

ONLINE SBI
REGISTRATION FORM FOR CINB ‘Sarat’

To
 The Branch Manager
 State Bank of India

I/We wish to register as a CINB ‘Sarat’ user of ‘OnlineSBI’, SBI’s Internet Banking Service.

Name of Firm _____

Address: _____

Mobile Number:

+91											
-----	--	--	--	--	--	--	--	--	--	--	--

(mandatory)

Landline Telephone No. with STD Code _____

E-Mail: _____

My/Our Account Numbers											

I/We have read the provisions contained in the “Terms of service document” of “OnlineSBI” and accept them. I/We agree that the transactions executed over OnlineSBI under my/our Username and Password will be binding on me/us.

Signature

Authorised signatory of the firm

Place: _____

Date: _____