## (DECLARATION TO BE OBTAINED FROM PRIMARY SALARY CUSTOMER FOR ENSURING RELATIONSHIP OF FAMILY MEMBERS FOR SBI RISHTEY)

	Branch Mana e Bank of Ind	•	h			
Madam/ Dear Sir,				Date:		
	RISHTEY ATIONSHIP	WITH FA	MILY MEMBERS	i		
No 2. are r	I wish to a	Departme	submit that at nt/ Organisation/ / of SBI Rishtey pank Account and/	Brand Corporate). product for unde	ch and presen	tly serving in
Sr. No.	Name of Member	Family	Relationship	Existing Savings Bank Account Number (if available)	*Details of KYC document viz. PAN Number, Voter Id etc.	Signature of Family Member
1.						
2.						
3.						
4.						

 I request you to please do the needful in the matter at the earliest to enable above family members to avail benefits available under SBI Rishtey product. I certify that the information submitted is true to best of my knowledge and belief.

Yours faithfully,

<sup>\*</sup>Copy of KYC document (self-attested by family member) attached