State Bank of India
Member FDIC

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-MC

APPLICATION FOR MMD/ CHECKING ACCOUNT **(New customers should fill this form along with Form DEP-1)**	
Application for	☐ Money Market Deposit Account ☐ Checking Account
CUSTOMER ID NUMBER *(New customers may leave this blank)*	
I / We request you to open the account(s) as mentioned above with your branch. I /We have read and understood the terms and conditions governing the account(s). I/We acknowledge the receipt of the interest rate chart applicable for Money Market Deposits Account.	
Purpose of the Account *(Check all that are applicable)*	☐ Savings ☐ Sending remittances to India ☐ Receiving Social Security benefits ☐ Receiving salary ☐ Others (*specify*): _____
Usual Activity in the Account (*Check all that are applicable)*	☐ Collection of checks ☐ Issue of checks ☐ Cash receipts / payments ☐ Receipt of wire transfers ☐ Issue of wire transfers ☐ Others (*specify*): _____
Please note: We may ask for additional documents on a case-to-case basis	Single Largest International Wire Transaction Amount: _____ Total amount of International Wire Transfers per Month: _____ No. of International Wire Transfers per Month: _____ Total Volume of Cash Transactions per annum: _____ No. of Cash Transactions Annually: _____
Expected Annual Volume of All Transactions	☐0- $10,000 ☐>$10,000 – 25,000 ☐>$25,000 – 50,000 ☐>$50,000 – 100,000 ☐>$100,000 – 150,000 ☐>$150000-$250,000 ☐>$250,000
Source of Funds *(Check All That Are Applicable)*	☐ Current Income/wages ☐ Past savings ☐ Pension/S.S. Benefits ☐ Rent ☐ Liquidation of investments ☐ Sale of property ☐ Others (specify): _____
Mode of First Deposit	☐ Debit my/our existing Checking / MMD account with you, ***OR*** ☐ Check No. _____ attached ☐Amount _____ ☐Bank Name _____ ☐ Additional details _____
Mode of Operation	☐Self ☐Joint with right of survivorship.
Do you want check book on this account? ☐ Yes ☐ No (Check books are charged. No temporary checks are issued.)	

1st APPLICANT	**2nd APPLICANT**	**3rd APPLICANT**
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date (MM/DD/YYYY):	Place:	