



Date\*:  /  /

Customer Name \*:

Mobile Number\*:  Account Number

Branch name\*:

Fields marked \* are mandatory

\* Kindly fill only those boxes where information is to be added or update on submission of form always ask for acknowledgment\*

Kindly  the boxes against the request opted for

**ADD/UPDATE PERSONAL DETAILS**

- 1. Update KYC ID Document  PAN  Aadhar  Driving license  Passport  voter ID  NREGA Card  
 Document number  (e.g.Aadhar number, Passport number)  
 Place of issue   
 Issue date  /  /
- 2. Address Change:  Permanent  Correspondence  Both (Please leave space between two words/digits)  
 Door/Flat No.:  Building / Society   
 Street/Road/Block:   
 Locality/Village:   
 City:  Pin:   
 State :   
 Document type  Aadhar Card  Driving license  Passport  Voter ID Card  NREGA Card  
 (Mandatory for permanent address change)
- 3. Please seed my Aadhar number in above mentioned account:
- 4. PAN:
- 5. Email ID:
- 6. Change my Title to:
- 7. Change my Name to:
- 8. Activate SMS alerts on my Mobile number (This will be activated on mobile number registered with bank record)

**ATM AND CHEQUE BOOK FACILITY**

- 9. ATM Card/ issuance (Charges will be deducted as applicable )  New  Replace  
 Address to be delivered to :  Permanent  Correspondence  
 Name on card:
- 10. Cheque book facility : Please provide cheque book facility in my account number mentioned above
- 11. New personalized cheque book request Number of leaflets  10  20  25  50  100  
 Name on cheque:   
 Address to be delivered to:  Permanent  Correspondence  New  
 Address line 1   
 Address line 2   
 Pin  City:   
 State:

I have read understood and agree to the terms and conditions of various products and services including SMS alerts, Debit card and Internet Banking. I accept and agree to be bounded by the Terms and conditions as displayed on bank sbi. I agree that the bank may debit service charge plus taxes to my account wherever application.

Kindly provide the number of Requests submitted (count and enter number of  in the check boxes\*

First holder Signature  Second holder Signature  Signaturer of Branch official with ss No.

**Acknowledgment**

Date of request received  /  /

Customer name..... Signature

Name of Branch staff..... Name of Branch officer.....

Please Notes: Your request will be processed withing 2 working days. Delivery of kits/cheque book etc to your address will take between 7-15 working days. (depending on delivery location)



### Customer Request Form-2 Part(A)

Date / /   
 Customer Name   
 Mobile Number  Account Number   
 Branch name

Kindly fill only those boxes where information is to be added or updated on submission of form always ask for acknowledgment.

Kindly  the boxes against the request opted for.

#### ACCOUNT RELATED SERVICES

- 1. Change mobile number to:
- 2. Change mode of operation in above mentioned account to  
 Self  Either or Survivor  Former or Survivor  Jointly
- 3. I/We request to close above account and pay the balance by  Cash  
 Credit to account no.  IFSC:
- 4. Request to activate my inoperative / Dormant account (number mentioned above)  
 Reason for dormancy.....
- 5. Convert my account from Minor to Major as I became Major on / /
- 6. Request to activate phone Banking service in the account mentioned above.
- 7. Request to issue Duplicate passbook for the above mentioned account.
- 8. Reissue term deposit advice for A/C number:
- 9. Setup NACH Facility as per the form attached.
- 10. Standing instruction : Please transfer Rs   
 Starting from date / /  till date / /  to RD/Loan account  
 number  every alternate week  quarter  Daily  Once a week   
 Monthly  Annually
- 11. Setup auto-sweep facility saving plus   
 Threshold amount Rs  (Min Threshold Balance Rs. 35,000)  
 Sweep time..... day (e.g. Monday, Tuesday) of every week (only for saving plus Account)  
 or..... (e.g. 1st, 2nd) of every month beginning on / /   
 under reverse sweep facility the MOD (Multi-option deposit to be broken by: Last in first out  First in first out

#### TDS SERVICE

- 12. Please issue TDS certificate for above mentioned account .
- 13. I wish to submit form  15G  15H For my deposit with the bank

I have read understood and agree to the terms and condition of various products and services including SMS alert, Debit card and internet Banking. I accept and agree to be bounded by the Terms and condition as displayed on Bank SBI. I agree that the bank service charges plus taxes to my account wherever applicable. Kindly submit the necessary document as proof for request fulfillment. kindly provide the number of request submitted(count and enter number of  in the check boxes) .

|  |  |  |
|--|--|--|
|  |  | Signature of Branch official with ss No. |
|--|--|--|

#### ACKNOWLEDGMENT

Date of Request Received: / /

Customer Name .....

Signatur

Employ Number..... Name of Branch Office.....

Please note: Your request will be processed within 2 working days. Delivery of kits/cheque book etc to your address will take between 7-15 working days (depending on delivery location)