



State Bank of India, 19 S LaSalle Street , Suite 200, Chicago, IL, 60603

Application for issue of Debit Card

Member FDIC

To
Vice-President (PB)
State Bank of India, Chicago.

I wish to avail the debit card services offered by State Bank of India, Chicago. Please arrange to issue me debit card.

Name of Customer: (In the order of First, Middle and Last Name)\*\* (27 Characters)

Grid for Name of Customer

Name as I would like to appear on the card:\*\* (21 Characters)

Grid for Name as I would like to appear on the card

My Account Numbers\*\* Single/ Joint Accounts\*

Table with columns: Account Type, Account Number. Includes Primary - Checking Account with digits 7 7 7.

\*Joint account holders with mode of operation as anyone or survivor need to submit separate application forms

Address:\*\*

Grid for Address: Street Address, Apt #, City, State, Zip, Phone\*\*\* (Day), Phone\*\*\* (Eve)

\*\*\* Phone number provided in the application should be used to activate / reset the PIN - Use Cell/Landline Numbers only

Validation Data (This data will be used for identification when you call the customer service centre for all purposes):

Table for Validation Data: Mother's maiden name \*\*, Social Security (Last 4-Digit)\*\* XXX-XX-, Date of Birth (mm-dd-yyyy)\*\*, Driver's License

\*\* Mandatory Columns to be filled up.

- 1. Charges are waived for transactions performed at any ATM with any bank within USA up to Dec :2015
2. The bank has decided to waive the charges levied by the service provider for transactions done at State Bank Group ATMs in India/USA up to Dec 2015
3. For transaction done at ATMs / POS terminals outside USA, cross country (0.2% of transaction amount) and crossborder (0.8% of transaction amount) fees are levied by Master Card. In addition to these the respective ATM network service provider might also charge a fee for each transaction.
4. I have received, read and understood the provisions contained in the terms and conditions letter of "State Bank of India, Chicago Debit Card Agreement" and I accept these. I agree that the transactions executed using my debit card will be binding on me.

Customer's Signature

Date:

Encls: Debit Card Agreement

Table for Office Use: For Office Use only, Account and Signature Verified Supervisor PB, Application Processed Manager

Grid for Card Number