



STATE BANK OF INDIA
 460 PARK AVENUE, NEW YORK
 Tel: 212-521-3219, 3314 Fax: 212-521-3361;
 E-mail: mgrretail.nyb@statebank.com

(For office use)
 Account No. _____

OPEN A CONSUMER ACCOUNT IN JUST 2 SIMPLE STEPS

STEP 1 - COMPLETE THE IDENTIFICATION REQUIREMENT

1	<input type="checkbox"/> Complete the Customer Identification Form (DEP-1).						
2	<input type="checkbox"/> U.S. citizens and U.S. residents: Submit form W-9. <input type="checkbox"/> Non-U.S. residents: Submit form W-8 BEN (all applicants should fill separate forms)						
3	<p>Identification Documents:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%; text-align: center;">PRIMARY PHOTO ID <i>(Must not have expired)</i></th> <th colspan="2" style="text-align: center;">SECONDARY ID</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Photo bearing State Driving License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> US Alien Registration Card </td> <td style="vertical-align: top;"> <input type="checkbox"/> Pay Stub <input type="checkbox"/> Utility Bill <input type="checkbox"/> U.S. Visa Page (in Passport) <input type="checkbox"/> Bank Statement <input type="checkbox"/> W2 Income Statement <input type="checkbox"/> Income Tax Return. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Student ID Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Insurance Card <input type="checkbox"/> Property Tax Bill </td> </tr> </tbody> </table> <p>If you come in person, bring with you in <i>original</i> any two of the above identification documents, at least one of which must be a Primary Photo ID.</p> <p>If you are applying by mail, submit original or copy of any two of the above identification documents, at least one of which must be a Primary Photo ID.</p> <p>Important for applications by mail: <input type="checkbox"/> Copy of Primary Photo ID must be attested and <input type="checkbox"/> signature on form DEP-1 verified by an SBI official OR notary public OR an official of Indian embassy / Indian consulate.</p> <p>If you are outside the United States and desire to open an account, you should send photocopies of passports duly attested by the Embassy/High Commission of India or by a branch of SBI.</p> <p>The initial deposit for the Account shall be your <u>personal check</u> from an Account with a <u>US Based Bank</u>.</p>	PRIMARY PHOTO ID <i>(Must not have expired)</i>	SECONDARY ID		<input type="checkbox"/> Photo bearing State Driving License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> US Alien Registration Card	<input type="checkbox"/> Pay Stub <input type="checkbox"/> Utility Bill <input type="checkbox"/> U.S. Visa Page (in Passport) <input type="checkbox"/> Bank Statement <input type="checkbox"/> W2 Income Statement <input type="checkbox"/> Income Tax Return.	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Student ID Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Insurance Card <input type="checkbox"/> Property Tax Bill
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STEP 2 - COMPLETE THE ACCOUNT OPENING FORM

For This Type of Account	Use The Following Account Opening Form
<input type="checkbox"/> Certificate of Deposit	DEP-CD
<input type="checkbox"/> MMD / Checking Account	DEP-MC

Please use Debit Card application , if you intend to apply for a debit card (for Checking Account only)

Please use Form DOB , if you intend to designate beneficiary on the account

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you? When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

How did you hear about us?

<input type="checkbox"/> Newspapers/ Magazines Advertisements	<input type="checkbox"/> Referred by a friend	<input type="checkbox"/> Banks website
<input type="checkbox"/> Online Advertisements(eg Google & other search engines, Social Media etc)	<input type="checkbox"/> Others, please specify _____	



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(For office use) Account
 No. _____
DEP-1

CUSTOMER IDENTIFICATION FORM FOR DEPOSIT ACCOUNTS		
	1st Applicant	2nd Applicant
FIRST NAME		
MIDDLE NAME		
LAST NAME		
SOCIAL SECURITY NO. <i>(For non-U.S. residents – Passport No.)</i>		
DATE OF BIRTH (mm / dd /yyyy) PLACE OF BIRTH		
NATURE OF PHOTO ID <i>(U.S. driver license/ U.S. state-issued non-driver photo ID, Passport)</i>		
PHOTO ID NUMBER		
Issue Date (mm / dd / yyyy)		
Expiration Date (mm / dd / yyyy)		
PLACE OF ISSUE		
COUNTRY OF RESIDENCE		
IF US RESIDENT, STATUS	US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN <input type="checkbox"/>	US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN <input type="checkbox"/>
Resident Since (mm / yyyy)		
OCCUPATION		
WORK PHONE NO.		
NAME OF THE EMPLOYER		
WORK ADDRESS		
WORK PHONE NO		
HOME ADDRESS		
HOME PHONE NO.		
MOBILE PHONE NO.		
E MAIL ADDRESS		
ANNUAL FAMILY INCOME (in U.S. \$)	<input type="checkbox"/> <25,000 <input type="checkbox"/> 25,000–50,000 <input type="checkbox"/> 100,000–150,000 <input type="checkbox"/> 150,000–250,000	<input type="checkbox"/> 50,000–100,000 <input type="checkbox"/> >250,000

MODE OF OPERATION	<input type="checkbox"/> Self <input type="checkbox"/> Joint with right of survivorship.
NUMBER OF PASSPORTS HELD (In case more than 2 passports, kindly specify the countries)	

LETTER / FAX AGREEMENT FOR FUNDS TRANSFER
<p>I/We, the applicants/account holder(s), acknowledge that State Bank of India, New York Branch (the "Bank") has made available a variety of procedures for the transmission of instructions to the Bank. I/We are fully aware of the risks associated with transmitting instructions via letter or facsimile machine ("fax") and hereby authorize the Bank to act upon each written payment order (funds transfer instruction or communication) sent to it by me/us by mail or fax if the signature(s) on such payment order match, in the Bank's judgment, with my/our signature(s) provided on this form, or provided subsequently, and to debit or credit, as the case may be, accounts which I/we may hold with the same customer number. The Bank's understanding of any oral notice, instruction or other communication in regard to the payment order sent by person(s) mentioned above or their representatives shall be final and binding. This authorization applies to all accounts opened with the same customer number as for the current application.</p>
<p>Prior to the executing of the instruction, the Bank may, at its discretion and only if it considers it necessary, reasonable and practicable, verify the payment order by telephone call to a person and telephone number given in this application or recorded later by me/us with the Bank, following which the Bank shall have no further duty to verify the identity or authority of the person giving or confirming the contents of any payment order or instruction. Notwithstanding any provision hereof, the Bank shall have the right in its sole discretion to refuse to execute any payment order or instruction.</p>
<p>I/We understand that the Bank may not act upon a payment order or instruction on the same business day if the order or instruction is received by it after 2 p.m. EST.</p>
<p>I/We agree to be bound by a payment order or instruction, whether or not authorized, issued in its name and accepted by the Bank in compliance with these procedures and further agree to indemnify and hold the Bank harmless for any loss, liability, claim, damage, or expenses (including legal fees), collectively referred to herein as "claims", attributable to executing and accepting the payment order or instructions in accordance with these procedures or action omitted to be taken, whether such claims are brought by me/us or our representative or by a third party. I/We shall notify the Bank if a payment order or instruction was not authorized by me us, within a reasonable time not exceeding 90 days after the date I/we received the notification from the Bank that the order was accepted or my/our account was debited with respect to the order.</p>
<p>The procedure established by this agreement may be varied only by a written agreement signed by both parties, and supersedes all prior agreements or practices, if any, in respect to instructions and may not be changed by an oral agreement or by a course of dealing or custom. This agreement shall be governed by the laws of the State of New York and any dispute in connection herewith shall be adjudicated in a federal or New York State Court located in the City of New York.</p>
<p>I / We execute the above agreement: YES <input type="checkbox"/> NO <input type="checkbox"/></p>

ACKNOWLEDGMENTS
<p>1. I / We undertake to abide by the usual terms and conditions governing accounts in the U.S. as well as the terms, rules and regulations in the State Bank of India Customer Manual, receipt of which is hereby acknowledged. I declare that funds offered by me/us to the Bank represent/shall represent my/our own funds, earned through legitimate means and complying with all U.S. laws.</p>
<p>2. I/ We understand that on no occasion my/ our account will be permitted by the Bank to go into overdraft.</p>
<p>3. I/We understand that the Bank may not act upon my/our funds transfer instructions conveyed through a</p>

letter/fax, unless I/we execute a Letter / Fax Agreement for Funds Transfer or attach a check to the instruction letter.

4. The information supplied in this application is true and correct to the best of my/our knowledge and belief. I/We authorize the Bank to obtain information about my/our identity, credit history and other banking history from consumer reporting agency (ies) or other sources. I/We further understand that if information in the credit history results in a decision to either disallow my/our signing authority on the account or disallow opening the account, the Bank will communicate this fact to the owners and/or authorized signers of the (proposed) account. I/We further authorize the Bank to obtain this information at any time from one or more consumer reporting agencies or other sources that it may choose as long as I/we am/are (an) authorized signer(s) on the account.

VERIFICATION OF SIGNATURE AND IDENTITY

*(If you send your application by mail, please get your signature verified below by an SBI official **OR** Notary Public **OR** an Indian Embassy **OR** Consulate)*

-: Identity should be verified from the ORIGINAL of the photo ID mentioned on page 1 above

PLEASE NOTE THAT IN ADDITION THE VERIFIER MUST ATTEST THE COPY OF THE PRIMARY PHOTO-ID :-

1st APPLICANT	2nd APPLICANT	3rd APPLICANT
<i>Name:</i>	<i>Name:</i>	<i>Name:</i>
<i>Signature:</i>	<i>Signature:</i>	<i>Signature:</i>
<i>Date:</i>	<i>Date:</i>	<i>Date:</i>
<i>Signature and Seal of Verifier:</i>	<i>Signature and Seal of Verifier:</i>	<i>Signature and Seal of Verifier:</i>
<i>Date of Verification:</i>	<i>Date of Verification:</i>	<i>Date of Verification:</i>
<i>Place of Verification:</i>	<i>Place of Verification:</i>	<i>Place of Verification:</i>
<i>Telephone # of Verifier:</i>	<i>Telephone # of Verifier:</i>	<i>Telephone # of Verifier:</i>



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(For office use) Account
 No. _____
DEP-CD

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



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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Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. January 2017)

► For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury
Internal Revenue Service

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

► Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.			Country
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.			Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Print name of signer Capacity in which acting (if form is not signed by beneficial owner)