## (DECLARATION TO BE OBTAINED FROM PRIMARY SALARY CUSTOMER FOR ENSURING RELATIONSHIP OF FAMILY MEMBERS FOR SBI RISHTEY)

| The I   | Branch Manager,  |                     |                  |                  |              |  |
|---|--|---------------------|------------------|------------------|--------------|--|
| State   | Bank of India,   |                     |                  |                  |              |  |
|   | Branch   |                     |                  |                  |              |  |
|   |  |                     |                  | Date:            |              |  |
| Mada  | am/ Dear Sir,  |                     |                  |                  |              |  |
|   |  |                     |                  |                  |              |  |
| SBI R   | ISHTEY RELATIONSHIP V  | VITH FAMILY MEN     | IBERS            |                  |              |  |
|   |  |                     |                  |                  |              |  |
| I (Na   | me of customer) submit   | that I am maintain  | ing my salary ac | count            |              |  |
| No  | No at Branch and presently serving in  |                     |                  |                  |              |  |
|   | (Department,   | Organisation/Con    | rporate).        |                  |              |  |
| 2   | 1 11 11 11 11 11 11 11 11 11 11 11 11 1  | 6001011             |                  |                  |              |  |
| 2.  | I wish to avail facility   | of SBI Rishtey prod | uct for underno  | ted family memb  | ers who are  |  |
|   | taining Savings Bank Acc   | ount and/ or want   | to open new Sav  | ings Bank Accour | nt under SBI |  |
| Risht   |  |                     |                  |                  | ,            |  |
| Sr.   | Name of Family   | Relationship        | Existing         | *Details of      | Signature of |  |
| No.   | Member   |                     | Savings          | KYC              | Family       |  |
|   |  |                     | Bank             | document         | Member       |  |
|   |  |                     | Account          | viz. PAN         |              |  |
|   |  |                     | Number (if       | Number,          |              |  |
|   |  |                     | available)       | Voter            |              |  |
|   |  |                     |                  | Id etc.          |              |  |
| 1.  |  |                     |                  |                  |              |  |
|   |  |                     |                  |                  |              |  |
| 2.  |  |                     |                  |                  | -3           |  |
|   |  |                     |                  |                  |              |  |
| 3.  |  |                     |                  |                  |              |  |
|   |  |                     |                  |                  |              |  |
| 4.  |  |                     |                  |                  |              |  |
| 4   |  |                     |                  |                  |              |  |
| *Copy of KYC document (self-attested by family member) attached |  |                     |                  |                  |              |  |
| 2   |  |                     |                  |                  |              |  |
| 3.  | I request you to please do the needful in the matter at the earliest to enable above |                     |                  |                  |              |  |

family members to avail benefits available under SBI Rishtey product. I certify that the

information submitted is true to best of my knowledge and belief.

Yours faithfully,

(Name & Signature of Customer)