



STATE BANK OF INDIA

Deposit Section
 460 Park Avenue, 2nd Floor
 New York, NY 10022

Form DEP-CD

(For office use)
 Account No. _____

APPLICATION FOR CERTIFICATE(S) OF DEPOSIT (New customers should fill this form along with Form DEP-1)				
CUSTOMER NUMBER <i>(New customers may leave this blank)</i>				
I / We request you to open the following CDs with your branch. I/We have read and understood the terms and conditions on which CDs are offered. I/We acknowledge the receipt of the interest rate chart applicable for Certificates of Deposit.				
Amount (\$)	Months	Interest Option		
		Cumulative	Non-cumulative	In case of non-cumulative interest
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Credit my/our <input type="checkbox"/> Checking <input type="checkbox"/> MMD account with your Branch. <input type="checkbox"/> Credit my/our a/c No. _____ Bank: _____ ABA Routing #: _____ through Wire Transfer. <input type="checkbox"/> Mail interest check to the home address of the first account holder.
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Source of Funds <i>(Check All That Are Applicable)</i>		<input type="checkbox"/> Current Income/wages <input type="checkbox"/> Past savings <input type="checkbox"/> Pension/S.S. Benefits <input type="checkbox"/> Rent <input type="checkbox"/> Liquidation of investments <input type="checkbox"/> Sale of property <input type="checkbox"/> Others (specify): _____		
Mode of Deposit (Funding)		<input type="checkbox"/> Debit my/our Checking / MMD account with you, OR <input type="checkbox"/> Check No. _____ attached		
1 st Applicant		2 nd Applicant		3 rd Applicant
Signature:		Signature:		Signature:
Name:		Name:		Name:
Date:		Place:		