

BANK REFERENCE FORM

This Part - TO BE FILLED BY THE CUSTOMER

I/We authorize State Bank of India, New York to obtain information pertaining to my/our account noted below:

| | | | |
|------------------|---------|----------------|--|
| Name of the bank | | | |
| Complete Address | Mailing | | |
| | | | |
| Type of Account | | Account Number | |
| Name(s) | | | |
| Signature(s) | | | |

This Part - FOR FINANCIAL INSTITUTION USE ONLY

1. Has this account relationship been satisfactory?
 Yes No

2. Additional comments about your account relationship with the customer (if any):

3. Financial Institution Certificate:

We certify that the information contained on this form is a true and complete representation of the information contained in our records for the customer's account referenced above.

Name of financial Institution: _____

Signature: _____ Name and Title: _____

Date: _____ Bank Stamp: _____