**ACCOUNT TRANSFER REQUEST**

To,                                                                            From: Name:

The Branch Manager                                               Address………………………..

State Bank of India                                                    ……………………………………

(Name of the Branch)                                               ……………………………………..

(Branch Code)                                                          Mobile No.:………………………..

Madam/ Dear Sir,

**Request for my /our SB/RD/Term Deposit Account Transfer**

**A/c No. /No.s…………..**

**From (Branch Name- Code) to (Branch Name- Code)**

1. I/We hold the above account/accounts with …………… (Branch Name- Br. code).
2. I /We request you to transfer the captioned account(s). The new address proof is enclosed/ shall be provided within 6 months at the transferee branch.
3. I/We request you to transfer/not transfer the CIF. (applicable where all accounts are not transferred. Where all accounts are transferred or there is only a single account, the CIF will be mandatorily transferred.)
4. I/We understand that if CIF is not transferred, my Home Branch will continue to remain the same.

Please arrange accordingly.

Yours faithfully,

(Applicant’s Name/Names)