

**ATM REGISTRATION FORM FOR SBI & ASSOCIATE BANK
ACCOUNT HOLDERS**

To,
**The Manager, Policy Servicing,
 SBI Life Insurance Company Ltd,
 Central Processing Center,
 Plot 3A, Sector 10, CBD Belapur,
 Navi Mumbai- 400116**

NAME OF THE POLICY HOLDER
 AS MENTIONED IN THE ACCOUNT

CURRENT/SB ACCOUNT NUMBER*

ATM / SBI DEBIT CARD NUMBER *

EXPIRY DATE* (if applicable)

(PLEASE ATTACH THE PHOTO COPY OF THE ATM CARD)

NAME OF THE BANK* -- STATE BANK OF

ADDRESS OF BANK BRANCH*

CITY

STATE

BRANCH ID* (MICR Code)

E-MAIL ID

SIGNATURE OF THE ACCOUNT HOLDERS*

1)

2)

Declaration of Branch Manager*

I here by confirm that the Mr / Mrs / Ms_____ is a SB / Current account holder of our branch and the details given above tally with our records.

SIGNATURE

SEAL

SBI LIFE POLICY DETAILS

POLICY NUMBER	NAME OF POLICY HOLDER	PREMIUM
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

