STATE BANK OF INDIA

Deposit Section
460 Park Avenue, 2nd Floor
New York, NY 10022

Member FDIC Tel: 212-521-3282,3283,3285,3286,3287. Fax: 212-521-3361; E-mail: mgrdep.nyb@statebank.com

Form DEP-MC

(For office use)
Account No. _____

APPLICATION FOR MMD/ CHECKING ACCOUNT

(New customers should fill this form along with Form DEP-1)

Application for	☐ Money Market Deposit Account ☐ Checking Account
CUSTOMER NUMBER *(New customers may leave this blank)*	

I / We request you to open the account(s) as mentioned above with your branch. I /We have read and understood the terms and conditions governing the account(s). I/We acknowledge the receipt of the interest rate chart applicable for Money Market Deposits Account.

Purpose of the Account *(Check all that are applicable)*	☐ Savings ☐ Sending remittances to India ☐ Receiving Social Security benefits ☐ Receiving salary ☐ Others (*specify*):
Usual Activity in the Account (*Check all that are applicable*)	☐ Collection of checks ☐ Issue of checks ☐ Cash receipts / payments ☐ Receipt of wire transfers ☐ Issue of wire transfers ☐ Others (*specify*): No of Wire Transfers per Month ---------- Volume of Cash Transactions per month ----------
Expected Annual Volume of Transactions	☐< $10,000 ☐$10,000 – 25,000 ☐$25,000 – 50,000 ☐$50,000 – 100,000 ☐$100,000 – 150,000 ☐> $150,000
Source of Funds *(Check All That Are Applicable)*	☐ Current Income/wages ☐ Past savings ☐ Pension/S.S. Benefits ☐ Rent ☐ Liquidation of investments ☐ Sale of property ☐ Others (specify):
Mode of First Deposit	☐ Debit my/our existing Checking / MMD account with you with $ ----------, ***OR*** ☐ Check No. _____ attached
Mode of Operation	☐Self ☐Either or Survivor ☐Anyone or Survivor(s) ☐Joint or Survivor ☐Other (*specify*) _____

Do you want check book on this account? ☐ Yes ☐ No
(Check books are charged. No temporary checks are issued.)

1st Applicant	2nd Applicant	3rd Applicant
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Place:	