



State Bank of India
With you – all the way

**Pure Banking
Nothing else.**

(For Branch use only)

Application Form

Branch Name : _____

BRANCH CODE _____

RECEIPT DATE _____

NRI Account Opening Application Form

Account Type : STATUS (Please ✓ the appropriate Box)

Non-Resident Indian (NRI)

Person of Indian Origin (PIO)

Instructions for the Applicants for Account Opening

- ✓ Your Signature appearing on the document should tally with the signatures on the account opening form.
- ✓ Please ensure that all applicants sign the form and affix photographs in the space provided in the form.
- ✓ Please ensure that your preference of Branch is mentioned in the form.
- ✓ You should authenticate corrections / alterations if any in the account opening form.
- ✓ You should not use more than one specimen signature and the same should be uniform across the form.
- ✓ Name mentioned on all the documents and in the form should be legible and same everywhere.
- ✓ Avoid writing "Same as above" / "Do" in the address fields.
- ✓ Telephone No. and Fax No. should be mentioned with the ISD / STD codes.
- ✓ "Jointly held" Account Holders would not be given transaction rights through Internet Banking / ATM Card facility. Signatures of all account holders are required for all instructions.
- ✓ In case of applications with a Power of Attorney to operate upon the accounts, the relevant Power of Attorney or the certified and duly notarised copy thereof must be attached alongwith the application.
- ✓ For procedure and charges, please visit our website.

State Bank of India

Toll Free Number in India (from BSNL / MTNL Landline) 1800112211

Toll Number in India (from other lines) +91 80 26599990

E-mail: contactcentre@sbi.co.in • Website: www.onlinesbi.com/nri

INTERNATIONAL TOLL FREE NOS.:

AUSTRALIA - 1800012473 • BAHRAIN - 80081724 • BELGIUM - 80076562 • CANADA - 18663284209

FRANCE - 800740849 • GERMANY - 8001830736 • HONGKONG - 800932045 • ITALY - 800789407

JAPAN - 00 6633812439 • NETHERLANDS - 8000223031 • NEW ZEALAND - 800449909

RUSSIA - 81080029301012 • SINGAPORE - 8001012333 • SOUTH AFRICA - 0 800 982 360 • UAE - 80009119005

UK - 0 8081017633 • USA - 18663284209

Check List / Documents to be attached by customer

- Two self attested passport size photographs.
- Photocopy of relevant pages of Passport & Residence Visa / ID Card Copies duly attested by
 - Authorised officials at our Foreign office or
 - Notary Public or
 - Indian Embassy or
 - A person known to the bank or
 - Banker
- Initial remittance (Cheque / Draft should be drawn in the favour of "STATE BANK OF INDIA A/c Applicant's Name").
- Signature in the account opening form, verified by any one of the following persons / entities.**
 - Indian Embassy / Consulate / High Commissioner
 - Your bank abroad.
 - A person known to the bank
 - Notary Public

In case of NON-FACE CUSTOMERS, enclose additional documents (any two of the following):

- Cheque drawn on bank account abroad.
- Latest Overseas Bank statement in original.
- Copy of Telephone / Electricity Bill mentioning the overseas address
- Cancelled paid cheque of your overseas bank A/c
- Copy of proof of drawing income / Employee ID / Labour Card.



State Bank of India

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Customer Identification File (CIF) No.

Account No.

NAME ADDRESS & CONTACT DETAILS	Please open FCNB/NRE/NRO Account at your _____ (Name of Branch)			
	Customer Information		Please fill attached customer information sheet	
	Individual Details	First Name	Middle Name	Surname
	1st Applicant Mr./Mrs./Ms. _____			
	2nd Applicant Mr./Mrs./Ms. _____			
	3rd Applicant Mr./Mrs./Ms. _____			
	1st Applicant	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Month Year	SEX M/F	PAN/GIR No. (if an assessee) _____
	2nd Applicant	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Month Year	M/F	_____
	3rd Applicant	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Month Year	M/F	_____
	Name of Parent/Natural Guardian (In case any of the applicants is a minor)			
Overseas Address (Compulsory) <input type="checkbox"/>		Indian Address <input type="checkbox"/>		
Address _____		Address _____		
_____		_____		
_____ Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		_____		
Tel. Res. _____ Office _____		Tel. Res. _____ Office _____		
Fax _____ Mobile _____		Fax _____ Mobile _____		
Email ID _____ <input type="checkbox"/>		Email ID _____ <input type="checkbox"/>		
<input checked="" type="checkbox"/> Please tick the address to which the mail is to be sent)				
ACCOUNT DETAILS	<input type="checkbox"/> 1. Non-Resident (External) Savings Bank A/c	Currency	Amount	Period/Tenure
	<input type="checkbox"/> 2. Non-Resident (External) Current A/c	INR		NA
	<input type="checkbox"/> 3. Non-Resident (Ordinary) Savings Bank A/c	INR		NA
	<input type="checkbox"/> 4. Non-Resident (Ordinary) Current A/c	INR		NA
	5. NRE Fixed Deposit			
	<input type="checkbox"/> Term Deposit	INR		
	<input type="checkbox"/> Special Term Deposit	INR		
	6. NRO Fixed Deposit			
	<input type="checkbox"/> Term Deposit	INR		
	<input type="checkbox"/> Special Term Deposit	INR		
7. FCNR (B) Deposit				
<input type="checkbox"/> Term Deposit				
<input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EURO <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> JPY				
<input type="checkbox"/> Special Term Deposit				
<input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EURO <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> JPY				
MODE OF OPERATION TICK ONLY ONE	<input type="checkbox"/> Self only		<input type="checkbox"/> Either or Survivor	
	<input type="checkbox"/> Former or Survivor		<input type="checkbox"/> Anyone or Survivor	
	<input type="checkbox"/> Jointly held		<input type="checkbox"/> Others (please specify)	

DETAILS OF REMITTANCES	1. Cheque/Demand Draft No. dt. for enclosed 2. Wire Transfer No. dt. Amount send 3. Name and Address of the Remitting Bank/Exchange Co.		
PAYMENT / RENEWAL INSTRUCTIONS (INTEREST / PRINCIPAL)	<p>INTEREST PAYMENT :</p> <input type="checkbox"/> Transfer to Savings / Current A/c No. _____ <input type="checkbox"/> Mail/Cheque in INR/USD/GBP/EURO _____ (ON MATURITY INSTRUCTIONS) <input type="checkbox"/> Transfer to Saving / Current A/c No. _____ <input type="checkbox"/> Renew with Principal only.		
NOMINATION	<input type="checkbox"/> Yes (Please attach separate Nomination Form) <input type="checkbox"/> No		
OTHER FACILITIES	I intend to avail the ticked (✓) products/services also (to be applied for separately by each applicant) ATM-cum-Debit Card (Domestic Card) <input type="checkbox"/> ATM-cum-International-Debit Card <input type="checkbox"/> (Not for NRO account) Internet Banking <input type="checkbox"/> Multicity Cheque Book <input type="checkbox"/>		
DOMESTIC CARD NRO	The facility is available for mode of operation : Single/ Either or Survivor only If you already have an SBI ATM-cum-International Debit Card, Issued by this branch please give the card number to which the account that you now wish to open is to be linked.		
INTL. ATM CARD NRE	Card No. Of 1st Applicant <input type="text"/>		
INTERNET BANKING (INB)	Card No. Of 2nd Applicant <input type="text"/>		
EMAIL / SMS ALERTS (OPTIONAL)	The Bank offers online banking to allow you another option to access your account. A PIN will be mailed to you to enable you to use online banking. (Please fill in the online SBI registration form in the enclosure)		
EMAIL / SMS ALERTS (OPTIONAL)	I/We hereby authorise SBI to send e-mail <input type="checkbox"/> SMS alert <input type="checkbox"/> relating to transactions in my/our account(s)		
EMAIL / SMS ALERTS (OPTIONAL)	Email ID of first account holder <input type="text"/> OR / AND		
EMAIL / SMS ALERTS (OPTIONAL)	Mobile No.: <input type="text"/>		
EMAIL / SMS ALERTS (OPTIONAL)	Country Code <input type="text"/> Mobile No. <input type="text"/>		
EMAIL / SMS ALERTS (OPTIONAL)	The Bank will not be liable for non-delivery or delayed delivery of alerts, error, loss or distortion in transmission of alerts to the account holders.		
EMAIL / SMS ALERTS (OPTIONAL)	I/We undertake that the usage of the ATM-cum-Debit Card or/and ATM-cum-International Debit card will be in accordance with the exchange control regulation and in the event of any failure, I/We will be liable for action under the Foreign Exchange Management Act 1999 and the amendments thereof stipulated by the Reserve Bank of India I/We accept full responsibility for my said card(s) and agree not to make any claims against SBI, in respect thereto.		
SPECIMEN SIGNATURE	Name	Specimen Signature	For Verification by Branch Officials
SPECIMEN SIGNATURE	1		
SPECIMEN SIGNATURE	2		
SPECIMEN SIGNATURE	3		

KYC Information Sheet

(Annexure of A/c Opening form

A/c/Customer No.

To be obtained from each applicant
separately)

Full Name _____

Father's/Husband's Name _____

(Please tick the Appropriate Box)

(A) Occupation :

1. Occupation: Salaried Self Employed/Professional Business
 Student Others (Specify.....)
2. It self-employed : Doctor Lawyer Engineer
 Business Other
3. Source of Funds _____
4. I. Monthly Income US \$1000 US \$1000 - US\$5000
 > US \$5001 - 10,000 > US \$10,001 - 20,000
 > US \$20,001
- II. Annual Turnover US \$ _____

(B) Personal

5. Date of Birth : DD MM YY
6. Marital Status : Married Unmarried
7. Education Qualification _____

(C) Dealing with other Banks Yes No

If Yes

8. Name of the Bank and Branch _____
9. Type of A/cs./Facilities _____

(D) Existing Credit facilities if any :

10. Car Loan Yes No 14. Consumer Loan Yes No
11. Credit Cards Yes No 15. Business Yes No
12. Housing Loan Yes No 16. Against Security Yes No
13. Education Loan Yes No 17. Other (Specify) Yes No

Place :

Date :

(Signature of Customer)

Additional Information (Optional)

Please fill in the following information in order to help us identify your requirement for better service:

- 1 Your Spouse's Non-Graduate Graduate Post Graduate Qualification
- 2 Family Member: upto 10 yrs 11-20 21-45 46-60 Above 61 Total
- No. of Males + + + + =
- No. of Females + + + + =
- 3 How many times you have been to India in last 3 years Never 1-5 times above 5 times
- 4 Do you have a Credit Card Yes No SBI Card Non SBI Card

Assets

- 5 Vehicles Car Others None
- 6 House you live in Own Rented Employer's
- 7 Life Policy for <US\$ 5000 > US\$ 5000 < US\$ 10000
 >US\$ 10000 < US\$ 50000 > US\$ 50000
- 8 Any other Assets (Specify) _____

Place: _____

Date: _____

Signature of Customer _____

NOMINATION FORM DA 1

Nomination under Sec. 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 _____

Name(s) & Address(es) of the Account Holder(s)

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account Particulars whereof are given below, may be returned by State Bank of India.

DEPOSIT

Name of Deposit(s)	Distinguishing Number (Give Account Number)	Additional Details, If any

NOMINEE

Name and Address (Only one nominee)	Relationship with Depositor, if any	Age	If Nominee is a minor, Give Date of Birth

* As the nominee is a minor on this date, I/We appoint _____

(Name, Address & of the guardian) to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Signature (Name & Address of witness)

Name & Address _____

Place: _____ Date : _____

* Strike out if nominee is not a minor.

*** Nomination without witness is not valid & cannot be registered**

Signature Customer(s)

Note: 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

FOR BRANCH USE ONLY

Particulars of Form DA1 (if received) entered in Nomination Register Sr. No. _____ Date: _____

We acknowledge receipt of nomination made by you in favour of Shri / Mrs. / Miss _____

Aged _____ Years _____ in respect of your (SB / CA / TD / STD etc).

Account No. / CIF _____ in form DA1 dt. _____ 20

CIF No. of the Nominee

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Branch Manager / Authorised Officer: _____

TERMS OF SERVICE : ONLINE SBI

General Information:

1. You should register for 'Online SBI' with the branch where you maintain the account.
2. If you maintain accounts at more than one branch, you need to register at each branch separately.
3. Normally, Online SBI services will be open to the customers only after he acknowledges the receipt of password
4. We invite you to visit your account on the site frequently for transacting business or viewing account balances. If you believe that any information relating to your account has a discrepancy, please bring it to the notice of the branch by e-mail or letter.
5. In a joint account, all account holders are entitled to register, as users of "OnlineSBI", but transactions would be permitted based on the account operation rights recorded at the branch. (To begin with the services will be extended only to single or Joint "E or S" accounts only.)
6. All accounts at the branch whether or not listed in the registration form, will be available on the 'Online SBI'. However the applicant has the option to selectively view the accounts on the 'OnlineSBI'.

Security

1. The branch where the customer maintains his account will assign :
 - a) User-id &
 - b) Password
2. The User-id and Password given by the branch must be replaced by User Name and Password of customer's choice at the time of first log-on. This is mandatory.
3. Bank will make reasonable use of available technology to ensure security and to prevent unauthorised access to any of these services. The 'OnlineSBI' service is VERSIGN certified which guarantees, that it is a secure site, it means that
 - You are dealing with SBI at that moment.
 - The two-way communication is secured with 128-bit SSL encryption technology, which ensures the confidentiality of the data during transmission.These together with access control methods designed on the site would afford a high level of security to the transactions you conduct.
4. You are welcome to access "OnlineSBI" from anywhere anytime. However, as a matter of precaution, customers may avoid using Pcs with public access.
5. There is no way to retrieve a password from the system. Therefore if a customer forgets his password, he must approach his branch for re-registration.

Bank's Terms:

6. All requests received from customers are logged for backend fulfilment and are effective from the time they are recorded at the branch.
7. Rules and regulations applicable to normal banking transactions in India will be applicable mutatis mutandis for the transactions executed through this site.
8. The OnlineSBI service cannot be claimed as a right. The Bank may also convert this into a discretionary service anytime.
9. Dispute between the customer and the Bank in this service is subject to the jurisdiction of the courts in the Republic of India and governed by the laws prevailing in India.
10. The Bank reserves the right to modify the services offered or the Terms of service of 'OnlineSBI'. The changes will be notified to the customers through a notification on the Site.

Customer's Obligations :

1. The customer has an obligation to maintain secrecy in regard to Username & Password registered with the Bank. The bank presupposes that login using valid Username and Password is a valid session initiated by none other than the customer.
2. Transaction executed through a valid session will be construed by SBI to have emanated from the registered customer and will be binding on him/her.
3. The customer will not attempt or permit others to attempt accessing the 'OnlineSBI' through any unlawful means.

Dos' & Don'ts':

1. The customer should keep his/her ID and password strictly confidential and should not divulge the same to any other person. Any loss sustained by the customer due to non-compliance of this condition will be at his/her own risk and responsibility and the Bank will not be liable for the same in any manner.
2. The customer is free to choose a password of his own for OnlineSBI services. As a precaution a password that is generic in nature, guessable or inferable personal data such as name, address, telephone number, driving license, date of birth etc is best avoided. Similarly it is good practice to commit the password to memory rather than writing it down somewhere.
3. It may not be safe to leave the computer unattended during a valid session. This might give access to your account information to others.