

FOR BRANCH USE: Branch Code: _____

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

Signature _____



Request for Nomination (Form DA – 1) in NRE/NRO/FCNR (B) account

NRI-7

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits. I / We <name & address of depositor> _____

nominate 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 <name & address of the branch in which deposit is held> _____

Details of Deposit*	Type of Deposit	Account Number	Additional Details (if any)

Details of the Nominee*			
Name		Date of Birth	
Relationship with depositor		Address	
City		State	
Pin		Country	

As the nominee is a minor on this date, I/We appoint Shri./Smt./Kum. _____
age: _____ years, residing at _____
_____ to receive the amount of deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Date: _____

Place: _____

Signature of 1 st Applicant*	Signature of 2 nd Applicant*
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Signature / Thumb impression of 1 st witness** Name: _____ Address: _____	Signature / Thumb impression of 2 nd witness** Name: _____ Address: _____
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*Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

** Thumb impression (s) shall be attested by two persons.

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: Request for Nomination (Form DA – 1)

Date of receipt: ___/___/___

Signature of authorised official _____

Branch Seal & Stamp



**CONSENT FORM for
NRI CUSTOMERS OTHER THAN EU & UK**

**CONSENT FORM
(NRI CUSTOMERS OTHER THAN EU & UK)**

**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 laws 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

Secondary/joint Account Holder

Name:

Name:

Email ID:

Email ID:

Mobile No: 1)

Mobile No: 1)

2)

2)

* Account No. : _____

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

Date: _____