

STATE BANK OF PATIALA

ACCOUNT OPENING FORM

FOR NON RESIDENT INDIANS (NRE/FCNR(B)/NRO

The Branch Manager,

State Bank of Patiala

Branch.....

SB/TD/FCNR(B)/NRO ACCOUNT NO.

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Date.....

Please open an account as per details below :-

Single A/c

Joint A/c (operation as per para 3)

Name & Address of the 1 st Applicant	Name of the Customer : 1 st Applicant _____			Photo											
	Date of Birth	<table border="1" style="display: inline-table; width: 100px; height: 15px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>						Sex M/F <input type="checkbox"/>							
	PAN No.	<table border="1" style="display: inline-table; width: 100%; height: 15px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>													
	Overseas Address (Compulsory) <input type="checkbox"/>														
	Address _____	Tel Res. _____	Office _____												
	_____	Fax _____	Mobile _____												
	_____	Email ID _____													
	Indian Address <input type="checkbox"/>														
Address _____	Tel Res. _____	Office _____													
_____	Fax _____	Mobile _____													
_____	Email ID _____														
<input type="checkbox"/> : Please tick the address to which the mail is to be sent															
Passport No.		Date & Place of Issue	Valid Upto	Nationality											

Name & Address of the 2 nd Applicant	Name of the Customer : 2 nd Applicant _____			Photo											
	Date of Birth	<table border="1" style="display: inline-table; width: 100px; height: 15px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>						Sex M/F <input type="checkbox"/>							
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	Overseas Address (Compulsory) <input type="checkbox"/>														
	Address _____	Tel Res. _____	Office _____												
	_____	Fax _____	Mobile _____												
	_____	Email ID _____													
	Indian Address <input type="checkbox"/>														
Address _____	Tel Res. _____	Office _____													
_____	Fax _____	Mobile _____													
_____	Email ID _____														
<input type="checkbox"/> : Please tick the address to which the mail is to be sent															
Passport No.		Date & Place of Issue	Valid Upto	Nationality											

Name & Address of the 3rd Applicant

Name of the Customer : 3rd Applicant _____

Date of Birth Sex M/F

PAN No.

Overseas Address (Compulsory)

Address _____ Tel Res. _____ Office _____
 _____ Fax _____ Mobile _____
 _____ Email ID _____

Indian Address

Address _____ Tel Res. _____ Office _____
 _____ Fax _____ Mobile _____
 _____ Pin Code _____ Email ID _____

: Please tick the address to which the mail is to be sent

Passport No.	Date & Place of Issue	Valid Upto	Nationality

2. Account Details	Amount (specify currency)	Period
<input type="checkbox"/> 1. Non-Resident (External) Savings Bank A/c		XXXXXXXXXXXXXXXXXXXXXXXXXX
<input type="checkbox"/> 2. Non-Resident (External) Special Term Deposit A/c		
<input type="checkbox"/> 3. Non-Resident (External) Rupee Term deposit A/c		
<input type="checkbox"/> 4. F.C.N.R. (B) Special Term Deposit Account		
<input type="checkbox"/> 5. Foreign Currency (Non-Resident) Term deposit A/c		
<input type="checkbox"/> 6. Non-Resident (External) Current A/c		XXXXXXXXXXXXXXXXXXXXXXXXXX

3. Mode of Operation

Tick Only One

Single Either - Survivor of us

Both or Survivor of us Later or Survivor of us

Former or Survivor of us Other (please specify)

4. Details of Remittance

1. Cash/Cheque/Demand Draft No. _____ dt. _____ for _____ enclosed

2. Through (SWIFT) _____ dt. _____ Amount _____ sent

3. Name and Address of the Remitting Bank _____

5. Other Facilities

I intend to avail the ticked () products/services

ATM-cum-Debit Card Internet Banking

ADDITIONAL INFORMATION (OPTIONAL)

Please fill in the following information in order to help us identify your requirement for better service:

1. Educational Qualification Non-Graduate Graduate Post Graduate
 Professional (Pl.specify)
2. Your Spouse's Non-Graduate. Graduate Post Graduate Qualification
3. Family Member: Upto 10 yrs 11-20 21-45 46-60 Above 61 Total
- No. of Males + + + + =
- No. of Females + + + + =
4. How many times you have been to India in last 3 years Never 1-5 times above 5 times
5. Do you have a Credit Card Yes No SBI Card Non SBI Card

- | Assets | Total | US \$ | (Approx) |
|----------------------|--|---|--------------------------------------|
| 6. Vehicles | <input type="checkbox"/> Car | <input type="checkbox"/> Others | <input type="checkbox"/> None |
| 7. House you live in | <input type="checkbox"/> Own | <input type="checkbox"/> Rented | <input type="checkbox"/> Employer's |
| 8. Life Policy for | <input type="checkbox"/> < US\$2000 | <input type="checkbox"/> < US\$5000 | <input type="checkbox"/> > US \$5000 |
| 9. Other Investments | <input type="checkbox"/> < US\$2000 | <input type="checkbox"/> < US\$5000 | |
| | <input type="checkbox"/> > US \$5000<10000 | <input type="checkbox"/> > US \$ 10000-US \$50000 | |
| | <input type="checkbox"/> > US\$ 50000 | | |

10. Any other Assets (Specify) _____

Place : _____

Date: _____

Signature of Customer _____