laws on data protection, as amended or updated or promulgated from time to time. The said information will be used solely for the purpose of opening, maintaining and operating my/our account and account(s) opened subsequently and processing transactions initiated by me/us in those accounts.

2. State Bank of India may share my/our personal data with, and obtain personal data about me/us from, within State Bank Group, credit reference agencies or Indian regulatory agencies or fraud prevention agencies for use in verifying my identity, credit decisions and for fraud and money laundering prevention.

3. State Bank of India may send NRI Newsletter or information about special offers I/we may be entitled to or about products and services available from the State Bank Group that may be of interest to me/us etc. I/we prefer following mode of communication (please tick the relevant boxes);

	email		Phone		SMS	No, I am not interested in receiving any such newsletter or information
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4. However, SBI will update me/us on required changes regarding servicing my/our account. SBI will communicate to me/us about the banking transactions through Phone/Mobile No./e-mail provided by me/us.

Yours faithfully,

Signature

)

Primary Account Holder Name: Email ID: Mobile No: 1) 2) () Secondary/joint Account Holder Name: Email ID: Mobile No: 1) 2)

Signature

* Account No. :

(In case of obtaining it from existing customers at the time of re-KYC)

Date: _____