Annexure-I
Application serial No

	The Branch Manager					Date:			
State Bank of India						Place:			
	B	Branch							
D C'-									
Dear Sir	,								
Sub: Lir	nking of Acco	unt(s) to l	<u>Jsername</u>	2					
I/We hav	ve internet ban	iking acces	s with the	following	g user n	ame (s):			
- Constituti		bet							
									
	nternet banking	_	-				-		umber
(Please n	nention 11 digit	A/c No. as r	mentioned	in your Pa	iss Book	/ Stateme	ent of Acc	count):	
			T					1	1
									I
which is	held in the foll	owing nam	ne(s)						
4									
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	al decidence of	ica nierk is	sem March						**************************************
		tion in 1	Cimala au				1 Anuar	30 0 C	
and the i	mode of opera	tion is []	Single or	[] Eithe	r or Sur	vivor or [] Ariyor	ie or Surv	ivor.
3. I/We r	equest that the	e Public P	rovident F	Fund acco	ount or I	-oan acc	ount hel	d in my/c	our name
3. I/We r		e Public P to the ab	rovident F	Fund acco	ount or l	oan acc e accour	ount hel	d in my/c	our name
3. I/We r may plea	request that the ase be linked lupon by login	e Public P to the ab through th	rovident F pove useri ne usernai	Fund acco name so me menti	ount or I that th oned ab	₋oan acc e accour ove.	ount hel nt(s) ma	d in my/c	our name wed and
3. I/We r	request that the	e Public P to the ab through th	rovident F pove useri ne usernai	Fund acco name so me menti	ount or I that th oned ab	oan acc e accour	ount hel nt(s) ma	d in my/c	our name wed and
3. I/We r may plea	request that the ase be linked lupon by login	e Public P to the ab through th	rovident F pove useri ne usernai	Fund acco name so me menti	ount or I that th oned ab	₋oan acc e accour ove.	ount hel nt(s) ma	d in my/c	our name wed and
3. I/We r may plea	request that the ase be linked lupon by login	e Public P to the ab through th	rovident F pove useri ne usernai	Fund acco name so me menti	ount or I that th oned ab	₋oan acc e accour ove.	ount hel nt(s) ma	d in my/c	our name wed and
3. I/We r may plea	request that the ase be linked lupon by login	e Public P to the ab through th	rovident F pove useri ne usernai	Fund acco name so me menti	ount or I that th oned ab	₋oan acc e accour ove.	ount hel nt(s) ma	d in my/c	our name wed and
3. I/We r may plea	request that the ase be linked lupon by login	e Public P to the ab through th	rovident F pove useri ne usernai	Fund acco name so me menti	ount or I that th oned ab	₋oan acc e accour ove.	ount hel nt(s) ma	d in my/c	our name wed and

	at in case of accounts held jointly, thi account is Either or Survivor or Anyon	s facility is available only if the mode ne or Survivor.						
Yours faithfully,								
Name and Signatur Account holder	re of 1 st Name and Signature of Account holder	2 nd Name and Signature of 3 rd Account holder						
FOR OFFICE USE								
Application Serial Number:								
Username	Account Number	CIF No.						
		,						
Verified that the PPF accounts and/or Loan accounts proposed to be linked belong to the user (s).								
Linking of PPF/Loan	Accounts permitted.							
DATE:		SIGNATURE OF INB OFFICER						