

Annexure-IV

(DECLARATION TO BE OBTAINED FROM PRIMARY SALARY CUSTOMER FOR ENSURING RELATIONSHIP OF FAMILY MEMBERS FOR SBI RISHTEY)

The Branch Manager,
State Bank of India,
_____ Branch

Date: _____

Madam/ Dear Sir,

SBI RISHTEY
RELATIONSHIP WITH FAMILY MEMBERS

I (Name of customer) submit that I am maintaining my salary account No. _____ at _____ Branch and presently serving in _____ (Department/ Organisation/ Corporate).

2. I wish to avail facility of SBI Rishtey product for undernoted family members who are maintaining Savings Bank Account and/ or want to open new Savings Bank Account under SBI Rishtey:

| Sr. No. | Name of Family Member | Relationship | Existing Savings Bank Account Number (if available) | *Details of KYC document viz. PAN Number, Voter Id etc. | Signature of Family Member |
|---------|-----------------------|--------------|-----------------------------------------------------|---------------------------------------------------------|----------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

*Copy of KYC document (self-attested by family member) attached

3. I request you to please do the needful in the matter at the earliest to enable above family members to avail benefits available under SBI Rishtey product. I certify that the information submitted is true to best of my knowledge and belief.

Yours faithfully,