

**State Bank Of India**  
 Personal Banking Department  
 200 N La Salle Street, Suite 500, Chicago, IL 60601

Date :

Dear Sir,

**ADDITION OF NAME(S) TO MY/ OUR MMDA/CHECKING/SAVINGS ACCOUNT**

ACCOUNT NUMBER : \_\_\_\_\_

MY/OUR NAME(S) : \_\_\_\_\_

I shall be glad if you add the name(s) of \_\_\_\_\_ to the captioned account which will henceforth be operated by  **Any one** or  **Jointly with Right of Survivorship**

I have enclosed herewith the following:

1. Completely filled in Account Opening form(Form DEP - 1) with the details of New Applicant in the 2<sup>nd</sup> or 3<sup>rd</sup> applicant column of the Account Opening form
2. Application for MMD/Checking/Savings Account(Form DEP - MCS) signed by the Existing account holder(s) and the New applicant.
3. W8 / W9 form as applicable
4. Copy of Primary Photo ID(s)(to be Notarized if sent by mail) and / or Secondary ID for the New applicant as mentioned in Form DEP-1 under Identification Documents

Yours Faithfully

\_\_\_\_\_  
 (Signature(s) of Existing Account Holder)

Specimen Signature of New Applicant
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New Applicant's Signature Attested
_____ (Signature(s) of Existing Account Holder)

**VERIFICATION OF SIGNATURE AND IDENTITY**

(If you send this form by mail, please get your signature verified below by an SBI Official **OR** Notary Public **OR** and Indian Embassy **OR** Consulate):-  
**Identity should be verified from the ORIGINAL of the photo ID mentioned on Page 1 of Form DEP - 1 :-**  
**--PLEASE NOTE THAT IN ADDITION THE VERIFIER MUST ATTEST THE COPY OF THE PRIMARY PHOTO-ID OF THE NEW APPLICANT:-**

1 <sup>st</sup> Existing Customer	2 <sup>nd</sup> Existing Customer or New Applicant	New Applicant
Name:	Name:	Name:
Signature:	Signature:	Signature:
Signature and Seal of the Verifier:	Signature and Seal of the Verifier:	Signature and Seal of the Verifier:
Date of Verification:	Date of Verification:	Date of Verification:
Place of Verification:	Place of Verification:	Place of Verification:
Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)	Telephone # of the Verifier: (If Applicable)