



STATE BANK OF INDIA

Deposit Section

460 Park Avenue, New York, NY 10022

Tel: 212-521-3200; Fax: 212-521-3361; E-mail: amdep.nyb@statebank.com

CHECK LIST FOR OPENING BASIC CHECKING ACCOUNT BY CONSUMERS:

Recommended Customers for the account:

- ☞ Resident of New York State who do not maintain any transaction account with SBI, New York.
- ☞ Receives direct credit of a recurring payment like social security, wage or pension.
- ☞ Has limited monthly transactions.

No.	ITEM (Please Check ✓)		
1	<input type="checkbox"/> Account opening form (DEP-1) duly filled and signed.		
2	<input type="checkbox"/> Signatures duly verified on account opening form by SBI Official or Notary Public.		
3	<input type="checkbox"/> For U.S. citizens and U.S. residents; Form W-9 <input type="checkbox"/> For non-U.S. residents; Form W-8 BEN		
4	Documentary Verification (Check at least 2 (two), one of which must be primary ID). Attach photocopies of each item attached.		
	Primary	Secondary	
	<input type="checkbox"/> State Driving License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> US Alien Registration Card.	<input type="checkbox"/> Pay Stub <input type="checkbox"/> Bank statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Income Tax return <input type="checkbox"/> W2 Income Statement <input type="checkbox"/> US VISA Page (in Passport)	
	<input type="checkbox"/> Credit Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> Insurance Card <input type="checkbox"/> Student ID Card <input type="checkbox"/> Property tax Bill		
5	<input type="checkbox"/> Please self-certify the photo-ID submitted (i.e. write "TRUE COPY" and sign).		
6	<input type="checkbox"/> For US residents applying by mail, submit evidence of legal status such as self certified copy of passport OR Green Card OR Visa.		
7	<input type="checkbox"/> If applying by mail, evidence of occupation such as original OR copy of pay stub OR Income Tax return OR W-2. Self employed professionals such as medical doctors may contact us for information regarding other acceptable evidences of occupation.		
8	<input type="checkbox"/> If you wish to designate beneficiary (ies) please complete form DoB.		

Duly completed documents should be mailed to us along with your check.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you?: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



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460 Park Avenue, 2nd Floor
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Member FDIC Tel: 212-521-3200; Fax: 212-521-3361

Form DEP-4

(For office use)
Basic Checking Account No. _____

BASIC CHECKING ACCOUNT

I / We request you to open the basic checking account with the under noted details:

A: NAME, ID# AND DATE OF BIRTH:

No	Last Name	First Name	Middle Name	Social Security No. <small>(For non-U.S. residents - Passport No.)</small>	Date of Birth
1.					
2.					
3.					

B: PHOTO IDENTIFICATION DETAILS:

No	Nature of Photo ID* * <small>U.S. driver license/ U.S. state-issued non-driver photo ID, Passport</small>	Number	Issue Date	Expiration Date	Place of Issue
1.					
2.					
3.					

C: OCCUPATION STATUS:

No.	Occupation <small>(Including the position you hold, name of your employer, etc. Please do not generalize).</small>	Country of your residence
1.		
2.		
3.		

D: ADDRESSES & CONTACT INFORMATION:

	Home <small>(P.O. Box No. is not acceptable)</small>	Work	Mailing <small>(If different from home address)</small>
Street			
Apt.			
City			
State			
ZIP/PIN			
Country			
Phone			
Mobile			
Email			N.A.
Fax No.			N.A.

E: INCOME, EXPECTED VOLUME OF TRANSACTIONS, ACTIVITY, SOURCE AND PURPOSE:

Your Income <small>(Check One)</small>	Expected Volume of Transactions	Usual Activity in A/c <small>(Check all that are applicable)</small>	Usual Sources of Funds <small>(Check all that are applicable)</small>	Purpose of Account <small>(Check all that are applicable)</small>
<input type="checkbox"/> < 25,000 <input type="checkbox"/> 25,000 – 50,000 <input type="checkbox"/> 50,000 – 100,000 <input type="checkbox"/> 100,000 – 150,000 <input type="checkbox"/> 150,000 – 250,000 <input type="checkbox"/> > 250,000	<input type="checkbox"/> < 10,000 <input type="checkbox"/> 10,000 – 25,000 <input type="checkbox"/> 25,000 – 50,000 <input type="checkbox"/> 50,000 – 100,000 <input type="checkbox"/> 100,000 – 150,000 <input type="checkbox"/> > 150,000	<input type="checkbox"/> Collection of checks <input type="checkbox"/> Issue of checks <input type="checkbox"/> Cash receipts / payments <input type="checkbox"/> Receipt of wire transfers <input type="checkbox"/> Issue of wire transfers <input type="checkbox"/> Others <i>(specify)</i> :	<input type="checkbox"/> Current Income/wages <input type="checkbox"/> Past savings <input type="checkbox"/> Pension/S.S. Benefits <input type="checkbox"/> Rent <input type="checkbox"/> Liquidation of investments <input type="checkbox"/> Sale of property <input type="checkbox"/> Others <i>(specify)</i> :	<input type="checkbox"/> Savings <input type="checkbox"/> Sending remittances to India <input type="checkbox"/> Receiving salary <input type="checkbox"/> Receiving S S benefits <input type="checkbox"/> Others <i>(specify)</i> :

F: MODE OF OPERATION

Self Either or Survivor Joint or Survivor Other *specify* _____

Do you already hold an account with SBI in USA

Yes No

G: LETTER / FAX AGREEMENT FOR FUNDS TRANSFER:

I/We, the applicants/account holder(s), acknowledge(s) that State Bank of India, New York Branch (the "Bank") has made available a variety of procedures for the transmission of instructions to the bank. I/We are fully aware of the risks associated with transmitting instructions via letter or telephone or facsimile machine ("fax") and hereby authorize the Bank to act in compliance with the procedures stated in this authorization letter (the "procedures") upon each funds transfer instruction and communication sent in its name by me/us by telephone or mail or fax to the Bank (an "instruction") and to debit or credit as the case may be, the relevant account(s) as per this account opening form. The Bank's understanding of any oral notice, instructions or other communications sent by person(s) mentioned above or their representatives shall be final and binding. This authorization applies to the Bank account opened/being opened through this form.

Prior to the executing of the instruction, the Bank may confirm the instruction by telephone call to a person and telephone number recorded by the account holder(s) with the Bank. As long as the Bank acts in compliance with the procedure it shall have no further duty to verify the identity or authority of the person giving or confirming the contents of any instruction. Notwithstanding any provision hereof, the Bank shall have the right in its sole discretion to refuse to execute any instruction.

I/We agree to be bound by an instruction, whether or not authorized, issued in its name and accepted by Bank in compliance with these procedures and further agree to indemnify and hold the Bank harmless for and against any loss, liability, claim, damage, or expenses (including legal fees) collectively referred to herein as "claims", attributable to executing and accepting instructions in accordance with these procedures or action omitted to be taken, whether such claims are brought by this business or its representative or by a third party.

The procedure established by this agreement may be varied only by a written agreement signed by both parties. This authorization letter supersedes all prior agreements or practices in respect to instructions and may not be changed by an oral agreement or by a course of dealing or custom.

This authorization letter shall be governed by the laws of and any dispute in connection herewith shall be adjudicated in a federal or New York State Court located in the City of New York.

I / We execute the above agreement: YES NO

H: ACKNOWLEDGMENTS:

1. I / We undertake to abide by the usual terms and conditions governing Checking Accounts / Money Market Deposit Accounts / Certificate of Deposit Accounts in the U.S. as well as the terms, rules and regulations in the State Bank of India Customer Manual, receipt of which is hereby acknowledged. I declare that funds offered by me/us to the Bank represent/shall represent my/our own funds, earned through legitimate means and complying with all U.S. laws.
2. I/We understand that on no occasion my/our account will be permitted by the Bank to go into overdraft.
3. I/We acknowledge the receipt of the interest rate chart applicable for Certificate of Deposits and Money Market Deposits Account.
4. The information supplied in this application is correct to the best of my/our knowledge and belief. I/We authorize the Bank to obtain information about my/our identity, credit history and other banking history from consumer reporting agency (ies). I/We further understand that if information in the credit history results in a decision to either disallow my/our signing authority on the account or disallow opening the account, the Bank will communicate this fact to the owners and/or authorized signers of the (proposed) account. I/We further authorize the Bank to obtain this information at any time from one or more consumer reporting agencies that it may choose as long as I/we am/are (an) authorized signer(s) on the account.

I: SIGNATURES & NAMES

First Applicant	Second Applicant	Third Applicant
<i>Signature:</i>		
<i>Name:</i>		
<i>Date:</i>		<i>Place:</i>

(If you send your application by mail, please get your signature verified by a Notary Public in the space provided below.)

VERIFICATION OF SIGNATURE

:- Identity be verified from the original of the document(s) at box 'B' above :-

<i>Date:</i>	<i>Place:</i>	<i>Tel:</i>



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Form DoB

(For office use)
 Basic Checking Account No. _____

DESIGNATION OF BENEFICIARY(IES)

I / We hold the following account(s) with your branch to which I / we wish to designate beneficiary(ies):

Money Market Deposit Account No. 2111- Basic Checking Account No. 2111-

Certificate(s) of Deposit with the following details:

Account No.	Certificate No.	Issue Date	Maturity Date	Principal Amount

In the event of the my death or death of both or all of us, distribute the balance of the account(s) indicated above, or any or all accounts that result from roll-over of the above account(s), to the following primary beneficiary or beneficiaries. I/we understand that the Bank is expressly relying on the information contained herein, and that I/we intend the Bank to rely thereon. The Bank, therefore, shall have no liability or responsibility whatsoever, for any claims arising from the Bank's actions hereunder, and the Bank shall be fully indemnified for any and all losses, damages, costs, etc. This Release and Indemnity shall be binding on my/our respective Estates as well.

I / We understand that this Designation of Beneficiary will be effective on the date of receipt by State Bank of India and will supersede any previous Designation of Beneficiary that I / we might have made. I / We have the right to change this designation of beneficiary and to designate a new beneficiary at any time by writing to State Bank of India, New York Branch.

Enter below Name, Relationship, Address, Social Security Number, Date of Birth and Percentage for EACH beneficiary you list. The total percentage for all primary beneficiaries must equal 100%. If no percentage is indicated, all funds will be distributed in equal shares to the beneficiaries. If more beneficiaries are needed, please complete an additional form.

First Primary Beneficiary

Name	Relationship
Address	
Social Security No.*	Date of Birth
% Share	

Second Primary Beneficiary (Optional)

Name	Relationship
Address	
Social Security No.*	Date of Birth
% Share	

Contingent Beneficiary (if Primary Beneficiary or both Primary Beneficiaries die) [Optional]

Name	Relationship
Address	
Date of Birth	

Signatures & Names:

First Applicant	Second Applicant	Third Applicant
Signature:		
Name:		
Date:	Place:	

* (For non-U.S. residents – Passport No.)