Part - A

User Creation Details   **Date:**

User Name *	NAIK		AYUSH	
	Surname		**First Name**	
Preferred Login ID* (PF INDEX for SBI users)	V1022839	Employee No. * (PF INDEX for SBI users)	V1022839	
Designation *	Software Developer	Department *	IT - TF	
Company *	IMPACTSURE	E-mail ID *	ayush.naik@impactsure.com	
Location *	Bhandup	Mobile Number *	7620873575	
Landline/ PBX		Intercom		
Name of Application / Project *	SUREMATCH BG			
Purpose *	TRANSFER APPLICATION CODE FROM IMPACTSURE TO SBI ENV			
Expected No. of Files / Day *		Expected Size of Files / Day *		
Other Partner User ID		Other Partner User Name		
Name of Point-of-Contact from SBI / GITC *	SUPRIYA DABHOLE	Mobile No. of Point-of-Contact *	9137696603	
Email ID of Point-of-Contact *	supriya.dabhole@sbi.co.in			
Environment Access*	PRODUCTION		PRE-PROD	

File Sender USER ID*	Sender desired folder structure*	File Receiver User ID*	Receiver desired folder structure*
V1022839	IMPACTSURE	V1022839	IMPACTSURE

Mode of File Transfer *	HTTPS (Port 443)	SFTP (Port 2201)
Web - URL	**https://sfg.onlinesbi.com**	

✓ **I hereby declare that I have read and I accept the conditions/ statements mentioned in the declaration**

User signature	_(signature)_

cum user undertaking form.

Please counter sign with seal on each page   *** Mandatory Fields**

Approved by Approver 1 (Authorized official of the organization/ company)

I confirm that the above user details and the attached declaration-cum-user undertaking have been reviewed by me and have been found to be correct.

Name		Signature	
Designation		Date	
Company/ Organisation Seal			

Approved by the Head of the SBI Branch/ Office (not below the rank of AGM, for Branches and DGM for AO's).

I confirm the signature of the above official from the organization/ Company/ department are correct and as per branch/ office records.

Name		Signature with department Seal	
Designation		Date	
Email ID			
Branch / Office Address			

Approved by GITC Approver (DGM - GITC Coordinating Department)*

Name		Signature with department Seal	
Designation		Date	
Email ID			
Branch / Office Address			

Approved by DGM / AGM, PE - II

Name		Signature		Date	

For Systems Administrator Use Only

Name & Signature of Recommender			
Administrator's Signature	Name Of Admin.		
	Date requested		Date Completed	

Please counter sign with seal on each page   * **Mandatory Fields**

Part - B

DECLARATION-CUM-USER UNDERTAKING FOR USING SECURED FILE TRANSFER PROTOCOL (SFTP) SERVICE OF STATE BANK OF INDIA

Our Organization/company/department [*name of the entity seeking SFTP connectivity*]............
IMPACTSURE TECHNOLOGIES PRIVATE LIMITED
.... having
its registered office at[*please write the complete address*]
A207, EASTERN BUSINESS DISTRICT, LBS ROAD BHANDUP (W) MUMBAI – 400078
....
....
(hereinafter referred to as the '**User**') wish to use the Secured File Transfer Protocol (SFTP) service provided by State Bank of India (hereinafter referred to as '**SBI**' or 'the Bank') for exchange of data/ files between the **User** and **SBI**.

I confirm and undertake that:

1. I am authorized to sign this declaration-cum-user undertaking on behalf of the **User.**
2. The access will only be used to transmit relevant data for the purpose for which the SFTP connection is sought.
3. Only files having the structure, format and data as agreed with **SBI** shall be uploaded and it shall be ensured that malicious or malware infected files or any other type of file that could harm or damage the IT systems of **SBI** shall not be uploaded.
4. Files shall be properly sanitized before uploading to the SFTP server
5. SFTP access provided by **SBI** shall not be used to breach the security of IT resources of **SBI**.
6. SFTP service of **SBI** will be used in such a way that it does not result in disruption of **SBI**'s services.
7. All data and information related to this service, given by **SBI**, shall be kept confidential.
8. Our organization has adequate policies and practices to ensure that the password is treated as sensitive and confidential and is used only by authorized personnel for authorized purposes.
9. The password provided by **SBI** shall be changed immediately upon receipt and it shall be ensured that the password is kept confidential and its secrecy is protected. Also, the password shall be changed periodically or whenever the same is suspected to be compromised.
10. In case of change of authorized personnel due to resignation, transfer, suspension, death or any other reason, the **User** shall inform the **Bank** for required modifications of details and also ensure to change the password immediately.
11. The **User** shall be responsible and liable for all the actions carried out by the **User** using the credentials provided by **SBI**.
12. If **SBI** observes or finds that files or content that are/is harmful, malicious or

*Please counter sign with seal on each page   * **Mandatory Fields**

deleterious have been uploaded or transmitted, **SBI** may deny or deactivate the SFTP

service immediately and take action as provided under law. Under such circumstances, **User** shall be financial liable for actual, consequential or incidental damages.

13. The **User** shall not exploit any vulnerability observed and shall report the same to the Bank.

14. **SBI** shall have the right to monitor and review the access provided to me/the **User** and to ensure compliance of its policies.

I, on behalf of the **User**, also undertake that we also agree to be bound by the following condition for obtaining this service in compliance with the provisions of the INFORMATION TECHNOLOGY ACT 2000 and INFORMATION TECHNOLOGY (*AMENDMENT*) ACT 2008:

The Bank has adopted the mode of authentication of the User by means of verification of the User ID and/or through verification of password or through any other mode of verification as may be stipulated at the discretion of the Bank. The User hereby agrees/consents for the mode of verification adopted by the Bank. The User agrees that the transactions/activities carried out or files put through by the aforesaid mode shall be valid, binding and enforceable against the User and the User shall not be entitled to raise any dispute questioning the transactions/files.

Seal and Signature of Authorized official of organization / company:

....

Name of the Signatory: Subramaniyan Neelakandan

Employee ID: IS11001

Designation: Founder & CTO

Date: 28-10-2025

E-mail Address: subbu@impactsure.com

*Note

Seal and Signature of the DGM / Head of the Department
State Bank of India:

Please counter sign with seal on each page   * **Mandatory Fields**

SFTP USER CREATION & AMENDMENT REQUEST FORM v8.0