

STATE BANK OF INDIA EMPLOYEES' (M.S. PATEL) CO-OP. CREDIT SOCIETY LTD., MUMBAI

K.Y.C. & MANDATE OF DIVIDEND / OTHER CREDIT

From:

Membership No.:

Member's Name : _____

| |
|----------------------------|
| For office use only |
| Inward No: |
| |
| Entry by: |
| Checked by: |

To
HON. SECRETARY & CEO
SBI EMPLOYEES'(M.S.PATEL)
CO-OPERATIVE CREDIT SOCIETY LTD.,
SBI, MUMBAI MAIN BR. BLDG, FORT
MUMBAI SAMACHAR MARG, MUMBAI 400 023

Posted at Branch Name & Code

Bank's Provident Fund No:

Date of Joining Bank

| Day | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of Confirmation in Bank

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Date of Birth (As per Bank's Record)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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BRANCH CODE

Branch Tel. with STD

PAN CARD NO.

AADHAAR NO.

Residential Address

Line-1

Line-2

District State Pin Code

Tel.No. (std code) Mobile No.

e-mail ID _____

MEMBER'S MANDATE TO RECEIVE DIVIDEND / OTHER CREDIT THROUGH CORE TRANSFER (CBS)

Bank STATE BANK OF INDIA

Bank Account (CBS) Number *

*** Please attach a "cancelled" cheque.
Preferably give your Salary A/c (CBS) of State Bank of India only.**

I, hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incorrect information, I would not hold the SBI Employees'(M.S.Patel) Co-op. Cr. Society Ltd., Mumbai responsible.

Place:

Date:

#

Signature of member in Black Ink

Please sign with **BLACK INK** only
Please send the form duly filled to Society's office.

Name: _____