



(for office use. All fields are mandatory)

Please fill up in BLOCK letters only and use black ink for signature. Please leave one box blank between two words. Tick (✓) the appropriate boxes. Fill the form in English only.

## KYC No. (If available)

Name:	F	I	R	S	T		N	A	M	E							M	I	D	D	L	E		N	A	M	E							L	A	S	T		N	A	M	E						
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Other

For the following products/facilities, please furnish options/details:

Maturity instruction: ☐ Auto renew principal & payback interest ☐ Auto renew principal & interest ☒ Pay principal & interest

Payment instruction (Principal & Interest):

☐ By credit to my bank account no. ☐ By Banker's Cheque

Renewal will be done at the then prevailing interest rate on maturity.

## 2. MULTI-OPTION DEPOSIT SCHEME

I/We hereby give consent for debiting my/ our account for recovering service charges as normally applicable to Savings Bank and Current Account.

[illegible]

Under reverse sweep facility for breaking the MOD, the MOD to be broken by: ☐ Last in first out ☐ First in first out

### 3. ☐ RECURRING DEPOSIT/



FLEXI DEPOSIT

Monthly installment: Rs. .... Period: ..... Year(s)..... Month(s).....

☐ Standing instruction (if any)      Debit Account No.

[illegible]

FOR JOINT ACCOUNTS WITH 'EITHER OR SURVIVOR' OR 'ANYONE OR SURVIVOR' MODE OF OPERATION

We have to advise that State Bank of India may pay to anyone of us, any day either before or on due date, on or after due date and where no due date is fixed, on demand, the principal alongwith interest. Payment to any one of us is discharge to the Bank from all of us, until you receive a notice contrary to it from both/ all of us. In case of death of any one, amount is to be paid to the survivor(s).

I/We have read and understood the rules and regulations of the product(s)/service(s) opted for and agree to abide by the terms and conditions relating to conduct thereof as also any changes brought about therein from time to time. I/We understand that the Bank is entitled to amend the rules and regulations from time to time by giving only a public notice of the same or publishing it on its website, and that the Bank would not notify individual account holder




**Nomination:**

Nomination, if required fill Form DA-1, otherwise please sign below

I/We do not want to nominate any person in this account

Signature of 1st account holder

Signature of 2nd account holder

Signature of 3rd account holder

## Pay-in-slip

Amount Rs.: .....(in words).....

Cashier's scroll no.	Cashier	Cash Officer	Queue no.	Checked	Signed

Pan No.: <table border="1" style="display: inline-table; width: 180px; height: 20px;"></table>	Mobile No.: <table border="1" style="display: inline-table; width: 260px; height: 20px;"></table>
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Particulars/Denomination	Rs.	Ps.

Received a sum of rupees .....(in words).....  
in favour of .....  
for TDR/STDR/MODS/RD for..... months..... days by way of cash/cheque no. ....dated .....  
payable at ..... (name of Bank & Branch)

Signature of Branch Manager/Cash OfficerDate: 

d	d	m	m	y	y	y	y
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Nomination Form

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 ..... 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,

Details of Deposits:

Type of deposit: ..... Account number: ..... Additional details, if any: .....

Details of the Nominee:

Name: ..... Relationship with depositor: ..... Age: ..... Date of birth of nominee: ..... Address: ..... City: ..... PIN: ..... State: .....

Proof of Identity of Nominee

KYC number (If available) ..... A - Passport ..... Passport Expiry Date: ..... B - Voter ID Card ..... C - Pan card ..... D - Driving Licence ..... Driving Licence Expiry Date: ..... E - UID (Aadhaar) ..... F - NREGA Job Card ..... Z - Others ..... Identification Number: .....

In case Nominee is a Minor

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. .... Age: ..... Years ..... Address: ..... 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.

Date: ..... Place: ..... Signature(s) / Thumb impressions(s) of depositor(s)\*\*

Signature/Thumb impression of first witness Name: ..... Address: ..... Signature/Thumb impression of second witness Name: ..... Address: .....

\* 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 witnesses.

FOR OFFICE USE

Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

Open account: ..... Date: ..... Account number generated: ..... Date: ..... (Authorised signatory)

i) TDR/STDR/MODS/RD opened at rate of interest: ..... % ii) Nomination serial no.: ..... iii) Account sourced by Business Correspondent/ Business Facilitator Yes No If yes, Name/ Designation: ..... Code no. of BC/BF: ..... iv) Account transferred / Home branch changed on: ..... v) Account closed on: .....