

ONLINE SBM
REGISTRATION FORM FOR CINB 'Sarat'

To
 The Branch Manager
 State Bank of Mysore

I/We wish to register as a CINB 'Sarat' user of 'OnlineSBM', SBM'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 "OnlineSBM" and accept them. I/We agree that the transactions executed over OnlineSBM under my/our Username and Password will be binding on me/us.

Place: _____

Signature

Authorised signatory of the firm

Date: _____