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| **APPLICANT FORM FOR ATM CARDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Thank you for applying for the SBI ATM Card. To help us process you request quickly; please fill this form as per the*  *Instructions below. If you have any questions, please check with your Branch Manager. We are committed to making*  *Your life simpler with the SBI ATM Card.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***SBI Cash***   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | | | BRANCH | | |  | | | | | | | | ADD |  | | | | |  | |  | | | | | |  | | PHONE | | |  | FAX |  | |  | |  | | | | | | | | | E-mail | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IMPORTANT INSTRUCTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Please fill the entire form in CAPITAL LETTERS only. * Complete all sections. * Do not write outside the provided boxes. * Joint a/c. to be either or survivor / any or survivor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Leave one box space between each word. * Sigh the declaration. * Joint Account holder to fill separate application forms. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name as you would like it on the card (max. 25 letters) with title if required – including space | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| For Example | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | | |  | | | |  | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | | |  | | | | |
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| Telephone off. | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | Rest. | | | | | | | | | | | | |  | | |  | | | | | | |  | | | |  | | | | |  | | | | |  | | |  | | | | |  | | |  | | | | Mobile Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | | | |  | | |  | | | |  | | |  | | |  | | | | |  | | |
| My designated account/s on which I require ATM services: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary account | | | | | | | saving | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Or current | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Branch | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Declaration : | | | | * I am aware of the terms and conditions (overland) governing the use of the ATM CARD and agree to abide by them * The bank may call me at my residence/office in connection with my ATM transactions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Daily Limit | | | | | | | | | | | | | (3000 / 5000 / 9900) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Issue Card YES / NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | New ATM Card No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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