

State Bank of India  
 Deposit Section  
 460 Park Avenue, 2<sup>nd</sup> 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                                   |
|--|---|
| <b>(A) Address:-</b> [Check One] [ ] Home [ ] Work [ ] Mailing [ ] Email |   |
|  |   |
|  |   |
| <b>(B) Phone No.:-</b> [Check One] [ ] Home [ ] Work                     |   |
|  |   |
| <b>(C) [Check One] [ ] Photo ID Details *:-</b>                          |   |
| (a) Issuing Country/State: _____   | (a) Issuing Country/State: _____                      |
| (b) No.: _____   | (b) No.: _____  |
| (c) Place of Issue: _____  | (c) Place of Issue: _____                             |
| (d) Date of Issue (mm/dd/yyyy): ____/____/____                           | (d) Date of Issue (mm/dd/yyyy): ____/____/____        |
| (e) Date of Expiry (mm/dd/yyyy): ____/____/____                          | (e) Date of Expiry (mm/dd/yyyy): ____/____/____       |
| <b>(D) Occupation:-</b>  |   |
|  |   |
| <b>(E) Annual Income:-</b>   |   |
| [ ] < \$25,000 [ ] \$25,000 - < \$ 50,000                                | [ ] < \$25,000 [ ] \$25,000 - < \$ 50,000             |
| [ ] \$50,000 - < \$100,000 [ ] \$100,000 - \$ 200,000                    | [ ] \$50,000 - < \$100,000 [ ] \$100,000 - \$ 200,000 |
| [ ] \$200,000 - \$ 500,000 [ ] > \$500,000                               | [ ] \$200,000 - \$ 500,000 [ ] > \$500,000            |
| <b>(F) Change of Name:-</b>  |   |
|  |   |

Yours faithfully

Signature \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Place: \_\_\_\_\_  
 \_\_\_\_\_ 1st Account Holder \_\_\_\_\_ 2nd Account Holder  
 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: _____                |