



State Bank of India,

Branch

Omni Ref No.

**INPUT FORM FOR CUSTOMER/ACCOUNT MAINTENANCE**

Existing Account No. :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MVR	USD
Name of Existing Account Holder(s) :	<input type="text"/>																		

I/We apply for following changes in my/our Customer/Account details; (Please tick which ever is applicable)

**A. OPENING OF A NEW ACCOUNT:** Currency  MVR  USD

Type of New Account: Savings Account / Current Account

**B. CHANGE IN NAME / ADDRESS / CONTACT DETAILS:**

Name:

Address:

Telephone/Mobile No.:  /

Email ID:

**C. SUBMISSION OF NEW KYC DOCUMENTS:** 1) Passport 2) National ID  
(As detailed overleaf / self attested copy attached) 3) Work Permit 4) Residential Address

**D. INCLUSION OF A NEW AUTHORISED SIGNATORY/JOINT HOLDER OF ACCOUNT:**

(Please fill the Profile Sheet overleaf and attach self - attested copy of KYC documents)

Revised Mode of Operations: Either or Survivor / Former or Survivor / Anyone or Survivor / Jointly

Name	Specimen Signature	Specimen Signature	<input type="text"/> S.V
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**E. CHANGE IN SPECIMEN SIGNATURES:**

Name	Existing Signature	New Specimen Signature (With Co. Seal, if applicable)	<input type="text"/> S.V
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Signature(s) of Existing Account Holder(s) / Signatories (1) \_\_\_\_\_ (2) \_\_\_\_\_

Date: \_\_\_\_\_

<b>For Office Use Only</b>		
A/C OPENING MODIFICATIONS AUTHORISED & COMPLIANCE CHECKED BY	DETAILS ENTERED BY	DETAILS VERIFIED BY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Scheme Code:  101  104  201  206

New A/c No.: \_\_\_\_\_

Please paste your recent passpost size photograph & sign across the photograph

**CUSTOMER PROFILE**

Name: .....  
 (First Name) (Middle Name) (Last Name)

Date of Birth: ..... Gender:  M  F

Current Address: ..... Telephone No:

Permanent Address: ..... Mobile No:

Passport No.: ..... E Mail address: .....

Nationality: ..... Place of Issue: .....

Date of Issue: ..... Date of Expiry: .....

NID / Work Permit No. .... NID / Work Permit Exp. Date: .....

1 Occupation / Nature of Business  Salaried  Self Employed  Professional  Business  Others

If Salaried, Nature of Job: .....

2 Purpose of Opening Account :  Salary Credits  Savings  Remittance  Business  Others

3 Source of Funds :  Salary  Business Income - Savings  Pension  Others

4 Annual Income (In USD equivalent)  Less than USD 10,000  USD 10,001 to 50,000  USD 50,001 to 100,000  Above 100,001

5 Overseas Address: .....  
 (If applicable) .....

6 Educational Qualifications :  Primary  Secondary (O'Level)  Diploma/ High School ('A' Level)  Graduate / Post Graduate  Others

7 Marital Status  Married  Unmarried  Others

8 Dealing with other Banks : YES / NO If Yes tick Bank :  BML  BOC  HSBC  MCB  HBL

9 Existing Credit Facilities : YES / NO If Yes tick Bank :  BML  BOC  HSBC  MCB  HBL

Details: .....

I/We confirm the above information/instructions and I/We further authorize the Bank to obtain independent verification of any data that has been provided, I/We also confirm that I/We have read and agree to be bound by the general terms and conditions, schedule of charges and funds transfer agreement executed by me/us, governing my/our accounts and in token of these, affix my/our specimen signature(s) below.

Dated: Signature of Existing Account Holder ( ) Signature of Proposed Joint Holder ( )