

To,

STATE BANK OF INDIA  
Personal Banking Department  
19 S LaSalle St, Suite 200, Chicago, IL 60603.  
Ph: (312) 621-1200-( Ext : 253/252/255), Fax - (312)-701-0232

**PLEASE FAX US THE INFORMATION AT 312- 701-0232**

**UPDATION OF ANTICIPATED ACTIVITY IN ACCOUNT:**

ACCOUNT NO. \_\_\_\_\_ NAME \_\_\_\_\_

<b>(1) Annual Family Income*:</b> <input type="checkbox"/>	
<input type="checkbox"/> < 25,000 <input type="checkbox"/> 25,000-50,000	<input type="checkbox"/> < 25,000 <input type="checkbox"/> 25,000-50,000
<input type="checkbox"/> 50,000-100,000 <input type="checkbox"/> 100,000-200,000	<input type="checkbox"/> 50,000-100,000 <input type="checkbox"/> 100,000-200,000
<input type="checkbox"/> 200,000-500,000 <input type="checkbox"/> > 500,000	<input type="checkbox"/> 200,000-500,000 <input type="checkbox"/> > 500,000
<b>Expected Annual Volume of Transactions</b>	<input type="checkbox"/> < \$10,000 <input type="checkbox"/> \$10,000 - 25,000 <input type="checkbox"/> \$25,000 - 50,000 <input type="checkbox"/> \$50,000 - 100,000 <input type="checkbox"/> \$100,000 - 150,000 <input type="checkbox"/> > \$150,000
<b>(2) End use of Funds</b>	<b>Expected Annual Volume</b>
<input type="checkbox"/> Loan Accounts ( Home Loan / Education Loan)	
<input type="checkbox"/> NRI Accounts ( Savings / Fixed Deposits)	
<input type="checkbox"/> House Construction	
<input type="checkbox"/> Others ( Personal Expenses/ Family Maintenance/ Education Expenses)	

Signature \_\_\_\_\_  
1<sup>st</sup> Account Holder

Signature \_\_\_\_\_  
2<sup>nd</sup> Account Holder

Signature \_\_\_\_\_  
3<sup>rd</sup> Account Holder

Place : \_\_\_\_\_

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