

STATE BANK OF INDIA  
CUSTOMER FEEDBACK / COMPLAINT FORM

<b>NAME (In Blocks)</b>							
<b>ADDRESS FOR CORRESPONDENCE</b>							
<b>Email</b>							
<b>Mobile No</b>		<b>Landline No.</b>					
<b>EXISTING CUSTOMER (PLS SELECT)</b>			<b>YES</b>		<b>NO</b>		

**IF "YES"**

<b>ACCOUNT NO</b>		<b>ATM Card No</b>				
<b>BRANCH/OFFICE</b>						
<b>Product Service about which you want to give feedback/ complaint</b>						
<b>Please give brief details of the feedback /complaint</b>						

Date:

(Signature)