

FOR BRANCH USE: Branch Code: _____

Receipt Date: ___/___/___ Action Taken on: ___/___/___

Signature _____



Request for services required in NRE/NRO account

NRI-4.1

Account No: _____ Account Holder's Name: _____ Branch Name / Code: _____

General Rule: Please tick the appropriate box (es), wherever applicable and give the information in the space provided.

<input type="checkbox"/>	Issuance of new ATM Card *	Reason: <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Lost <input type="checkbox"/> Stolen									
	<table border="1"><thead><tr><th>Applicant</th><th>Card Type</th><th>Name as would appear on the Card</th></tr></thead><tbody><tr><td>1st</td><td><input type="checkbox"/> Domestic <input type="checkbox"/> International _____</td><td></td></tr><tr><td>2nd</td><td><input type="checkbox"/> Domestic <input type="checkbox"/> International _____</td><td></td></tr></tbody></table>	Applicant	Card Type	Name as would appear on the Card	1 st	<input type="checkbox"/> Domestic <input type="checkbox"/> International _____		2 nd	<input type="checkbox"/> Domestic <input type="checkbox"/> International _____		
Applicant	Card Type	Name as would appear on the Card									
1 st	<input type="checkbox"/> Domestic <input type="checkbox"/> International _____										
2 nd	<input type="checkbox"/> Domestic <input type="checkbox"/> International _____										

(*Please note: International card will not be issued for NRO accounts)

<input type="checkbox"/>	Blocking of ATM Card	Card No: _____ Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen
<input type="checkbox"/>	Issue new ATM PIN	Card No: _____
<input type="checkbox"/>	Issuance of duplicate Passbook	Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other _____
<input type="checkbox"/>	Issuance of Cheque Book	Number of leafs required (25 / 50): _____
<input type="checkbox"/>	Stop Cheque payment issued	In favor of: _____ No: _____ Dated: ___/___/___
<input type="checkbox"/>	Activate SMS Alerts facility on	Mobile Number: _____
<input type="checkbox"/>	Activate standing instruction	Beneficiary Name: _____ Frequency: _____
	Amount to be transferred: ₹ _____	Beneficiary A/c No: _____ IFSC: _____
	Purpose: _____	Start Date: ___/___/___ End Date: ___/___/___
<input type="checkbox"/>	Closure of account	Reason: _____
	Pay balance amount in: <input type="checkbox"/> Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/> Transfer to a/c no _____	
<input type="checkbox"/>	Transfer of account & CIF #	CIF: _____ Reason: _____
	Transfer to Branch Name & Code: _____	

(*Please enclose attested copy of your new address proof)

Declaration: I / We have understood and agree to abide by the terms & conditions relating to services and corresponding regulations of RBI / FEMA 1999 or any other act in force requested by me/us, as may be in force from time to time. Please debit my/our account for the service related charges.

_____ Date

_____ Place

_____ Signature of 1st applicant

_____ Signature of 2nd applicant

Customer Acknowledgement Copy (To be returned to the customer, if submitting it in the person)

A/c No: _____ A/c Holder Name: _____

Type of request: Services required

Date of receipt: ___/___/___

_____ Signature of authorised official

Branch Seal & Stamp

**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

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

Signature

(_____)

Primary Account Holder

Name:

Email ID:

Mobile No: 1)

2)

(_____)

Secondary/joint Account Holder

Name:

Email ID:

Mobile No: 1)

2)

* Account No. : _____

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

Date: _____