

To,
 STATE BANK OF INDIA
 Personal Banking Department
 19 S La Salle Street, Suite 200, Chicago, IL 60603

Date :

Dear Sir

ADDITION OF NAME(S) TO MY/ OUR MMDA/CHECKING/SAVINGS ACCOUNT

ACCOUNT NUMBER : _____

MY/OUR NAME(S) : _____

I shall be glad if you add the name(s) of _____
 to the captioned account which will henceforth be operated by Jointly with Right of Survivorship

I have enclosed herewith the following

1. Completely filled in Account Opening form(Form DEP - 1) with the details of New Applicant in the 2nd or 3rd applicant column of the Account Opening form
2. Application for MMD/Checking/Savings Account(Form DEP - MCS) signed by the Existing account holder(s) and the New applicant.
3. W8 / W9 form as applicable
4. Copy of Primary Photo ID(s)(to be Notarized if sent by mail) and / or Secondary ID for the New applicant as mentioned in Form DEP-1 under Identification Documents

Yours Faithfully

 (Signature(s) of Existing Account Holder)

Specimen Signature of New Applicant
New Applicant's Signature Attested
(Signature(s) of Existing Account Holder)

VERIFICATION OF SIGNATURE AND IDENTITY		
(If you send this form by mail, please get your signature verified below by an SBI Official OR Notary Public OR and Indian Embassy OR Consulate)-: Identity should be verified from the ORIGINAL of the photo ID mentioned on Page 1 of Form DEP - 1 :-		
:-PLEASE NOT THAT IN ADDITION THE VERIFIER MUST ATTEST THE COPY OF THE PRIMARY PHOTO-ID OF THE NEW APPLICANT:-		
1 st Existing Customer	2 nd Existing Customer or New Applicant	New Applicant
Name:	Name:	Name:
Signature:	Signature:	Signature:
Signature and Seal of the Verifier:	Signature and Seal of the Verifier:	Signature and Seal of the Verifier:
Date of Verification:	Date of Verification:	Date of Verification:
Place of Verification:	Place of Verification:	Place of Verification:
Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)