ONLINE SBI REGISTRATION FORM

The Branch Manager State Bank of India												
I wish to register as a user of 'OnlineSBI', SBI's Internet Banking Service.												
Name of Customer (25 Characters)												
Mobile Number:	+91											
E-Mail:												
Date of Birth:	DD	MM	YY]								

My Account Numbers									ers		Single/ Joint* Accounts	(Branch Use) Transaction Rights (Y/N)	(Branch Use) ** Limited Transaction Rights (Y/N)

^{*} Rights on the OnLineSBI Service will be same as that in your account at the branch.

I have read the provisions contained in the "Terms of Service (Terms & Conditions) document" of "OnlineSBI" and accept them. I agree that the transactions executed over OnlineSBI under my Username and Password will be binding on me.

Customer's Signature	Date:
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^{**} Transaction rights to transfer funds within own CIF, e-TDR/e-STDR and new a/c opening request through branch intervention