



Customer Relations Officer/ Branch Manager,
 State Bank of India,
 _____ Branch
 Republic of Maldives.

E mail: cro.sbimale@statebank.com

CUSTOMER CONTACT DETAILS UPDATE (INPUT FORM)

Account Number: _____

Account Name: _____

CHANGE IN CONTACT DETAILS

Cell Phone: _____

Work/Home Phone: _____

E mail: _____

Note: Please attach a self-attested copy of your identification (Passport/Work Permit/NID) along with this application form.

I/We confirm the above information/instructions and I/We further authorize the Bank to obtain independent verification of any data that has been provided, I/We also confirm that I/We have read and agree to be bound by the general terms and conditions, schedule of charges and funds transfer agreement executed by me/us, governing my/our accounts and in token of these, affix my/our specimen signature(s) below

**Name/Signature
Date:**

**Name/Signature (Joint Account Holder)
Date:**

For Office Use

**Account holder(s) signature(s) verified
Allowed contact details updation**

Details updated in CRM

(CRE/CRO)
Date:

(Assistant)
Date: