

DECLARATION I/We have read and understood the terms and conditions governing the opening of an account with State Bank of Sikkim and those relating to various services including but not limited to (a) ATMs (b) Phone banking (c) Debit Cards (d) Mobile banking (e) Net banking (f) Bill pay facility. I/We accept and agree to bound by the said terms & conditions including those excluding/limiting the bank's liability. I/We understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my/our account for the service charges applicable from time to time. I/We confirm that I/We am/are resident of India. I/We authorise the Bank to disclose from time to time any information relating to my account to any parent/subsidiary affiliate and associate of State Bank of Sikkim and to any third parties engaged by the Bank, for any purposes. I/We confirm that I/We am/are fully aware of schedule of charges of State Bank of Sikkim and requirement of maintaining minimum balance in the account.

Signature of 1st Applicant

Signature of 2nd Applicant

Date : ____/____/20

WITNESS :

(IMPORTANT)

Thumb Impression of the applicant should be witnessed. I hereby declare that the applicant who is illiterate/know's and signs in language other than english is fully explained the content of all norms/rules and conditions of the account he/she is opening with State Bank of Sikkim and put his hand/Thumb Impression after having fully understood the same in my presence at the bank.

NAME OF WITNESS _____ A/c. No. _____ (Signature of Witness)

SERVICES REQUIRED

1. CHEQUE BOOK REQUIRED /NOT REQUIRED First Cheque Book issued Sl.From _____ to _____
Date of Issue _____ / _____ / 20 ____

2. ATM CARD/DEBIT CARD : Please indicate desired name on the card.
1st Applicant _____
2nd Applicant _____

Annual charges as applicable may be deducted from my/our account

3. # NET BANKING

E-mail ID e.g j a y k u m a r i 2 3 @ y a h o o . c o . i n

1st Applicant _____
2nd Applicant _____

4. # MOBILE BANKING REGISTRATION

MOBILE NUMBER

MOBILE SERVICE PROVIDER (e.g BSNL/AIRTEL, etc.)

1st Applicant _____
2nd Applicant _____

5. STANDING INSTRUCTION

I/We authorise State Bank of Sikkim to debit my Account No _____ towards monthly instalment or RD as proposed above till its maturity.

2 8 1 _____

Services shall be subject to availability or as and when made available by the Bank.

I/We hereby declare that the informations provided on the form are correct.

Passport size recent photograph of 1st Applicant

Signature of 1st Applicant

Passport size recent photograph of 2nd Applicant

Signature of 2nd Applicant

Checked the details alongwith maturity date, value, interest rates and confirm opening of account.

Account Opening is confirmed.

Date : _____

Signature of Section Officer

Branch Manager / AGM

LIST OF DOCUMENTS TO BE ENCLOSED

1. Copy of PAN Card or Form 60/61
2. Copy of Aadhaar Card or Acknowledgement slip issued by UIDAI.
3. Birth Certificate

NOTE TO APPLICANT :

Availability of other services are subject to availability of infrastructure of the Bank.