

To

The CSP-In-charge,

SBI CSP: 1A79.....,

Location: \_\_\_\_\_

District: \_\_\_\_\_

State: \_\_\_\_\_

Ref.: My SBI Tiny Savings Fund Account no.: \_\_\_\_\_

Reg.: Opening of new Recurring Deposit (RD) Account at your Kiosk

Dear Sir,

With reference to the above, we request you to open a Recurring Deposit account for a minimum deposit of Rs. \_\_\_\_\_ per month for a period of \_\_\_\_\_ months.

(1) I declare that the nomination given in Savings Fund account will be applicable in the RD A/C also.

(2) I promise that I will maintain proper balance in my Savings account and that I will visit every month to the CSP for biometric confirmation of debiting of my account for payment of RD installments.

Your faithfully

SIGNATURE

Place:

Name:

Date:

Mobile no.: