



STATE BANK OF INDIA (CALIFORNIA)

APPLICATION FOR RENEWAL OF EXISTING DEPOSITS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

: \_\_\_\_\_

The Manager  
State Bank of India  
\_\_\_\_\_ Branch

Dear Sir,

I/We have the following deposit(s) with you, which are due for maturity. The particulars of the deposit(s) are as under:

- 1. TDR/STDR a/c no. \_\_\_\_\_
- 2. L.F. no. \_\_\_\_\_
- 3. Principal Amount \_\_\_\_\_
- 4. Date of Issue \_\_\_\_\_
- 5. Date of Maturity \_\_\_\_\_
- 6. Maturity Amount \_\_\_\_\_
- 7. RENEWAL INSTRUCTIONS: Please renew the deposit(s) for a further period of \_\_\_\_\_ months/year(s).

a) Please keep the original receipt(s) with you in safe custody and mail MOS and photocopy to us at the address above.

b) Please mail the original receipt(s) to us at the address mentioned above.

- 8. PAYMENT INSTRUCTIONS: Please redeem the deposit on/before due date and wire proceeds to State Bank of India (California), \_\_\_\_\_ Branch.
- 9. CHARGES: I/We authorize you to recover \$25.00 towards handling charges from the proceeds payable to me/us in the case of premature withdrawals.

Yours Truly,

S.S.No. \_\_\_\_\_  
D.L. / I.D. No. \_\_\_\_\_

Signature

STATE BANK OF INIDA (CALIFORNIA)

APPLICATION FOR CHANGE OF ADDRESS

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

Branch: \_\_\_\_\_

Name 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Old Address & Phone No.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone – Home: \_\_\_\_\_

Work: \_\_\_\_\_

Safe Custody No (s): \_\_\_\_\_

Customer No(s): \_\_\_\_\_

Account No(s): \_\_\_\_\_

Receipt No(s): \_\_\_\_\_

Signature