



CUSTOMER REQUEST FORM



STATE BANK OF INDIA. Branch : _____ Date*: _____

1st Applicant's Name*: _____

2nd Applicant's Name*: _____

Account number: _____ Mobile Number: _____

(Fields marked* are mandatory)
Kindly fill only those boxes where information is to be added or updated. On submission of form always ask for acknowledgement (Kindly tick the boxes against the request opted for)

ADD/UPDATE PERSONAL DETAILS

1. Update KYC ID Type: PAN Aadhaar Driving License Passport Voter ID NREGA Card
Document number _____
(Attach self-attested copy of document for verification with original)
Place of Issue _____ Issue Date _____ Valid till date: _____

2. Address Change: Permanent Correspondence Both (Please leave space between two words/digits)

Document Type: PAN Aadhaar Driving License Passport Voter ID NREGA Card
(Mandatory for Permanent Address Change)

3. Add Father/Mother/Spouse name: _____ (strike out whichever is not applicable)

4. Please seed/update my Aadhaar Number in the account number mentioned above for DBT purpose: _____

5. Please delete my Aadhaar Data from the account Number mentioned above, my Aadhaar No.is _____

6. PAN: _____

7. Email ID: _____

8. Change my Title to: _____

9. Change my Name to: _____

(Relevant document e.g. Govt. Gazette Notification / Marriage Certificate to be attached)

10. Change mobile number to: _____

OTHER ACCOUNT/CIF MODIFICATIONS

11. Transfer Account CIF Both To Branch Name _____ Branch Code: _____

12. Change mode of operation in above mentioned account to:
Self Either or Survivor Former or Survivor Jointly As per mandate enclosed

13. Request to activate my inoperative/Dormant account (number mentioned above):
Reason for dormancy: _____

14. Convert my account from Minor to Major as I became Major on _____

15. Change A/c Type to: **Salary Package Variant: Corporate/Defence/Others Savings Bank to NRO Savings Bank**
Current Account Variant: Regular/Gold/Diamond/Platinum

16. Change my signature in above mentioned account:

From		To	
	Old Signature		New Signature

FIXED DEPOSIT/PPF ACCOUNT RELATED SERVICES

18. Please change the tenure of my/our Fixed deposit A/C No. _____ to _____

19. Reissue Term Deposit advice for A/C number: _____

20. Please issue TDS/Interest certificate for Account Number/s: _____

OTHER ACCOUNT RELATED SERVICES

21. Passbook required: Yes/No [If No, Request for statement of account through e-mail id. _____]

22. Request to Issue Duplicate Passbook for the Account Number: _____

23. Request to activate Phone Banking/Mobile Banking services in the above-mentioned account.

24. Standing Instruction: Please transfer Rs. _____ to RD/Loan/SB Account Number: _____
Starting from date _____ Every alternate **Daily/Monthly/End of Month**

25. Setup Auto-sweep facility - Saving Plus Threshold amount: Rs _____ Sweep time: **Weekly/Monthly**
Under reverse sweep facility the MOD (Multi-option deposit) to be broken by: **Last in First Out/First in Last out**

26. Account Statement: Account No. _____ Period from _____
To _____. Charges as applicable. Print / by Email. _____

ACKNOWLEDGEMENT

Date of Request Received: _____ Customer Name: _____

Employee Number: _____ Name of Branch Official: _____ Signature: _____

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)

NOMINATION

27. Nomination to be modified in my account mentioned above: **New/Change/Delete**
(Please fill and attach DA-1 form for new nomination, DA-2 form to delete nomination and DA-3 form to change nomination)
28. Nomination to be modified: [Add/Modify] in the scheme **APY/PMJJBY/PMSBY/PPF**

APY RELATED SERVICES

- 29.Request to update the pension amount for APY from Rs _____ to 1000/2000/3000/4000/5000
I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amounts elected by me.

CHEQUE RELATED SERVICES

- 30.Cheque book facility: Please provide cheque book facility in my account number mentioned above.
- 31.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: _____
Address line 3: _____
32. Request to stop (number of cheques) Cheque number listed below/attached
Starting from _____ ending at _____ or Cheque number: _____
Cheque number: _____ Cheque number: _____
Cheque number: _____ Cheque number: _____

DEBIT CARD SERVICES

33. ATM card issuance (Charges will be deducted as applicable): **New/Replace**
Address to be delivered to: Permanent/Correspondence
Name on card: _____
34. **Block / Unblock** debit card number: _____

INTERNET BANKING SERVICES

35. Activate Internet Banking in the above mentioned account.
Kit number (for official use only): _____
36. Request to: Reactivate the username/Re-issue login password/Reset the INB profile password
Date of Birth: _____ Reference No. _____
Wish to receive the Pre-Printed Kit (PPK) at address mentioned in my account
37. Internet Banking rights modification : **Full Transaction rights/Limited Transaction rights**
38. Request to add beneficiary to INB : Reference Number: _____
Beneficiary name: _____ Beneficiary account No : _____
Beneficiary Bank/Branch: _____ IFS Code: _____ Limit (INR): Rs: _____

PENSION SERVICES

39. I wish to submit Life Certificate for PPO no: _____
- 40.Please issue Pension Certificate/Slip for PPO no: _____ for the Month_____ Year_____
- 41.Please issue Form 16 for PPO no: _____
- 42.Pensioners Grievances (**Pension not credited/Life Certificate not updated**)

LOCKER SERVICES

- 43.Request for Allotment of Locker: (Size): **Small/Medium/Large/Extra Large**
44. Request to add Nomination to Locker number: _____
(Duly filled in nomination form is to be attached)
- 45.Request for Locker Conversion from Single to Joint: **Locker No.** _____
Name of Joint Holder: _____
Account no. of Joint Holder: _____
46. Request for closure (Surrender) of Locker No: _____ Bearing Key No: _____
47. Request for break open of Locker No: _____
- 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 charges plus taxes to my account whenever applicable. I wish to seed this account with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt of India (GOI) in this account.

Kindly provide the number of Requests submitted (count and enter number of ticks in the checkboxes)*:

First Account Holder’s signature	Second Account Holder’s Signature	Signature of Branch Official with SS No.