



Member FDIC

To,
The Manager (Retail)
Deposits and Remittance Section
State Bank of India
New York Branch

I/We are customers of your branch and my/our account number is as stated below. I/We wish to request following for my deposit account (check items that are applicable):

CONVERSION OF ACCOUNT

I request you to convert my account as per the instructions given below:	
ACCOUNT NUMBER	
CURRENT ACCOUNT TYPE	<input type="checkbox"/> Checking account <input type="checkbox"/> Money Market deposit account
REQUESTED ACCOUNT TYPE	<input type="checkbox"/> Checking account <input type="checkbox"/> Money Market Deposit

STATEMENT OF ACCOUNT

I/ we maintain an account with your branch. I/ we request you to provide us statement of account for the below mentioned account:		
ACCOUNT NUMBER		
STATEMENT PERIOD	FROM	TO
I/ we authorize the bank to debit the applicable charges from the account.		

ISSUE OF CHECK

I/ we request you to kindly arrange to issue me / us a check book for the following account.		
ACCOUNT NUMBER		
NUMBER OF CHECK REQUESTED	<input type="checkbox"/> 40	<input type="checkbox"/> 80
I/ we authorize the bank to debit the applicable charges from my/our account. Please mail the check book to my:		
<input type="checkbox"/> Mailing address	<input type="checkbox"/> Home address	<input type="checkbox"/> Work address

* Enclose copies of valid State issued ID such as Driving License, Passport etc. along with the form.

1 st ACCOUNT HOLDER	2 nd ACCOUNT HOLDER	3 rd ACCOUNT HOLDER
Signature:		
Name:		
Date:	Place:	

FOR USE OF NEW YORK BRANCH ONLY

Application scrutinized and	
<input type="checkbox"/> found in order and modifications made	
<input type="checkbox"/> deficiencies have been observed and conveyed to the applicant.	
ASSOCIATE : _____	AUTHORISED OFFICIAL : _____
Date : _____	Date : _____