



Application for issue of Debit Card

Member FDIC

To,
Vice President (DRS)
State Bank of India, New York.

I wish to avail the debit card services offered by State Bank of India, New York. Please arrange to issue me debit card.

Name of Customer: (27 Characters)

Grid for Name of Customer (27 characters)

Name as I would like to appear on the card: (21 Characters)

Grid for Name as I would like to appear on the card (21 characters)

My Account Number(s) Single/ Joint Account(s)*

Table with columns: Account Type, Account Number. Rows: Checking Account**, Money Market Deposit Account.

Address:

Grid for Address fields: Street Address, Apt #, City, State, Zip, Phone*** (Day), Phone*** (Eve), e-mail ID.

Validation Data (This data will be used for identification when you call the customer service centre for enquiry regarding your card or when you report a lost or stolen card):

Table for Validation Data: Mother's maiden name, Social Security, Date of Birth (mm-dd-yyyy), Driver License no.

*Each customer of a Joint account (only with mode of operation as anyone or survivor) may apply for debit card by submitting his/ her application form individually

** You must have a checking account with us in order to get a debit card

***required

I have received, read and understood the terms and conditions of "Consumer Debit Card Agreement" of State Bank of India, New York and I accept these. I agree that the transactions executed using my debit card will be binding on me.

Customer's Signature

Date (mm/dd/yyyy):

For Office Use only. Account details and Signature Verified (initial of the verifying official)

Card no. : Grid for Card number