

Photograph
of the
Beneficiary

Application for State Bank Smart Payout Card

Date: _ / _ / _ _ _ _

Name of the Beneficiary:

First Name																				
Middle Name																				
Last Name																				

Address of the Beneficiary:

Plot/House No.																				
Address-1																				
Address-2																				
City																				
State																				
PIN																				

Contact details of the Beneficiary:

Mobile No/ Telephone No (Mandatory)																			
E-Mail ID																			

Other details of the Beneficiary:

Mother's Maiden Name (Mandatory)																			
Date of Birth (Mandatory)	DD	MM	YYYY																

I would like to apply for the State Bank Smart Payout Card

State Bank Smart Payout Card issuance Fees (for Bank's use):-

Amount of Initial Load/Reload:-

Total:- Rs.

Declaration:

I hereby apply for the issue of a State Bank Smart Payout Card to me and declare that the information provided by me in this application form is true and correct and that I am a Resident Indian and am eligible to apply for this card. I accept that SBI is entitled at its discretion to accept or reject this application without assigning any reason whatsoever. I have read the terms and conditions applicable to State Bank Smart Payout Card. I agree to be bound by these terms and conditions as may be in force from time to time. Upon any use at ATM or purchase via a point-of-sale/e-Commerce device the amount available on the Card will be reduced by the amount of such /withdrawal /purchase plus service charges, if any. I undertake to sign on the signature panel at the back of the card immediately on receipt.

Date:

Signature of Beneficiary

Introduction Details:-

I/We.....having CIF no 87692014 ..confirm that I am/are holder of account number 34208225075 ..of State Bank of India for more than six month and personally know the beneficiary(s) for more than Months/years and confirm his/her/their identity and address as stated above.

For Jaikisan FinServ Pvt. Ltd



Authorized Signatory

Signature of Corporate/Account Holder

For official use:

Core Banking Branch Reference number: _____

State Bank Smart Payout Card Reference number (11 digits): _____

State Bank Smart Payout Card Number (16 digits - supplied to branch along with inventory): _____

Card Valid till _____

Issued above card(s) to the Corporate/applicant:

Authorised official

Date: _____