



MULTIPURPOSE APPLICATION FORM

To,
The Branch Manager
State Bank of India

Date : _____

Name : _____

Account No. :

Phone No. :

Mobile No. :

Please Tick the Appropriate Box

- CHANGE OF MAILING ADDRESS AS BELOW : (Please enclose proof of new address)

City _____ Pin Code _____

Tel. No _____ Mobile No. _____ E-mail ID _____

- DEBIT CARD / PIN NUMBER (Please debit the charges to my A/c if any)

(Please fill up debit card request form for duplicate debit card)

Debit Card not received.

Debit Card Lost/Misplaced. Please block/hot the card of Issue New ATM Card.

- PIN NUMBER

Pin Number not Received 0 Forgotten the Pin Number, Please issue New Pin Number.

- STATEMENT (Please debit the charges to my A/c if any)

Statement required from Date _____ to _____ Statement not received by us

- CHEQUE BOOK REQUEST

Not received for New A/c

Request issue but not received

Cheque Book requisition Slip Last

Please issue Cheque book of _____ Leaves.

- INTERNET BANKING (Connect)

Password not received

User ID not enable

Forgot Password

- ATM COMPLAIN

A/c Debited Twice for Rs. _____

Rs. _____ withdraw but not Received Cash & A/c is debited.

I withdraw Rs. _____ But received Rs. _____

- STOP PAYMENT REQUEST

Cheque No. _____ No. of Leaves _____

Drawee Bank _____ Payee's Name _____

- ACCOUNT CLOSURE REQUEST (Please debit the charges to my A/c if any)

Unused Cheque leaves submitted with Cheque No. from _____ to _____

Debit Card submitted for Name _____

- For Transfer of Account: Please transfer my / our A/C to Branch Name _____

(Code: _____)

- REQUEST FOR BALANCE CERTIFICATE (Charges to be debited to my A/c)

Please issue balance certificate as on date _____

- ADD NAME IN MY SAVING A/C. NO

My A/c No. is _____

Addition Name _____

Mode of operation _____

Relationship with A/c Holder _____

Signature of Customer

- SMS Facility : Please give SMS facility

Mobile No. : _____

A/c No. : _____

- OTHER (Please mention here) :

Please debit the applicable charges to my Savings/Current A/c _____

* Signature of Customer

for Office use Only :

Application received by :

Action Taken by:

Relevant Charges

Date :

Denoted Rs. _____

Remarked if any

Signature :