## STATE BANK OF INDIA Mobile Banking Service Registration Form

The Branch Manager													Ι	Date	:						
State Bank of India													S	1. N	o.:						
* I wish to register/ de FreedoM". I submit t	the info	orma	tion	req	uire	ed for	the	purp	ose	as ı	unc	der:					State	е Ва	ank		
Name of Customer (Ma	ıximun	1 20	Cha	ract	ers	and 1	eave	a bo	ox b	lanl	k a	fter	eac	h na	me)				1		
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Email id:							Date	e of l	Birt	h:											
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User ID	My Mo	bile	Nu	mbe	er:																
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Primary Account numbe												S	ingl	e/Jo	int#	Acc	oun	its			
Other Account Numbers						Single/Joint # Accounts							s	Add/ Delete							
its customers and unconditerms and conditions with appropriate notice. I agree my User ID and MPIN will	nout and that the	ny no he tr	otice ansa	e an	d p	osting execu	g the	em ( whil	on the use	he l sing	Baı g M lde	nk's Iob rs.	s wo	ebsit Bank	e waing	ould Serv	coı	ıstit	ute		
Date:									Signature of the account holder(s)												
(* Please choose the op- your account at the Bra jointly will not be enable	anch.	Acc	oun	ts w	hic	h are	ope	rate													
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Verified the details of permitted to subscribe t													l co	rrect	t. T	he a	ppli	cant	is		
Date:													A	Autho	orise	ed O	ffici	al			
Above details uploaded customer	d for e	nabl	ing	the	acc	ount(	s) fo	or M	obil	le B	an	kin	g Se	ervic	e re	ques	sted	by	the		
Date:	Entry made by										Authorised Official										