State Bank of India
MEMBER FDIC

STATE BANK OF INDIA
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APPLICATION FOR ISSUE OF DEBIT CARD

Vice President (Deposits & Remittance Services)
State Bank of India, New York.

I wish to avail the debit card services offered by State Bank of India, New York. Please arrange to issue me debit card.

NAME OF CUSTOMER **(27 Characters)**

NAME AS I WOULD LIKE TO APPEAR ON THE CARD: **(21 Characters)**

MY ACCOUNT NUMBER(S) **SINGLE/ JOINT ACCOUNT(S)***

CHECKING ACCOUNT NUMBER	7	7	6	
MONEY MARKET DEPOSIT ACCOUNT NUMBER	7	7	6	

HOME ADDRESS

STREET ADDRESS					
APT/FL		CITY		STATE	
ZIP CODE				COUNTRY	
MOBILE PHONE NUMBER *(Country code-cell no.)*					
E-MAIL ID					

Validation Data (This data will be used for identification when you call the customer service centre for enquiry regarding your card or when you report a lost or stolen card):

Mother's maiden name	
Account holders full Social Security no.	
Account holders Date of Birth (mm-dd-yyyy) & Place of Birth	
Driver License no. & Document Number for New York State (available on the backside of DL)	

I have received, read and understood the terms and conditions of "Consumer Debit Card Agreement" of State Bank of India, New York and I accept these. I understand that the International Debit card issued to me by SBI New York be used only in US and India. I agree that the transactions executed using my debit card will be binding on me.

*Each customer of a Joint account (only with mode of operation as joint with right of survivorship) may apply for debit card by submitting his/ her application form individually

CUSTOMER'S SIGNATURE:

Date:

For Office Use only. Account details and Signature Verified (initial of the verifying official)

Card no: