



APPLICATION FOR ISSUANCE 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)***

ACCOUNT TYPE	Account Number		
CHECKING ACCOUNT**	7	7	6
MONEY MARKET DEPOSIT ACCOUNT	7	7	6

ADDRESS:

STREET ADDRESS				
APT #			CITY	
STATE		ZIP		WORK PHONE NO
HOME PHONE 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	
Social Security(full number)	
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 can 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 anyone or survivor) may apply for debit card by submitting his/ her application form individually

** You must have a checking account with us in order to get a debit card

***required

CUSTOMER'S SIGNATURE

Date:

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

Card no:

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