



STATE BANK OF INDIA

APPLICATION FOR ATM CARDS

Thanking you applying for the SBI ATM Card. To help us process your request quickly, please fill this form as per the Instructions below. If you have any questions, please check with your Branch Manager. We are committed to making your life simpler with the SBI ATM Card.

IMPORTANT INSTRUCTIONS

Please fill the entire form in CAPITAL LETTERS only.
Complete all sections.

Do not write outside the provided boxes.

Joint a/c. to be either or survivor / anyone or survivor.

Leave one box space between each word.

Sign the declaration

Joint account holder to fill separate application forms.

PAN No. / Form 60

Your Name :

(Name as you would like it on the card (Max 25 letters) with title, if required - including spaces.

Your Example **A B I N G E O R G E**

Male ☐ Female ☐

Type of Card : ☐ Domestic ☐ International

International Debit Card

Father's Name

Year of S.S.I.C.

Year of Marriage

Date of Birth

Mother's Maiden Name

Address for Correspondence :

Town / City :

State :

Telephone :

E-mail :

My designated account/s on which I require ATM services :

Primary Account Savings ☐ Or Current ☐ Branch ☐

Saving A/c. No. :

Current A/c. No. :

Declaration : ♦ I am aware of the Terms and Conditions (overleaf) governing the use of the ATM Card and agree to abide by them.
♦ The Bank may call me at my residence / Office in connection with my ATM transactions.

FOR OFFICE USE ONLY

Anyone or S

F or S

Mode of operation ☐ SINGLE ☐ E or S ☐ F or S ☐ NETWORKED ATM

☐ STANDALONE ATM OR ☐

ATM Branch Code	
Link Branch Code	
Daily Limit (3000/5000/9000)	
Issue Card Yes / No	

Card issuing Branch Code

Issue Card Yes / No

Application Sr. No.

Old ATM Card No.-NA-

New ATM Card No.

(Br. Mgr's Signature & Stamp)

(Applicant's Signature)

Date :