



SOURCE CODE:					
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BillPay Registration Form

Personal Details

[illegible]

AOD No.

Customer ID No.							
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[illegible]

Primary Account No. | | | | | | | | | | | | | | | |

Please note that the Primary Account number will be accessed while paying your bills using the BillPay facility

Filling in the following details will enable you to avail the BillPay facility. You can pay for 5 different bills under Electricity / Others 5 under Phone Nos. (Landline + Mobile Phones combined)& 5 different Policy Nos. in case of insurance premium payments. Please use a separate form to register, if you have more than one bill of each company. Please select SHORT Name (a combination of 4 alphabets or number of your choice) which will appear on the ATM /NetBanking screen when the bill details are displayed to help you identify the bills while paying.

■ These fields are to be filled compulsarily.

■ These details are available on your bill copy. In case you wish to leave these fields blank, please attach a copy of your bill.

Phone

Telephone Companies

Name of the Co. _____ City _____

Short Name for the Co. | | | |

[illegible]

(as provided by the Telephone Co.)

☐ **Bill copy attached**[illegible]

Exchange Code						
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[illegible]

Mobile Phone

Name of Co. _____ City _____

Short Name for Co. | | | | |

[illegible]☐ **Bill copy attached**

(As provided by the Mobile Companies)

Mobile Phone No. | | | | | | | | | | | |

Name in which Mobile Number is registered | | | | | | | | | | | | | | | |

Life Insurance Cos.

BillPay is available only in NetBanking for Insurance Cos.

[illegible]

Short Name for the Co. | | | |

[illegible]

(As provided by Insurance Co.)

Client ID | | | | | | | | | | | | | | | |

☐ **Bill copy attached**[illegible][illegible]

Premium Frequency ☒ Quarterly ☐ / Half Yearly ☐ / Yearly ☐

Email ID*

Date of Birth of Policy Holder**	D	D	M	M	Y	Y	Y	Y
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*Mandatory for LIC

**only for SBI Life Insurance

To register for BillPay, just fill-up this form and drop it at your nearest branch.

Electricity Companies

☐ **Bill copy attached**

Billing Unit No. (if applicable) | | | |

☐ **Bill copy attached**

Account No. | | | | | | | | | |

☐ **Bill copy attached**[illegible]

Signature _____

Account No. verified by