



STATE BANK OF INDIA  
460 PARK AVENUE  
NEW YORK

**INTERNET BANKING (INB) APPLICATION FORM**

(To be signed and mailed to the branch)

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

I, being an existing customer of the New York branch wish to be granted access to Internet Banking service of State Bank of India, New York. My account details are given below:

<b>Customer Number</b>																				
<b>Customer Name</b>																				
<b>Preferred User ID</b>																				
<b>Rights Requested</b>	<b>View Rights Only</b>										<b>View and Transaction Rights</b>									

I/we have read and understood the provisions contained in the “Internet Banking Terms of Usage” and “E-Signature and Electronic Disclosure Agreement” available on <https://www.sbinewyork.com/disclosures.aspx> and agree to be bound by them. I agree that the transactions executed over <https://www.sbinewyork.com/online-banking.aspx> under my user name and password will be binding on me. I also understand that I cannot have transaction rights on my Certificate of Deposit or Loan account as part of the service.

Customer’s Signature  
Place:  
Date:

Note: State Bank of India will provide an initial password for your preferred login ID. You will be prompted to change your password at the time of first login. The login ID needs to be 6-24 characters and cannot contain any of the following : “ : / \ ; % ‘ & ( ) ^ \_ # \* 0 1 2 3 4 5 6 7 8 9 @. Please remember your preferred login ID for future use.

(For Office use)

**(For Office Use)**

	Customer data and Signature verified	View/ Transaction Rights enabled	Password Dispatched on
Signature of the Official	Manager(Retail)/ Supervisor	Manager(Retail)/ Supervisor	Manager(Retail)/ Supervisor
Date:			