

STATE BANK OF INDIA

460 Park Avenue, New York, NY 10022

Tel: 212-521-3286,3300; Fax: 212-521-3361

All fields are mandatorily to be filled

Customer Information Updation Form			
(To be provided by each account holder separately)			
Part I			
Customer ID			
Name	First	Middle	Last /Surname
Type of account held: (Check all that are applicable)	<input type="checkbox"/> Checking <input type="checkbox"/> Money Market Deposit <input type="checkbox"/> Certificate of Deposit		
Social Security No. / Tax Identification No./ Permanent Account Number (PAN) (*Indian Citizen)			
Employment Details	<input type="checkbox"/> Employed / <input type="checkbox"/> Self-employed / <input type="checkbox"/> Retired / <input type="checkbox"/> Unemployed / <input type="checkbox"/> Student / <input type="checkbox"/> Others (give details) _____		
Occupation			
Name of Employer in case employed Or Name / Nature of Business in case Self Employed			
	Home Address	Work Address (In case of Students, address of the College to be provided here)	
Address Line 1			
Address Line 2			
Address Line 3			
City			
State			
Country			
Zip Code			
Email			
Contact / Mobile Number	Home: Mobile: Work:		