



STATE BANK OF INDIA  
460 PARK AVENUE,  
NEW YORK, NY 10022

(For office use) Account  
No. \_\_\_\_\_  
**DEP-CD**

APPLICATION FOR CERTIFICATE(S) OF DEPOSIT (New customers should fill this form along with Form DEP-1)				
<b>CUSTOMER NUMBER</b> <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 _____ 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"/>	
<b>SOURCE OF FUNDS</b> <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): _____		
<b>MODE OF OPERATION</b>		<input type="checkbox"/> Self <input type="checkbox"/> Joint with right of survivorship.		
<b>MODE OF DEPOSIT (Funding)</b>		<input type="checkbox"/> Debit my/our Checking / MMD account with you, <b>OR</b> <input type="checkbox"/> Check No. _____ attached		
1 <sup>st</sup> APPLICANT		2 <sup>nd</sup> APPLICANT		3 <sup>rd</sup> APPLICANT
Signature:		Signature:		Signature:
Name:		Name:		Name:
Date:		Place:		