

OnlineSBI
REGISTRATION FORM

To
The Branch Manager
State Bank of India

Branch should transmit this
PPK No. in CBS
Scr No. 67108
PPK Number:UB16049770

I wish to register as a user of OnlineSBI,SBI's Internet Banking Service.

Name of Customer / First time User ID (25 Characters)

94476176

Mobile Number:

91 8488907077

| My Account Number(s) | Single/ Joint* | (Branch Use) Transaction Rights (Y/N) | (Branch Use) ** Limited Transaction Rights (Y/N) | (Branch Use) View Rights (Y/N) |
|---|-------------------|---|---|--|
| 00000031675022607 | | | | |
| * Rights on the OnlineSBI Service will be same as that in your account at the branch. | | | | |
| ** Transaction rights to transfer funds within own CIF. | | | | |

I have read the provisions contained in the "Terms of Service (Terms & Conditions) document" of "OnlineSBI" and accept them. I agree that the transactions executed over OnlineSBI under my Username and Password will be binding on me.

Customer's Signature:

Date: