

Deputy Manager (Liability Products)
State Bank of India
135 Cecil Street #01-00
Singapore 069536

For Bank's Use

Checked By:
Date:

Maintained By:
Date:

INTERNET BANKING SERVICE REQUEST FORM

Please print out this form, complete it and sign below before mailing it to the address stated above.

Personal Particulars

Full Name (as per NRIC/FIN/Passport):	Account Number (14 digits):
Mobile: Note: As SMS One-Time Passwords (OTPs) for authorizing your Internet Banking transactions are sent to this mobile number, please ensure that you have given the correct number.	NRIC/FIN/Passport:

Service Requests

Request for Internet Banking facility
(for SBI Singapore customers currently without Internet Banking facilities only. Not applicable to Savings Basic account holders)

Link Other Accounts (for single name personal accounts or single signatory joint accounts only)

Please specify account number(s): _____

Revise Daily Fund Transfer Limit
* S\$500 / S\$1,000 / S\$1,500 / S\$2,000
S\$5,000 / S\$10,000 (* - delete accordingly)

Others (please specify figure to the nearest S\$1,000):

Maximum limit allowed is S\$10,000.

Replacement Hardware Token
(please indicate reason below)

Lost/Stolen
(S\$15 fee will be debited from your account)

Non-receipt

Battery flat / Defective
(please bring your existing token to any Branch for a one-to-one exchange)

Password Request (please indicate reason below)

Password mailer not received

Cannot recall password

Account de-activated

User ID Request (please indicate reason below)

User ID mailer not received

Cannot recall User ID

By signing below, I agree to abide by the Terms & Conditions governing State Bank of India, Singapore's (SBIS) Internet Banking, and declare that the information I have given above is accurate.

Customer's Signature

Date: