



**STATE BANK OF INDIA**

19, South La Salle Street, Suite#200  
Chicago, Illinois, 60603  
Tele: 312-621-1200 fax: 312-701-0232

Member FDIC

**Request form for enabling transaction rights through Internet Banking**

Customer Name: .....

Address: .....

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.....

Phone No: .....

Dear Sir/ Madam,

My Customer no. ....

Please provide me transaction rights through Internet Banking on my account(s) associated with my above mentioned customer number with State Bank of India, Chicago. I confirm that, I have registered myself for the online banking services offered by the Bank and have created/ obtained the User ID and Password for accessing my accounts online.

I confirm having read and understood the document containing the "Terms and Conditions" governing the State Bank of India Chicago Branch's Internet Banking services and I accept the same. I further agree that transactions executed over <https://usa.onlinesbi.com> using my User ID and Password will be legally binding on me. I also understand that I cannot have transaction rights on my Certificate of Deposit or Loan Accounts as part of the service.

<b>Signature of the Applicant</b>	
Name (Please print):	
Signature:	
Date:	

**(For Office Use)**

	Customer Data Verified in Finacle	Signature Verified	Transaction Rights Enabled
Signature of the Official	Manager/Supervisor	Manager/Supervisor	Manager(Systems)
Date:			
Time:			