

**Form SCC**

To,  
The Chief Executive Officer  
State Bank of India  
Deposit Section  
460 Park Avenue  
New York, NY 10022

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Sir,

**MY / OUR ACCOUNT NO. 2111- \_\_\_\_\_ WITH YOUR BRANCH**  
**IMPROPER CHARGE OF A SUBSTITUTE CHECK TO MY / OUR ACCOUNT**  
**REQUEST FOR EXPEDITED RE-CREDIT OF AN IMPROPER CHARGE**

I have received from you on \_\_\_\_\_ (date) a substitute check bearing Serial No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ which was debited my above account with you on \_\_\_\_\_ (date).

In respect of this substitute check I assert in good faith that (check all that applies):

- My / our account was improperly charged or  I / we have a warranty claim related to the substitute check;
- I / we suffered a loss in the amount of \$ \_\_\_\_\_; and
- I / we need the original check or a "sufficient copy" to determine the validity of the claim.

To enable you to process my / our claim, I / we provide the following information:

<i>A description of why you believe the account was improperly charged or the nature of the warranty claim</i>
<i>The reason why producing the original check or a sufficient copy is necessary to determine the validity of the charge</i>
<i>Any other information to identify the substitute check and to investigate the claim.</i>

Yours truly,

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_

**Note:** You must file a claim so that we receive it within 40 calendar days from the date that we mailed, or delivered by a means agreed to by you, the account statement showing the transaction that gave rise to the claim or the substitute check that gave rise to the claim, whichever date is later. We may extend the time limits in extenuating circumstances, at our discretion.