

Date : _____

The Branch Manager
State Bank of India
_____ Branch
India

Dear Sir,

CONSENT FOR USE OF INFORMATION FURNISHED IN RELATION TO SAVINGS/CURRENT/DEPOSIT ACCOUNT WITH STATE BANK OF INDIA

I/we understand that the State Bank of India (SBI) will use the information furnished by me/us in relation to the application dated _____ for opening my/our Savings / Current / Deposit Account or my such existing accounts* (including the information modified or updated in the Bank's records/ system subsequently). In accordance with the applicable laws of India and/or, to the extent applicable and necessary, with any foreign laws on data protection, as amended or updated or promulgated from time to time. The said information will be used solely for the purpose of opening, maintaining and operating my/our account and account(s) opened subsequently and processing transactions initiated by me/us in those accounts.

2. State Bank of India may share my/our personal data with, and obtain personal data about me/us from, within State Bank Group, credit reference agencies or Indian regulatory agencies or fraud prevention agencies for use in verifying my identity, credit decisions and for fraud and money laundering prevention.

3. State Bank of India may send NRI Newsletter or information about special offers I/we may be entitled to or about products and services available from the State Bank Group that may be of interest to me/us etc. I/we prefer following mode of communication (please tick the relevant boxes);

Email Phone SMS No, I am not interested in receiving any such newsletter or information

4. However, SBI will update me/us on required changes regarding servicing my/our account. SBI will communicate to me/us about the banking transactions through Phone/Mobile No./e-mail provided by me/us.

Yours faithfully,

Signature

(_____)
Primary Account Holder

Signature

(_____)
Secondary/joint Account Holder

* Account No. : _____

(In case of obtaining it from existing customers at the time of re-KYC)