

## COMMON ACCOUNT OPENING FORM FOR ALL PUBLIC SECTOR BANKS (Non Individual)



APPLICATION TYPE*: NEW UPDATE DATE: FOR OFFICE USE ONLY	
TOROFFICE USE ONLY	A. Fields marked with "" are mandatory fields.  B. Tick 'D' wherever applicable.  C. Please fill the date in DD-MM-YYYY format.
CIFNO. A/CNO.	D. Please fill the Formin Englishand in BLOCK Letters. F. Please read section wise detailed guideling
KYC NUMBER (MANDATORY FOR KYC UPDATE REQUEST):	G. List of two character ISO 3166 country codes and Lis State/U.T Code as per Indian Motor Vehicle Act, 198
ACCOUNTHOLDER TYPE*: US REPORTABLE OTHER REPORTABLE (PLEASE REFER TO GENERAL	<ul> <li>available in the General Instructions.</li> <li>For particular section update, please tick () in the available before the section number and strike for</li> </ul>
INSTRUCTIONS POINT 'A' AT PAGE No. 14)	sections not required to be updated.  J. KYC number is Mandatory for Update Application K. Definition of important Terms are at the End
I/WE DO NOT HAVE ANY ACCOUNT WITH SBI OR	Kindly fill in Annexure V first to check your
I/WE HAVE AN ACCOUNT WITH SBI & THE ACCOUNT NUMBER IS	eligibility to open Current Account as per the RBI Guidelines.
ENTITY DETAILS* (Please refer General Guidelines Point 'C')	IN THE WINDSHIP STREET, STREET
NAME OF THE ENTITY : NAHATMA GANDHI GO VT SCH	006
WANDHI NAWAR-02 JAIPUR	
DATE OF COMMENCEMENT OF BUSINESS*: (APPLICABLE IN CASE OF PUBLIC LIMITED COMPAN	NIES)
DATE OF INCORPORATION/ FORMATION*: PAN*: AAAGGOS94	OR FORM 60 [   FOR ENTITIES OTHER THEN COMPANIES AND PARTNERSHIPS)
PLACE OF INCORPORATION/ FORMATION*: COUNTRY OF INCORPORATION/ FORMATION* (COD	S EQUIVALENT TO TIN)
	LI INSTRUCTIONS 'C2'), IF O-OTHERS (SPECIFY)
ENTITY CONSTITUTION TYPE*: (PLEASE REFER INSTRUCTION B IN GENERAL INSTRUCTIONS)	
	F A COMPANY
CIN:	F A COMPANY)
2. PROOF OF IDENTITY (Pol)* (Please refer 'D' in General Instructions)	
CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE	OTHER KYC (
OFFICIALLY VALID DOCUMENT(S) IN RESPECT OF PERSON AUTHORIZED TO TRANSACT RESOLUTION OF BOARD / MAN	NAGING COMMITTEE
MEMORANDUM AND ARTICLE OF ASSOCIATION / PARTNERSHIP DEED/ TRUST DOCUMENT ACTIVITY PROOF (FOR SOLE PI	ROPRIETORSHIP ONLY)
3. DETAILS OF RELATED PERSON/ BENEFICIAL OWNER*	
(An 'Annexure II' to be filled for each related person please refer point 'G' in General Instructions)	
NUMBER OF RELATED PERSONS*: (A RELATED PERSON CAN BE DIRECTOR, PROMOTER, KARTA, TRUSTEE, PARTNER, AUTHORIS APPOINTED OFFICIAL)	SED SIGNATORY, BENEFICIARY, BENEFICIAL OWNER, COURT
(THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A RELATED PERSON.	OWNER SHOULD BE DETERMINED SEPARATELY
NUMBER OF BENEFICIAL OWNERS*: O 2 OUT OF NUMBER OF RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A PART / SUBSET OF RE	OWNER SHOULD BE DETERMINED SEPARATELY LLATED PERSON ) (FOR DEFINITION SEE PAGE NO. 18)
NUMBER OF BENEFICIAL OWNERS*: 12 2 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple	OWNER SHOULD BE DETERMINED SEPARATELY LLATED PERSON ) (FOR DEFINITION SEE PAGE NO. 18)
(THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple	OWNER SHOULD BE DETERMINED SEPARATELY LLATED PERSON ) (FOR DEFINITION SEE PAGE NO. 18)
(THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Pies. 1.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE) / PLACE OF BUSINESS*	OWNER SHOULD BE DETERMINED SEPARATELY LLATED PERSON ) (FOR DEFINITION SEE PAGE NO. 18)
(THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple  5.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA (IF APPLICABLE) / PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL / BUSINESS REGISTERED OFFICE	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18) ease see instruction 'E' at the end)
AUMBER OF BENEFICIAL OWNERS*: THE NUMBER OF BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE ALL PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple 3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE! / PLACE OF BUSINESS*  RESIDENTIAL BUSINESS REGISTERED OFFICE PROOF OF ADDRESS*:  CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18) ease see instruction 'E' at the end)
NUMBER OF BENEFICIAL OWNERS*: 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18) ease see instruction 'E' at the end)  UNSPECIFIED
AUMBER OF BENEFICIAL OWNERS*: O 2 OUT OF NUMBER OF RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A PART / SUBSET OF RE 4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple 5.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE! / PLACE OF BUSINESS*  RESIDENTIAL BUSINESS REGISTERED OFFICE PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: MAHATMA LANDHI MAARA O CHARLEST OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18) Ease see instruction 'E' at the end)  UNSPECIFIED
NUMBER OF BENEFICIAL OWNERS: O 2 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple  5.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE!/ PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: MAHATMA GANDHI MAGAR  LINE 2: MANDHI MAGAR  CITY/ TOWN/VILL  LINE 3: CITY/ TOWN/VILL	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)  Passe see instruction 'E' at the end)  UNSPECIFIED  P - SB   BRANCH  LAGE*:
NUMBER OF BENEFICIAL OWNERS: 12 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple  3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE) / PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: MAHATMA GANDHI MAGAR OF LINE 2:  LINE 2: LINE 3: GANDHI MAGAR OF LINE 3: CITY/TOWN/VILL  DISTRICT*: TAI PUR CITY/TOWN/VILL  PIN/POST CITY/TOWN/VILL  PIN/POST CITY/TOWN/VILL	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)  Passe see instruction 'E' at the end)  UNSPECIFIED
NUMBER OF BENEFICIAL OWNERS*: 12 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple 3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE)/ PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: MAHATMA GANDHI MAHAR OF 2 JAIPUR OP  LINE 2: WANDHI MAHAR OF 1 CITY/ TOWN/VILL  DISTRICT*: JAIPUR  COUNTRY CODE*: COUNTRY CODE*: (ISO 3166)	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)  Passe see instruction 'E' at the end)  UNSPECIFIED  P - SB   BRANCH  LAGE*:
NUMBER OF BENEFICIAL OWNERS*: O 2 OUT OF NUMBER OF RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple  3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE!/ PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: MAHATMA GANDHI MAAAR  CITY/ TOWN/VILL  DISTRICT*: DAI PUR OP  STATE / UT NAME CODE*: COUNTRY CODE*: (ISO 3166)  3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)  Passe see instruction 'E' at the end)  UNSPECIFIED  P - SB   DRANCH  LAGE*:  CODE*: 302015
NUMBER OF BENEFICIAL OWNERS: O 2 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple  3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE) / PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: MAHATMA GANDHI MARA JOR OF LINE 2: LINE 3: CITY/ TOWN/VILL  DISTRICT*: JAJPUR COUNTRY CODE*: ISO 3166}  3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS **  SAME AS CURRENT / PERMANENT ADDRESS DETAILS (IN CASE OF MULTIPLE CORRESPONDENCE / LOCAL ADDRESSES, PLEASE FILL.)	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)  Passe see instruction 'E' at the end)  UNSPECIFIED  P - SB   DRANCH  LAGE*:  CODE*: 302015
NUMBER OF BENEFICIAL OWNERS*: 12 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple  3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE) / PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: MAHATMA GANDHI MARA CODE*: CITY/ TOWN/VILLE  LINE 2: MANDHI MARAR CODE*: PIN/POST COUNTRY CODE*:  STATE / UT NAME CODE*: COUNTRY CODE*:  SAME AS CURRENT / PERMANENT ADDRESS DETAILS (IN CASE OF MULTIPLE CORRESPONDENCE / LOCAL ADDRESSES, PLEASE FILL-  ADDRESS TYPE*: RESIDENTIAL / BUSINESS REGISTERED OFFICE  RESIDENTIAL BUSINESS REGISTERED OFFICE  REGISTERED OFFICE  RESIDENTIAL / BUSINESS REGISTERED OFFICE	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)  Passe see instruction 'E' at the end)  UNSPECIFIED  P - SB   DRANCH  LAGE*:  CODE*: 302015
NUMBER OF BENEFICIAL OWNERS*: O 2 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple 3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE) / PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE  LINE 1*: MAHATMA AMARA BUSINESS REGISTERED OFFICE  LINE 1*: MAHATMA AMARA BUSINESS REGISTERED OFFICE  LINE 2: WANDHI MAHARA CITY/TOWN/VILL  DISTRICT*: TAI PUR CITY/TOWN/VILL  DISTRICT*: TAI PUR COUNTRY CODE*: (ISO 3166)  3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS (IN CASE OF MULTIPLE CORRESPONDENCE / LOCAL ADDRESSES, PLEASE FILL  ADDRESS TYPE*: RESIDENTIAL / BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)  Passe see instruction 'E' at the end)  UNSPECIFIED  P - SB   DRANCH  LAGE*:  CODE*: 302015
NUMBER OF BENEFICIAL OWNERS*: O 2 OUT OF NUMBER OF RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple  3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA IIF APPLICABLE) / PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: MAHATMA AND HI WARD AND HIMPOST COUNTRY CODE*:  STATE / UT NAME CODE*: COUNTRY CODE*:  SAME AS CURRENT / PERMANENT ADDRESS DETAILS (IN CASE OF MULTIPLE CORRESPONDENCE / LOCAL ADDRESSES, PLEASE FILL ADDRESS TYPE*: RESIDENTIAL BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)  Passe see instruction 'E' at the end)  UNSPECIFIED  P - SB   DRANCH  LAGE*:  CODE*: 302015
NUMBER OF BENEFICIAL OWNERS*: O12 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RE  4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Ple 3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*  REGISTERED OFFICE ADDRESS IN INDIA (IF APPLICABLE) / PLACE OF BUSINESS*  ADDRESS TYPE*: RESIDENTIAL / BUSINESS REGISTERED OFFICE  PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE  LINE 1*: MAHATMA MARA DHI MARA DOLLAR DISTRICT*: D	OWNER SHOULD BE DETERMINED SEPARATELY ELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)  Passe see instruction 'E' at the end)  UNSPECIFIED  ANNEXURE III')  UNSPECIFIED

ADDRESS T	AS CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS SAME AS CORRESPONDENCE / LOCAL ADDRESS DETAILS
ADDRESS T	PE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED
PROOF OF	DRESS (FOR ENTITIES REGISTERED OUTSIDE INDIA)*: REGISTRATION CERTIFICATE OR EQUIVALENT CERTIFICATE OF INCORPORATION/FORMATION
LINE 1*:	
LINE 2:	III. Same PS 99 7
LINE 3:	CITY/ TOWN/VILLAGE*:
STATE*:	ZIP/POST CODE*: COUNTRY CODE*: (ISO 3166)
5. CONT	CT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer instruction 'F' at the end)
TEL. (OFF):	TEL. (RES):
FAX:	
MOBILE 1:	7460383290x X X MOBILE 2:
EMAIL ID 1:	
EMAIL ID 2:	
EMAIL ID 2:	
S. NATUR	OF BUSINESS
MAN	FACTURER TRADER RETAILER SERVICE PROVIDER EXPORT / IMPORT
NDUSTRY	
MLM UNDE	
	a and the Company is is doing business of Multi-Level Marketing and has given an undertaking to the Department of Consumer Affairs that the Company is in compliance with Direct Selling Guidelin Sovernment of India, Ministry of Consumer Affairs, Food & Public Distribution as also any direct selling guidelines issued by the State Government, where the registered office of the Company is loc-
	ompany is not in violation and undertake not to violate the provisions of Prize Chit and Money Circulation (Banning) Act, 1978.*
Please Tick	the correct one.) (Select Industrial code 98, if MLM Company / Firm)
ANNUAL T	RNOVER
0-51	KH 5-10 LAKH 10-25 LAKH 25 LAKH- 1CR. 1-5 CR. 5-50 CR. 50-100 CR. 100
DEALING V	TH SBI: SINCE (YEAR) AT BRAI
NATURE O	ACCOUNT: CREDIT FACILITIES (SBI) (IF ANY)
7. TYPE	FACCOUNT
_	
CUR	INT ACCOUNT SAVINGS BANK ACCOUNT RECURRING DEPOSIT TERM DEPOSIT SPECIAL TERM DEP
өтн	PLEASE SPECIFY: ZBSA
	DE OPERATIONS
MODE	of operations Any one
3. MODE	
B. MODE	JOINTLY SEVERALLY AS PER BOARD RESOLUTION OTHERS: (PLEASE SPECIFY)
	JOINTLY SEVERALLY AS PER BOARD RESOLUTION OTHERS: (PLEASE SPECIFY)
SINC	JOINTLY SEVERALLY AS PER BOARD RESOLUTION OTHERS: (PLEASE SPECIFY)
SINC	
SINC	ES REQUIRED (Tick the required service (Charges may be applicable))
9. SERVIC	ES REQUIRED (Tick the required service (Charges may be applicable))  NTERNET BANKING: VIEWING RIGHTS TRANSACTION RIGHTS CHEQUE BOOK CASH PICK UP FACILITY  Einess Debit Card Choose the Variant: Premium Business Debit Card (Eligible for MAB Rs. 5,00,000 above) Pride Business Debit Card VISA MASTERCAL  SMS ALERTS XPRESS DEBIT CARD E-HAND SHAKE INSTA DEPOSIT CARD STATE BANK COLLECT.
SINC	ES REQUIRED (Tick the required service (Charges may be applicable))  NTERNET BANKING: VIEWING RIGHTS TRANSACTION RIGHTS CHEQUE BOOK CASH PICK UP FACILITY  Einess Debit Card Choose the Variant: Premium Business Debit Card (Eligible for MAB Rs. 5,00,000 above) Pride Business Debit Card VISA MASTERCAL
9. SERVIC	ES REQUIRED (Tick the required service (Charges may be applicable))  NTERNET BANKING: VIEWING RIGHTS TRANSACTION RIGHTS CHEQUE BOOK CASH PICK UP FACILITY  SINESS Debit Card Choose the Variant: Premium Business Debit Card (Eligible for MAB Rs. 5,00,000 above) Pride Business Debit Card VISA MASTERCAL  SMS ALERTS XPRESS DEBIT CARD E-HAND SHAKE INSTA DEPOSIT CARD STATE BANK COLLECT
SINC 9. SERVIC CORPORAT	SEREQUIRED (Tick the required service (Charges may be applicable))  NTERNET BANKING: VIEWING RIGHTS TRANSACTION RIGHTS CHEQUE BOOK CASH PICK UP FACILITY  Liness Debit Card Choose the Variant: Premium Business Debit Card (Eligible for MAB Rs. 5,00,000 above) Pride Business Debit Card VISA MASTERCAL  SMS ALERTS XPRESS DEBIT CARD E-HAND SHAKE INSTA DEPOSIT CARD STATE BANK COLLECT  OTHER  STATEMENT FREQUENCY: MONTHLY QUARTERLY HALF-YEARLY
SINC	ES REQUIRED (Tick the required service (Charges may be applicable))  NTERNET BANKING: VIEWING RIGHTS TRANSACTION RIGHTS CHEQUE BOOK CASH PICK UP FACILITY  SINGESS DEBIT CARD CHEQUE BOOK CASH PICK UP FACILITY  SINGESS DEBIT CARD CHEQUE BOOK CASH PICK UP FACILITY  CHEQUE BOOK CASH PICK UP FACILITY  Premium Business Debit Card (Eligible for MAB Rs. 5,00,000 above) Pride Business Debit Card VISA MASTERCAL  SMS ALERTS XPRESS DEBIT CARD E-HAND SHAKE INSTA DEPOSIT CARD STATE BANK COLLECT  OTHER
9. SERVIO CORPORAT E E-STATEME	ES REQUIRED (Tick the required service (Charges may be applicable))  NTERNET BANKING: VIEWING RIGHTS
SINCE STATEME	ES REQUIRED (Tick the required service (Charges may be applicable))  NTERNET BANKING: VIEWING RIGHTS
SINCE STATEMENT SMS ALERT	ES REQUIRED (Tick the required service (Charges may be applicable))  NTERNET BANKING: VIEWING RIGHTS