

To
The Branch Manager
State Bank of India

Date: ____/____/____
(DD / MM / YYYY)

Branch: _____

I wish to register as a user of "OnlineSBI", SBI's Internet Banking Service. Please find below my details:

A. CUSTOMER DETAILS (To be filled by customer)

1. Name of Customer* (as per bank records):

2. Date of Birth* (DD/MM/YYYY):

____/____/____

3. Gender*:

☐ Male

☐ Female

☐ Other

4. PAN (Optional):

5. Aadhaar Number (Optional):

6. Mobile Number* (with ISD code, e.g. +91 for India):

+ 91 _____

7. E-mail Address:

B. ACCOUNT DETAILS (To be filled by customer)

S. No.	Account Number*	Account Type (Savings / Current / OD / Other)	Single / Joint Account*	Preferred Alias (For Display Purpose)
1				
2				
3				

C. TYPE OF RIGHTS REQUESTED (To be filled by customer)



Viewing Rights

(For balance enquiry, statement, and non-financial services)



Transaction Rights

(For funds transfer, bill payments and other permitted transactions)

D. ACTIVATION PREFERENCE (To be filled by customer)



I have a Debit Card

(I wish to activate Internet Banking using my existing bank debit card)



I do not have a Debit Card

(I understand that branch activation may be required as per bank's process)

E. ADDITIONAL SERVICES (Optional - subject to availability)



Enable High Security Options

(As per bank's current features)



Enable for e-Statement / e-Advice



Enable for UPI / Other Linked Services

(As per eligibility)

F. DECLARATION (To be filled by customer)

- I have read and understood the Terms of Service (Terms & Conditions) of "OnlineSBI" available on the Bank's website and I accept them.
- I agree that all transactions performed using my Username and Password will be treated as being done by me and shall be binding on me.
- I will keep my login credentials, passwords, OTP and other authentication details confidential and will not share them with anyone.
- I am aware of the security guidelines and will follow safe banking practices.
- I declare that the information provided above is true and correct and it matches the records available with the Bank.

Customer's Signature

Date: ____/____/____
(DD / MM / YYYY)

G. FOR BRANCH USE ONLY

CIF Number	_____	Branch Code	_____
Account Verified (Y/N)	☐ Yes ☐ No	Mobile Number Verified (Y/N)	☐ Yes ☐ No
Registration Request Type	☐ View Rights ☐ Transaction Rights	Activation Mode	☐ With Debit Card ☐ Branch Activation
Processed By (Emp. Code)	_____	Authorised By (Emp. Code)	_____
Branch Stamp	_____	Date of Activation	____/____/____ (DD / MM / YYYY)