SBI UK

Debit Card application form for Instant Access Savings Account/Current Account

Please Provide Your Account Number & Sort Code

For Officer use

Customer Identifier .....

1. Personal Details

Title — Mr | Mrs | Ms | Other

First Name

Middle Name

Surname

Date of Birth

Passport Number

Date of Issue

Date of Expiry

Country of Issuance of Passport

National Insurance Number

Mother's Maiden Name

Home Telephone Number

Mobile Number

By giving us your mobile number, you have agreed to register for MasterCard Secure Code for using your Debit Card for Internet based online payments

E-mail

(By giving us your e-mail address, you agree we may send you emails to service your account)

Current Address (House / Flat Number / Name)

Postcode

Country

2. Employment Details

Name of Employer

Address

Gross Annual Income

3. Debit Card

Name to be displayed on Debit Card (Not more then 25 characters)

4. Declaration

I, the undersigned, request State Bank of India (UK) Limited to issue me with a Debit Card on my SBI UK.

I confirm that I have been provided with a copy of the Bank's Terms and Conditions which I have read and I understand these form part of my contract with the Bank. If there is anything in the Bank's Terms and Conditions which I do not understand or wish to discuss I will contact customer services on 0800 532 532 at the Bank before signing this form.

I understand that the State Bank of India (UK) Limited will process personal data supplied by me in relation to this [application for a in accordance with the General Data Protection Regulation and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time. The personal data supplied will be processed solely for the purpose of and at all times in accordance with the State Bank of India (UK) Limited's Privacy Policy, a copy of which can be found here: https://www.sbiuk.com/footer/bottomfooter/privacy-policy

State Bank of India (UK) Ltd would like to send me information about special offers I may be entitled to or about products and services available from the State Bank Group that may be of interest to me. I only agree to being contacted in this way via the following methods:

Please contact me by:
Post ❑ Email ❑ Phone ❑ SMS ❑

I agree to provide to the Bank in writing notice of any changes to my personal details or my circumstances which are provided in this form.
A separate form will be required from each individual in a joint account.

Applicant Signature

Date