



State Bank of Sikkim

ATM CARD APPLICATION FORM

For SAVINGS / CURRENT ACCOUNTS

Please fill the form in BLOCK LETTERS only. Fields marked * are mandatory.

Name of the Branch* _____ DATE.....

Account Number*

Grid for account number: 10 empty boxes

Details of First Holder

Name in full*

Grid for name in full: 15 empty boxes

Grid for name in full: 20 empty boxes

Mother's Maiden Name*

Grid for mother's maiden name: 15 empty boxes

Date of Birth*

Grid for date of birth with labels: D D M M Y Y Y Y

Name as desired on the Card* (Maximum 14 characters, should not be a nickname)

Grid for name as desired on the card: 14 empty boxes

Sex

Male Female

Permanent Address

Grid for permanent address: 15 empty boxes

Grid for permanent address: 20 empty boxes

Grid for permanent address: 20 empty boxes

Phone/Mobile

Grid for phone/mobile number: 10 empty boxes

Please paste recent Passport Size Color Photograph of First Holder here

Signature of First Holder (Please sign in BLACK)

Name

Please paste recent Passport Size Color Photograph of Joint Holder here

Signature of Joint Holder (Please sign in BLACK)

Name

FOR BRANCH USE ONLY

Details including signature verified and hereby authorized to issue the ATM Card.

Verifying Authority Details:

Name

Designation

Signature

Date_____