



STATE BANK OF INDIA
 460 Park Avenue, 2nd Floor
 New York, NY 10022
 Tel: 212-521-3200,3219,3390,3318,3283
 Email: deposit.nyb@statebank.com
mgrretail.nyb@statebank.com
mgrmkt.nyb@statebank.com

(For office use)
 Account No.:

FORM-DEP-CD

APPLICATION FOR CERTIFICATE(S) OF DEPOSIT (New customers should fill this form along with Form DEP-1)				
CUSTOMER ID 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"/> Frequency of Interest payment: _____ <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 #: _____ <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"/>	
		<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 OPERATION		<input type="checkbox"/> Self <input type="checkbox"/> Joint with right of survivorship		
MODE OF DEPOSIT (Funding)		<input type="checkbox"/> Debit my/our Checking / MMD account with you, OR <input type="checkbox"/> Check No. _____ attached <input type="checkbox"/> Amount _____ <input type="checkbox"/> Bank Name _____ <input type="checkbox"/> Additional details _____		
1st APPLICANT		2nd APPLICANT		3rd APPLICANT
Signature:		Signature:		Signature:
Name:		Name:		Name:
Date (MM/DD/YYYY):			Place:	