



**STATE BANK OF INDIA
STATE BANK MOBICASH (MOBILE WALLET) WALLET OPENING FORM**

Self Attested photo

(for office use at BC /CSP level):

Link Branch Name & Code No.	
Business Correspondent and CSP Name and Code No:	
Reference No. (as generated by system):	
Signature and Stamp of the CSP:	

Details (to be filled by the applicant):

*Mandatory fields

1.Name*	Title			First Name	Middle Name	Surname	
	Mr.		Ms.				
2.Customer of SBI* (provide a tick at appropriate box)				Yes	No	3.UID Number / NREGA No. if any	
SBI Account Number							
4.Mobile Number*				+91-	5.Telephone No. with STD Code		
6.Father's / Husband's name*				7. Allow channel (provide a tick at appropriate box)		GPRS	SMS
8 .Address*				The information must match address proof document submitted (document to be provided as per the list)			
i. Flat No. / House No. ii. Road iii. Area / Locality iv. City / Town v. State PIN Code.							
9.E-mail ID:				10 .Date of Birth*		DD/MM/YYYY	
						/ /	
11.KYC Document* (please mention as per the list)				Document type	Document Number	Issue Date	Valid up to
Proof of identity							
Proof of address							

Declaration:

I hereby apply for opening State Bank Mobile Wallet (State Bank MobiCash). I declare that the information provided by me in this application is true and correct. I have read and understood the terms and conditions. I will be bound by the Terms and Conditions governing the State Bank Mobile Wallet, as may be in force from time to time and as may be displayed over the Bank's website www.sbi.co.in or www.statebankofindia.com from time to time. In the event of any failure on my part to comply with the terms and conditions or in the event of any information supplied by me being found to be incorrect and inaccurate in future, I will be liable for any/ all penalties and/or action under the local laws and/or regulations as may be in force. I accept that State Bank of India is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever.

An amount of Rs.deposited with CSP (code No.....) for opening State Bank MobiCash.

Place:

Date:

(Signature)

(For Branch/Office use)

Date of receipt of State Bank MobiCash Wallet Opening Form	
Date of verification of the particulars of entry in web service with Wallet opening form	

Authorised in the system for opening the Mobile Wallet

Date:

(Signature of Authorised Official at Link Branch)

-----Tear from here-----

Receipt

An amount of Rs.Rupees (.....) deposited with CSP (code No.....) for opening the State Bank MobiCash.

Place:

Date:

(Signature of CSP)