## **Account Opening Form**





For	CIF No. for 1st Applicant:	Date: d d m m y y y y	
office	CIF No. for 2 <sup>nd</sup> Applicant:	INB Kit No.:	
use	Account No.:		Branch Stamp and Seal
only	NPWK Docket ID:		



## **Documents to be sent along with Account Opening Form**

- 1) Two Self-Attested passport size photographs.
- 2) Attested copies of ID Proofs, Address proof and additional proof as mentioned on page number 2.
- 3) Initial Remittance (Cheque or Draft) should be drawn in favour of "State Bank of India A/c <Applicant's name>".
- 4) In case of application with a Power of Attorney to operate upon the accounts, the relevant Power of Attorney or the certified and duly notarised copy.

Toll Free Numbers in India: 1800 11 22 11 / 1800 4253 800 | E-mail: contactcentre@sbi.co.in | Website: www.onlinesbi.com/nri

INTERNATIONAL **TOLL FREE NOS.** 

- AUSTRALIA 1800012473

- FRANCE 800740849JAPAN 00 6633812439SINGAPORE 8001012333
- USA 18663284209

- BAHRAIN 80801724 GERMANY 8001830736 NETHERLANDS 8000223031 SOUTH AFRICA 0 800 982 360
- BELGIUM 80076562
- HONGKONG 800932045 NEW ZEALAND 800449909 UAE 80009119005
- CANADA 18663284209
- ITALY 800789407 RUSSIA 81080029301012 UK 0 8081017633



## **Guidance for filling Account Opening Form**

- ✓ 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.
- ✓ Please ensure to mention your preference of Branch in the form.
- ✓ Name mentioned on all the documents and in the form should be legible and same.
- ✓ Please do not write "Same as above" / "Do" in the address fields.
- ✓ Telephone No. and Fax No. should be mentioned along with the ISD / STD codes.
- ✓ Please ensure that all applicants sign the account opening form.
- √ Your signature appearing on the KYC documents should match with the signature on the account opening form.
- √ Please do not use more than one specimen signature and the same should be uniform across the form and in all banking transactions.
- ✓ Please affix a passport size photograph in the box provided. Also enclose another photograph for affixing to the pass book.
- ✓ "Jointly held" Account holders would not be given transaction rights for Internet Banking and ATM Card facility. Signatures of all account holders are required for all instructions.
- ✓ For minors, where proof of identity/address is not available, the same will be provided by Father/Mother/Natural Guardian.
- ✓ In case of illiterate customers, Left Thumb Impression (LTI) to be affixed and verified.
- ✓ You should authenticate corrections / alterations if any with full signature in the account opening form.

Nomination	the mains allowed size heles.		
Nomination, if required fill Form DA-1, of	I/We do not want to nomi	note any norsen in this o	occupt.
	i/we do not want to nom	liate any person in this a	CCOUNT
	f 1st Applicant	1	Signature of 2nd Applicant
Form DA-1 (Nomination Form)			
Nomination under section 45ZA of the Bank	xing 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 c	deposit, particulars whereof are given below	w, may be returned by Sta	ate Bank of India,
(Name and address of branch / office in whi	ich the deposit is held)		
Details of Deposit:			
Type of deposit:			Account number:
Additional details, if any:			
Details of the Nominee:			
Name: Name:	me	Middle Name	Last Name / Surname
Relationship with the depositor:		Age:	Date of birth of nominee: d d m m y y y y
Address:			
	Citv:	PIN:	State:
Country:			
Country.	CIF No. of Norminee (to be filled by I	-OFO)	
As the nominee is a minor on this date, I/W	e appoint Shri/Smt./Kum		age: years
Residing at			
to receive the amount of the deposit on beh	nalf of the nominee in the event of my / our	/ minor's death during the	e minority of the nominee.
Date: d d m m y y y y			
Place:			
	Signature of 1 <sup>st</sup> Applicant		Signature of 2 <sup>nd</sup> Applicant
Manada attan Carla Na	Signature 01.1 Applican	•	Signature of 2 Applicant
Nomination Serial No.			
Signature/Thumb impression of 1st witness**		Signature/Thumb im	pression of 2 <sup>nd</sup> witness**
Name:		Name:	
Address:		Address:	
* Where deposit is made in the name of	formings the nomination about he sig		

- \* 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.

State	Bank	of	India

Please oper	n an account at your:			(Branch I	Name)	
Sole / Firs	t Applicant's Personal De	etails				
Customer T	Гуре: Public Sta	ıff	Senior Citizen:	Yes	Minor:	Yes
Status:	Non-Resident Inc	_ ` `	on of Indian Origin (PIO)	Overseas Cit	izen of India (O	CI) Foreign Tourist
Name:		Ms. Mrs.	Other			Y 177 10
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Name of Fa	First Name	is only).	Middle Name			Last Name / Surname
Date of Birt	th: d d m m y y y y	Gender:	Male Female	Nationalit	y:	
Mother's M	aiden Name:		Ma	rital Status: Marri	ed Unmarr	ied Others
PAN No.:				_		_
Overseas.	Address ( Mandatory)					
-	SD STD NUM	PIN:	lob. No. ISD NU	-		
Indian Add		BER N	IOD. NO. 18 D NO	WBER	Fax. No.	ISD STD NUMBER
indian / tac						
City:		PIN:		Tel. No.	D STD	NUMBER
Mob. No.	ISD NUME	3 E R		Fax. NoS	S T D	NUMBER
Please tick	where you would like to re	eceive all communications -	Overseas address	Indian address		
E-mail Add	dress					
Passport I	Details					
	Passport No.	Issue Date	Place of Issue	1	Nationality	Valid upto
VISA Deta	ils					
	Visa No.	Issue Date		Place of Issue		Valid upto
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Identificat	ion Details					
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Identificat Status		oof of Identity (Both mandato	ry)	Address Proof men current overseas addre		Additional Document for the customers not visiting our Branch (Any one)
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Name:	Mr.	Ms. Mrs.	Other		
	First Name		Middle Name		Last Name / Surname
Name of Fat	ther / Guardian (For min	nors only): Mr. Ms	s. Mrs. Other		
	First Name		Middle Name		Last Name / Surname
Date of Birt	<b>:h</b> d d m m y y y	y Gender:	Male Female	Nationality:	
√lother's Ma	aiden Name:		Marital	Status: Married Unmar	ried Others
PAN No.:					
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Signature / Thumb impression of  $2^{nd}$  Applicant

•	State	Bank	of	India

Vei	rification of Signature with Rubber Stamp and Seal & Address (Only for I	non face to face customers)			
Veri	ification of Signature to be made by a				
	Authorised official at SBI Foreign Office (S.S.No.) Notary Public	Indian Embassy or High Commission			
Sign	natures of the Applicant (s) verified by (Name)				
Des	signationPlace	Date d d m m y y y y y Signature			
Vei	rification is not necessary, if you have an existing NRE / NRO account w	ith SBI in India			
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Mod	de of remittance: Cheque Wire Transfer Others				
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	terest Payment (TDR)	Maturity Instructions (TDR / STDR)			
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	Issue Cheque in INR/USD/GBP/EURO/AUD/CAD/JPY	Renew only the Principal amount and credit Interest amount to			
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		Issue Cheque in INR/ USD/ GBP/ EURO/ AUD/ CAD/ JPY			
De	eclarations Cum Undertakings				
1.	of any contravention or evasion of the provisions of the FEMA, 1999 or of any undertake to give such information/documents before the Bank undertakes the the transaction(s) in terms of the declaration. I/We also understand that if I/W	y mentioned in the Schedule hereunder does not involve and is not designed for the purpose rule regulation, notification, direction or order made thereunder. I/We also hereby agree and e transaction(s) and as may be required from time to time as will reasonably satisfy you about /e refuse to comply with any such requirement or make unsatisfactory compliance therewith, reason to believe that any contravention/evasion is contemplated by me/us report the matter			
2.	regulatory requirement of such country or by the applicable laws in India or b	ents of any country where opening or maintaining of the account is prohibited by the law and by the Reserve Bank of India. I/We understand that the above account will be opened on the by of the statements/declarations made herein is found to be incorrect in material particulars, account may be closed.			
3.	I/We agree to abide by the provisions of the NRO / NRE / FCNR (B) Account. immediately on arrival, to re-designate my/our existing NRO / NRE / FCNR (B	I/We hereby undertake to intimate you about my/our return to India for permanent residence ) account to a resident Indian account.			
4.	I/We agree that if the premature withdrawal is permitted at my/our request, stipulations, laid down by the Reserve Bank of India/State Bank of India in this	the payment of interest on the deposit may be allowed in accordance with the prevailing s regard.			
5.	before maturity. I/We understand that the renewal will be in accordance with the	r an identical period unless the instruction to the contrary from me/us is received by the Bank ne provisions of the Reserve Bank of India / State Bank of India in force at the time of renewal			
6.	I/We further understand that the interest applicable on renewals will be at the	applicable ruling rates on the date of maturity.			
7.	7. 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 along with 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).				
8.	8. I/We have read and understood the rules and regulations of the product(s) / service(s) / facilities (internet banking, ATM etc.) opted for and agree to abide by the terms an conditions relating to the conduct thereof and also any change brought about therein from time to time.				
9.	I/We hereby declare that only legitimate dues in India will be deposited in my/o	our account with the prevailing stipulations, laid by the Reserve Bank of India.			
10	<ol> <li>I/We hereby agree that the transactions in the above account will be governe connected with transaction or matters in relation to the above account shall be</li> </ol>	d by the applicable laws in India and all disputes or differences arising out of or related to or e subject to 'Jurisdiction of Indian Courts'.			
11. I/We undertake that the usage of the ATM cum Debit Card and/or ATM cum International Debit Card will be in accordance with the exchange control regulations in force. In the event of any contravention, I/We shall be liable for any action as stipulated under the relevant RBI guidelines/foreign exchange regulations under Foreign Exchange Management Act 1999 or any other Act in force as amended from time to time. I/We accept full responsibility for my/our ATM/Debit Card transactions and agree not to make any counter claims against the Bank in respect of these transactions.					
	Signature of 1st Applicant	Signature of 2 <sup>nd</sup> Applicant			
FCC	D OFFICE HOE				
	R OFFICE USE				
Cert	rtified that the implications and conditions for the operation of the account have be	een explained to the depositor (only in case of illiterate applicant)			
a) A	Account opened on (date)	b) INB Viewing Transaction rights given on d d m m y y y y			
c) In	nternet Banking (INB) Kit No.: Despatch Yes	No d) ATM Card data transmitted on:			
	ATM Card No.:	f) Nomination form entered: Yes No			
g) T	Γhreshold (KYC) limit: ₹	h) A/c opened by computer operator (Name):			
i) Au	uthorised person / officer (Name):				

AUTHORISED SIGNATORY