

**ONLINE SBI**  
**REGISTRATION FORM FOR CINB 'Saras'**

To  
The Branch Manager  
State Bank of India

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I/We wish to register as a CINB 'Saras' user of 'OnlineSBI', SBI's Internet Banking Service.

Name of Firm \_\_\_\_\_

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

Mobile Number: 

+91																			
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(mandatory)

Landline Telephone No. with STD Code \_\_\_\_\_

E-Mail: \_\_\_\_\_

My/Our Account Numbers																			

I/We have read the provisions contained in the "Terms of service document" of "OnlineSBI" and accept them. I/We agree that the transactions executed over OnlineSBI under my/our Username and Password will be binding on me/us.

\_\_\_\_\_  
Signature  
Authorised signatory of the firm

Place: \_\_\_\_\_

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