



**STATE BANK OF INDIA**  
**INTERNET BANKING "OnlineSBI"**

(For individuals)

**Registration Form for Duplicate Sign on password**

( In case you maintain accounts with more than one INB branch and have linked those usernames, kindly submit the form only to the branch selected by you on Internet Banking while making the request )

FOR OFFICE USE  
Application Serial number:

To  
The Branch Manager  
State Bank of India  
\_\_\_\_\_ Branch

I am a registered USER of your Internet Banking Service - "OnlineSBI" for my / our following Account (s) at your branch.

**My Duplicate Password reference number is :P14403389.**

**Applicant's Name :** \_\_\_\_\_

**(Please mention 11 / 13 digit A/c No. as mentioned in your Pass Book / Statement of Account):** \_\_\_\_\_

I have forgotten the sign on password and I request you to reissue the same.

Date:

Email:

Address for dispatch

Telephone No(s).

Office

Residence

Pin \_\_\_\_\_

I confirm having read and understood the document containing the "Terms of Service" governing the SBI's Internet Banking and I accept the same. I further agree that the transactions executed over OnlineSBI in above-mentioned accounts under my Username and Password will be legally binding on me.

Date

SIGNATURE VERIFIED

AUTHORISED OFFICIAL

APPLICANT'S SIGNATURE

**FOR OFFICE USE**

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Application Serial Number:

| PARTICULARS   | DATE | SIGNATURE OF AUTHORISED OFFICIAL |
|---|------|----------------------------------|
| The account numbers and the account name quoted and the signature in the registration form tallied with branch records. |      |                                  |
| Authorisation for duplicate noted against original entry.   |      |                                  |

Notes:

| Recommended for providing/ rejecting Internet Access | Internet Access permitted/rejected              |
|--|---|
| DATE: _____ OFFICER                                  | DATE: _____ BRANCH MANAGER/ MANAGER OF DIVISION |

| Reason(s) for rejecting the INB Service (if any) | DATE | SIGNATURE OF OFFICIAL |
|--|------|-----------------------|
| Reason(s) advised to the Applicant               |      |                       |
| Clearance for release of duplicate Uploaded      |      |                       |