



State Bank of India

With you - all the way

NRE/FCNR ACCOUNT OPENING FORM

Account/Customer No.

I	Please open my NRI Account at your _____ (Name of Branch)				
	Customer Information (Please fill customer information sheet attached)				
	Individual Details	First Name	Middle Name Surname		
	1 st Applicant	Mr./Mrs./Ms.	_____		
	2 nd Applicant	Mr./Mrs./Ms.	_____		
	3 rd Applicant	Mr./Mrs./Ms.	_____		
	ALL APPLICANTS SHOULD BE NRIs	Date of Birth	SEX	PAN/GIR No. (if an assessee)	
		1 st Applicant	<input type="text"/> M/F _____		
		2 nd Applicant	<input type="text"/> M/F _____		
	NAMES ADDRESS & TELEPHONE NOS.	Name of Parent/Natural Guardian (in case any of the applicants is a minor)			
Overseas Address (Compulsory)		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 _____		Email ID _____			
(<input type="checkbox"/> : Please tick the address to which the mails is to be sent)					
II		ACCOUNT DETAILS	TYPES OF ACCOUNT TO BE OPENED	Amount (Specify Currency)	
				Period	
	<input type="checkbox"/> 1. Non-Resident (External) Savings Bank A/c				
	<input type="checkbox"/> 2. Non - Resident (External) Reinvestment Plan Deposit A/c				
	<input type="checkbox"/> 3. Non-Resident (External) Rupee Term Deposit A/c				
	<input type="checkbox"/> 4. F.C.N.R. Reinvestment Plan Deposit A/c				
	<input type="checkbox"/> 5. Foreign Currency (Non-Resident) Term Deposit A/c				
III	MODE OF OPERATION	TICK ONLY ONE	<input type="checkbox"/> Single	<input type="checkbox"/> Either or Survivor of us	
			<input type="checkbox"/> Both or Survivor of us	<input type="checkbox"/> Later or Survivor of us	
			<input type="checkbox"/> Former or Survivor of us	<input type="checkbox"/> Other (please specify)	
IV	DETAILS OF REMITTANCES	1. Cheque/Demand Draft No..... dt.....forenclosed			
		2. Wire Transfer No.....dt.....Amount.....sent			
		3. Name and Address of the Remitting Bank			

V PAYMENT / RENEWAL INSTRUCTIONS (INTEREST / PRINCIPAL	Please transfer Interest to Savings/Current A/c.No. _____ <input type="checkbox"/> Renew Principal only. <input type="checkbox"/> Renew Principal Plus Interest. <input type="checkbox"/> Please keep Term Deposits in safe custody and renew for similar period on maturity.	Do not renew and (please tick.....) <input type="checkbox"/> Mail transfer for maturity amt. in INR/USD/GBP/Euro <input type="checkbox"/> Transfer to Saving/Current A/c.No. _____ Any other instructions (Please specify)																				
VI NOMINATION	<input type="checkbox"/> Yes (Please attach separate Nomination Form) <input type="checkbox"/> No																					
VII OTHER FACILITIES ATM-CUM-DEBIT CARD INTERNET BANKING (INB)	I intend to avail the ticked (✓) products/services also (to be applied for separately by each applicant) ATM-cum-Debit Card <input type="checkbox"/> Internet Banking <input type="checkbox"/> The facility is available for mode of operation: Single/Either or Survivor only If you already have an SBI ATM-cum-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. Card No. of 1 st Applicant <input type="text"/> <input type="text"/> Card No. of 2 nd Applicant <input type="text"/> <input type="text"/> Please tick below. In case you do not have an SBI ATM-cum-Debit Card and you would like to have ATM-cum-Debit Card Operating on: <input type="checkbox"/> NRO Savings A/c. <input type="checkbox"/> NRE Savings A/c. The Bank offers online banking (at selected Branches) 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)																					
VIII SPECIMEN SIGNATURE PLEASE SIGN IN BLACK INK. PHOTOGRAPHS SHOULD BE SIGNED ACROSS BY THE APPLICANTS	<table border="1"> <thead> <tr> <th data-bbox="325 925 392 987"></th> <th data-bbox="392 925 772 987">Name</th> <th data-bbox="772 925 1091 987">Specimen Signature</th> <th data-bbox="1091 925 1479 987">For Verification by Branch Officials</th> </tr> </thead> <tbody> <tr> <td data-bbox="325 987 392 1070">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="325 1070 392 1153">2</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="325 1153 392 1236">3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table> <tr> <td data-bbox="325 1236 772 1693"> Photo <input type="text"/> 1st Applicant </td> <td data-bbox="772 1236 1091 1693"> Photo <input type="text"/> 2nd Applicant </td> <td data-bbox="1091 1236 1479 1693"> Photo <input type="text"/> 3rd Applicant </td> </tr> </table>				Name	Specimen Signature	For Verification by Branch Officials	1				2				3				Photo <input type="text"/> 1 st Applicant	Photo <input type="text"/> 2 nd Applicant	Photo <input type="text"/> 3 rd Applicant
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IX VERIFICATION OF SIGNATURE SIGNATURE, NAME OF PERSON VERIFYING WITH RUBBER STAMP AND/ OR SEAL & ADDRESS	1. Verification of Signature to be made by a <input type="checkbox"/> Indian Embassy <input type="checkbox"/> High Commissioner <input type="checkbox"/> Bank <input type="checkbox"/> Consulate <input type="checkbox"/> Notary Public <input type="checkbox"/> Person known to the Bank 2. Verification is not necessary if you have an account with this branch. (Please give the Account No.) _____ Above signatures verified by (Name) _____ Designation _____ Signature _____ Place : _____ Date: _____																					

FOR OFFICE USE

- 1. Applicant(s) interviewed and purpose ascertained (description) _____
- 2. Application received by Post _____
- 3. Particulars of identification _____ (xerox copy of the documents obtained)

OPEN THE ACCOUNT REJECT (GIVEN REASONS)

ACCOUNT No.

- 4. Account opened on (date) _____
- 5. Value Date _____ Signature of Branch Manager for Value Date _____
- 6. Account opened by computer operator (name) _____
Authorised person/Officer (name) _____
- 7. Internet (INB)/Telebanking ID Despatched on _____
- 8. Customer particulars loaded on site on _____
- 9. ATM/Debit Card No. _____ despatched on _____
- 10. INB services approved & INB customer flag set to "Y" in Bankmaster
- 11. Letter of thanks sent to customer on _____
- 12. Acknowledgement received from customer on _____
- 13. Nomination form entered in register & its serial No. _____
- 14. TDR/STDR No. _____ dt. _____
- 15. Threshold Limit Rs. _____

Branch Manager/Authorised Official

Account transferred to _____/Branch on _____

Account closed on _____

Signature of Officer

Non-resident Indians (NRIs), persons of Indian origin (PIOs) and residents of any jurisdiction where opening or maintaining the account is prohibited by the laws or regulatory requirements of such jurisdiction are not eligible to open and maintain this account.

TERMS OF SERVICE: ONLINE SBI

General Information:

1. You should register for 'OnlineSBI' 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 OnlineSBI services will be open to the customer 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 'OnlineSBI'. 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 UserName 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 VERISIGN 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.
SBI will soon be implementing PKI/Digital Signature.
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 the 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 member, driving license, date of birth etc. is best avoided. Similarly it is a 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.

NOMINATION FORM DA1

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

Nature of Deposit	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)

Place :

Date :

* **Strike out if nominee is not a minor.**

* **Nomination without witness is not valid & Cannot be registered.**

Signature(s) of depositor(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. _____ Dt. _____

Customer advised on _____
Acknowledgement received on _____

Open _____

Account opened _____

Date _____

19 _____

No. of Cheque Book/ TDR issued _____ (from)

_____ (to)

Branch Manager _____

Ledg. Keeper _____

Officer _____



Information Sheet

(Annexure of A/c. opening form to be obtained from each applicant separately)
(Please tick the Appropriate Box)

A/c./Customer No.

Full Name _____

Father's/Husband's Name: _____

(A) Occupation:

1. Occupation: Salaried Self Employed/Professional Business
 Student Others (specify.....)
2. If self-employed: Doctor Lawyer Engineer
 Business Others
3. Source of Funds _____

4. I. Monthly Income _____, US\$1000 _____ US \$1001-US \$5000
 US\$ 5001-10,000 US \$10,001-US \$20,000
 > US\$20,000
- II. Annual Turnover US \$ _____

(B) Personal:

5. Date of Birth: DD MM YY
6. Marital Status: Married Unmarried
7. Any relative settled abroad Yes, No. If yes, please specify names and addresses.
- Name _____ Address _____

 Name _____ Address _____

 Name _____ Address _____

(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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 14. Consumer Loan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Credit Cards | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15. Business | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Housing Loan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 16. Against security | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Education Loans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 17. Others (Specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Additional Information (Optional)

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

1. Educational Qualification Non-Graduate Graduate Post Graduate
 Professional (Pl.specify)
2. Your Spouse's Non-Graduate. Graduate Post Graduate Qualification
3. Family Member:

	Upto 10 yrs	11-20	21-45	46-60	Above 61	Total
No. of Males	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> =	<input type="checkbox"/>
No. of Females	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> =	<input type="checkbox"/>
4. How may times you have been to India in last 3 years Never 1-5 times above 5 times
5. Do you have a Credit Card Yes No SBI Card Non SBI Card

- | Assets | Total | US \$ | (Approx) |
|---------------|--------------|--------------|-----------------|
|---------------|--------------|--------------|-----------------|

Place : _____

Signature of Customer _____

Date: _____