Date Format (mm/dd/yyyy)

State Bank of India
Deposit Section
460 Park Avenue, 2nd Floor
New York NY 10022

Form DEP-MOD

Dear Sir

APPLICATION FOR MODIFYING CUSTOMER INFORMATION
CUSTOMER NO.: _____

I/We am/are customers of your branch and my/our customer number is as stated above. I/We wish to modify /add the following information (check items which have changed):

PREVIOUS INFORMATION	CURRENT INFORMATION
(A) Address:- [Check One] ☐ *Home* ☐ *Work* ☐ *Mailing* ☐ *Email*	
(B) Phone No.:- [Check One] ☐ *Home* ☐ *Work*	
(C) [Check One] ☐ *Photo ID Details *:-*	
(a) Issuing Country/State: _____ (b) No.: _____ (c) Place of Issue: _____ (d) Date of Issue (mm/dd/yyyy): ____/____/____ (e) Date of Expiry (mm/dd/yyyy): ____/____/____	(a) Issuing Country/State: _____ (b) No.: _____ (c) Place of Issue: _____ (d) Date of Issue (mm/dd/yyyy): ____/____/____ (e) Date of Expiry (mm/dd/yyyy): ____/____/____
(D) Occupation:-	
(E) Annual Income:-	
☐ < $25,000 ☐ $25,000 - < $ 50,000 ☐ $50,000 - < $100,000 ☐ $100,000 - $ 200,000 ☐ $200,000 - $ 500,000 ☐ > $500,000	☐ < $25,000 ☐ $25,000 - < $ 50,000 ☐ $50,000 - < $100,000 ☐ $100,000 - $ 200,000 ☐ $200,000 - $ 500,000 ☐ > $500,000
(F)Change of Name:-	

Yours faithfully

Signature _____ _____

Name: _____ _____
1st Account Holder 2nd Account Holder

Place: _____ Date: _____

* Enclose photocopies of relevant pages. ** In case of address change please provide a copy of latest utility bill/Bank statement showing the new address.

Encl.: (1)_____ (2) _____ (3) _____

FOR USE OF NEW YORK BRANCH ONLY

Application scrutinized and
☐ found in order and modifications made.
☐ deficiencies have been observed and conveyed to the applicant.

CLERK:_____ AUTHORIZED OFFICIAL: _____
DATE: _____ DATE: _____

Ver. 09/2105

PRINT RESET