

FORM DA 3
(Variation of Nomination)

Variation of nomination under Section 45ZA of the Banking Regulations Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

I / We

(Name(s) and Address of Depositors)

Cancel the nomination made by me / us in favour of

..... (Name and Address of Nominee) and hereby nominated the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by **State Bank of India**, _____ Branch.

BANK DEPOSIT DETAILS

Nature of Deposit	Distinguishing A/c No	Additional Details, if any

NOMINEE DETAILS

Name	Address	Relationship With Depositor, if any	Age	Date of Birth (If Nominee is a Minor)

2. As the nominee is a minor on this date, I/We appoint Mr. /Ms.
.....aged..... (Name, address and age of Guardian) to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place: _____

Date:/...../20.....

(1) _____

(2) _____

Name(s), Signature(s) and Address of Witness(s)

Signature(s)/Thumb impression(s) of Depositor(s)

FOR OFFICE USE ONLY

Nomination Changed in Deposit Account(s) with
New Nomination No.....

Branch /Service Manager

**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: _____