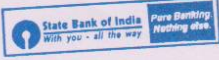


Photograph
Of The
Applicant



Application For State Bank Smart Payout Card

Date: ___/___/___

Name Of The Applicant :

First Name																				
Middle Name																				
Last Name																				

Address Of The Applicant :

Plot / House No.	
Address - 1	
Address - 2	
City	
State	
Pin	

Contact Details :

Mobile No / Telephone No. (Mandatory)	
E - Mail Id	

Other Details :

Mother's Maiden Name (Mandatory)	
Date Of Birth (Mandatory)	

I would like to apply for the state bank smart payout card
 State bank smart payout card issuance fess (for bank's use):-
 Amount of initial load / reload :-
 Total :- Rs.

Declaration
 I hereby apply for the issue of a state bank smart payout card to me and declare that. the information provided by me in this application form is true and correct and that I am a resident indian and am eligible to apply for this card I accept that. SBI is contilled at its discretion to accept or reject this application without assigning any reason whatsoever. I have read the term and conditions application to State Bank Smart Payout card. I agree to be bound by these term and conditions as may be in force from time to time. upon any use ATM or purchase via a point - of sale / e - commerce device the amount available on the card will be reduced by the

Date : _____ Signature of Applicant _____

Introduction Detail
 I/We.....HavingCIF no.....confirm that am/arean holder account number of State Bank of india for more and Personality know the Application(s) for more thenMonths/Years and confirm his/her/their identity and address as stated above.

For Official Use :
Core Banking Branch Reference number :
State Bank Smart Payout Cad Reference Number (11 Digits) :
State Bank Smart Payout Card Number (16 Digits - Supplied to Branch along with inventory) :
Valid Till...
Issued above card(s) to the applicant
Authorised official _____ Date :