

STATE BANK OF INDIA(CALIFORNIA)  
APPLICATION FOR CHANGE OF ADDRESS

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

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

Name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Old Address & Phone No: \_\_\_\_\_

New Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

Customer No(s)/ \_\_\_\_\_

Account No(s)/ \_\_\_\_\_

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

Signature: \_\_\_\_\_