



भारतीय स्टेट बैंक
State Bank of India
Corporate Centre - Mumbai

e-Circular

SYSTEMS AND PROCEDURES.

Sl. No. : 829/2014 - 15

Circular No. : NBG/S&P-MISC/6/2014 - 15

Saturday, October 11, 2014.

MASTER CIRCULAR

Banking Facilities to Visually Challenged



STATE BANK OF INDIA
OP & SP Department
CORPORATE CENTER, MUMBAI

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Circular No: S&P/2014-15/MC/01

30th September, 2014

All Branches / LHOs

Madam / Sir,

MASTER CIRCULAR
Banking Facilities to Visually Challenged

Circulars / instructions containing operating instructions on the subject “Banking Facilities for Visually Challenged” have been issued from time to time. To enable the operating functionaries to have current instructions at one place, a Master Circular incorporating all the existing Circulars / instructions has been prepared and is appended. We advise that this Master Circular consolidates all the previous instructions issued up to 30 September 2014 vide Circulars listed in the Appendix.

Yours faithfully,

Sd/-

Deputy Managing Director & CDO

1. Background:

Bank's instructions on extension of deposit account facility to Blind / visually Challenged Persons are contained in **Book of Instructions Volume II, Deposits Chapter 3 and 4**. In tune with the changing banking scenario in the country the banking facilities to Blind / visually challenged persons have been further enlarged in light of supervisory and regulatory guidelines from Reserve Bank of India received from time to time.

2. Facilities Available:

All Banking facilities discussed hereunder which can be availed by the Blind / visually challenged persons are subject to usual terms and conditions governing such facility as applicable to normal customers. Any specific requirements / safeguards as mentioned here against the respective facility are in addition to the said usual terms and conditions governing such facility. Following Banking facilities as available to individuals in general are available to the Blind / visually challenged individuals as well.

- 1. Deposit Accounts*
- 2. ATM Cards*
- 3. Internet Banking*
- 4. Safe Deposit Lockers*
- 5. Loans*

2(1). Deposit Accounts:

A) General:

- i) A Blind / visually challenged person can open ordinary or cheque operated deposit account in his / her sole name or jointly with other person(s) or in the names of sole proprietorship concerns / firms / partnerships where a Blind / visually challenged person(s) is / are involved.
- ii) For opening Savings Bank account in the name of a Blind / visually challenged person two copies of the recent photograph of the Blind / visually challenged person should be obtained, one copy being pasted on the account opening form and the other on the pass book duly attested by the authorized official.
- iii) A prominent remark or by means of a rubber stamp indicating that the depositor is Blind / visually challenged will be made on the account opening form and in the system under the initials/authentication of a supervising official.
- iv) If a Blind / visually challenged person is illiterate, or literate but unable to sign uniformly, his thumb impression should be obtained as a rule on the account opening form, pay-in slips and the withdrawal order forms and all the other precautions prescribed for the opening and conduct of accounts of illiterate depositors will be followed.
- v) However, if a Blind / visually challenged person is literate and he is in a position to sign uniformly, he may put his signature on the account opening form, pay-in slips and the withdrawal order forms.

vi) **Self Operated Cheque Facility:**

Blind / visually challenged depositors if they so desire are allowed to operate their accounts, through self-drawn cheques subject to the following:

- If a Blind / visually challenged depositor is able to sign the cheques consistently.
- If the Blind / visually challenged depositor(s) feel(s) that his/her/their signature may not exhibit consistency due to the impairment / some other infirmity and do/does not mind branding **“CARE – Depositor Blind / visually Challenged”** stamp(**Deposits Annexure C(i)**), in order to avoid the ‘cheque being returned unpaid’ on account of ‘**difference in the signature**’, in such cases, the depositor on receiving the cheque book from LCPC, should bring it to the Bank and make a written request for branding of cheques with a caution stamp and / or attestation of the thumb impression affixed on the cheques.
- The Bank official with the written consent of the customer shall arrange for branding of the caution stamp **"CARE-DEPOSITOR BLIND / VISUALLY CHALLENGED"** (**Deposits Annexure C(i)**) on the cheque book (each cheque leaf) to alert the Bank officials /operational staff.
- The thumb impression of the account holder duly affixed on the cheque should be duly authenticated by the bank official under his Signature and SS No., along with the bank stamp/seal as per the prescribed format **Deposits Annexure-C (ii &iii)**.
- To enlarge the scope of banking facilities to the Blind / visually challenged persons, they may be allowed to issue “Post Dated Cheques” to banks and financial institutions.
- Crossed cheque book for specific purpose like payment of loan, utility bills etc. may be issued to the Blind / visually challenged depositors, if requested. Or else, the cheques should be crossed at the time of issue.
- In case of ‘self operated cheque facility account’ of Blind / visually challenged depositors, the third party cash payment of self drawn cheques is permitted.
- On the request of a Blind / visually challenged account holder, the Bank should issue cheques in the name of the specified payee to make periodic payments for the retail loans, utility bills etc. Bank official will facilitate in filling up the cheque in the presence of the Blind / visually challenged account holder.
- At the time of issuing such cheque(s), thumb impression of the account holder should be duly affixed on the cheque and authenticated by the bank official under

his signature and SS No. along with the bank stamp[**Deposits Annexure C(ii & iii)**]]where Blind / visually challenged depositor is unable to sign consistently.

- Where Blind / visually challenged depositor is unable to sign consistently, Cheques drawn under his/her signatures shall be dishonored when presented for payment in case his/her thumb impression affixed on the cheque is not attested by the Bank official.
- For cash withdrawals the Blind / visually challenged person should personally present herself/himself before the Bank official who will facilitate in filling up the cheque.
- The Blind / visually challenged account holder(s)/ prospective customers need to be informed/explained about his/her rights and liabilities before/at the time of opening the account, by reading out to them about his / her rights and liabilities under the arrangement as carried in Deposits Annexure A/Bas applicable. Declaration on prescribed Format (**Deposits Annexure A/B**) duly signed by the account holder(s), should be obtained in duplicate. One copy filed separately at the Branch, shall remain in the custody of the Division/Branch Manager, whereas, the duplicate copy shall be annexed to the account opening form when forwarding it to the LCPC.

B) Savings Bank and Current Accounts:

- i) In all cases where a withdrawal order form or a pay-in slip is presented by the Blind / visually challenged depositor, a supervising official will ensure, after making enquiry with the Blind / visually challenged person, that the correct amount has been entered therein; in the case of withdrawals, a supervising official should satisfy himself that the correct amount is paid. An official making verification of this nature will record on the relative voucher the fact of having made the necessary enquiries.
- ii) Except for the extra care to be taken in handling cash payment to the Blind / visually challenged depositor, all other rules relating to withdrawing amount through withdrawal slip are the same for both the “literate depositors” and “literate Blind / visually challenged depositors”.
- iii) When a Blind / visually challenged person is unable to be present personally for withdrawal of money, his signature or thumb impression on letter of authority for withdrawal indicating to the Bank as to who would receive the money from the Bank should be duly attested by two persons known to the Bank or a magistrate under his court seal and the pass-book should accompany the letter of authority for such withdrawal.

- iii) **Cheque Operated Accounts:**
- a) The Blind / visually challenged person may operate the account singly (i.e. self operated or through a power of attorney) or jointly with any other person as given below:
- (I) **Operation by cheque in the account in sole name of a Blind / visually challenged Depositor.**
- (i) Operation by cheque in the Blind / visually challenged depositor's account in the sole name may continue to be permitted, under the signature of a duly constituted 'power of attorney' of the account holder.
- (ii) Where the depositor declines to operate her/his account in the 'sole name' through a power of attorney and insists on self operated cheque facility account, her/his request maybe acceded to as per the terms and conditions of **Self Operated Cheque Facility** enumerated earlier.
- (II) **Operation by cheque in the joint account of blind / visually challenged depositor(s)**
- (i) Where one of the depositors is Blind / visually challenged person, a joint account, to be operated by 'either or survivor' or 'anyone of us or survivor(s)' may be opened.
- ii) The Blind / visually challenged depositor can operate the account through use of self operated cheque facility as per the terms and conditions of **Self Operated Cheque Facility** enumerated earlier while the co depositor, who is not Blind / visually challenged / Blind / visually challenged, is allowed to operate on the account by means of cheques normally.
- (ii) In case, both / all the joint account holders are Blind / visually challenged / Blind / visually challenged, then the account will be operated as given below:
- 1) Under the duly constituted attorney of the (Blind / visually challenged / Blind / visually challenged) joint account holders.
- 2) Where the Blind / visually challenged depositors/account holders decline to operate their 'cheque facility account' in joint names through a 'power of attorney' and insist on 'self /jointly operated cheque facility account', their request may be acceded to, as per the terms and conditions of **Self Operated Cheque Facility** enumerated earlier.

"Specific terms and conditions enumerated for self operated cheque facility shall be applicable to all cheque operated accounts whether in sole name or jointly with other persons where customer insists on such a facility."

C) Time / Term Deposits:

- i) Term deposits may be accepted from Blind / visually challenged depositors on the same terms as for other depositors; the procedure to be followed will be same as that for savings bank accounts in the name of Blind / visually challenged persons. The photograph of the depositors will be renewed after three years in case of deposits held for periods exceeding three years. These instructions will be diarised and necessary arrangements for obtaining fresh photographs made at the appropriate time.
- ii) In respect of amounts tendered for deposit the Cash Officer will sign the application form (i.e. COS 100R) after ascertaining from depositor the name(s) of the depositor(s), the period and the amount of the deposit and will authenticate each of these items on the application form.
- iii) While effecting periodical payment of interest to Blind / visually challenged depositor(s) not maintaining his/her Saving Bank account with us, the procedure laid down for passing savings bank withdrawals will be followed. Where the depositor does not call at the Bank personally to receive payment of interest, a banker's cheque should be issued in his / her favour which should be paid exercising safeguards as applicable to saving bank withdrawals by Blind / visually challenged depositor(s).
- iv) At the time of maturity of a deposit, the deposit shall be paid / rolled over in usual course as applicable in case of other depositor(s).
- v) The procedure for closing of saving bank accounts will be followed for repaying deposits.
- vi) Official signing a deposit advice should explain to the depositor the implications and conditions attached to payment of interest or roll over or repayment and append a suitable certificate of his having done so on the reverse of the application form.

2(2). ATM Card Facility:

Blind / visually challenged persons can avail of facilities to operate their accounts through use of ATM cards at par with those of the normal persons except that in such cases a declaration in the prescribed format **ATM Annexure-** I to the effect that all rules and regulations governing operation of the ATM facility have been explained to card holders in language known to them and that they shall ensure safekeeping of PIN and ATM card issued to me.

2(3). Internet banking facility:

- i) Access to the internet banking services for the visually challenged customers is available at our regular internet banking site <https://www.onlinesbi.com>.
- ii) For availing internet banking facility, a visually challenged customer should have a Savings Bank/Current account at the branch as per the guidelines issued by Bank and can avail all facilities as available to other customers .
- iii) Internet banking facility shall be provided by the branch maintaining account for visually challenged customer after receiving his/her request for internet banking facility on the prescribed registration form (**Internet Banking Annexure - B**), with terms of services for visually challenged customers (**Internet Banking Annexure – C**).
- iv) After verification of details, branches may issue a normal PPK or fax the request for issuing “Braille Pre Printed Kit” to Internet Banking Department, GITC on Fax No.022-27563478 as per Internet Banking **Annexure – D**.
- v) The kit would be dispatched by the Internet Banking Department at GITC to the Branch for onward delivery to the visually challenged customer, after successful mapping of his/her account through Branch Admin interface site (192.168.25.52) and after completing registration process in CBS as per procedure given in **Internet Banking Annexure –A**.
- vi) The facility of Deadman’s switch will be available for visually challenged customers in the Bank’s regular INB site which allows the Blind / visually challenged customers to lock their whole application at any unavoidable circumstances or if they are overpowered . The procedure for opening the lock is explained in **Internet Banking Annexure –A**.

2(4). Safe Deposit Locker Facility:

- a) Safe Deposit Locker can be allotted in the name of blind / visually challenged person(s), literate or illiterate, single or jointly with other person provided he/she is a customer of the Bank having a Savings Bank Account with us.
- b) Literate visually challenged locker hirer(s) will also be required to put his /her /their thumb impression along with his/her/ their signature and depending upon the availability at the branch, blind / visually challenged person shall be allotted lockers with hinges or with an additional (personal) locking facility, as a confidence building measure. Not using personal lock should be the choice of the locker hirer.
- c) **In case of lockers allotted in the sole name of the Blind / visually challenged, he / she can operate the locker**

i) **Through a power of attorney holder.**

Bank can accept notarized "Power of Attorney" in favour of another person who will operate the locker on behalf of the visually challenged person. Thereafter the bank may allow operations under the signatures of duly authorized person having notarized power of attorney.

ii) **Self Operated Locker Facility**

He/She can be allowed to avail self operating locker facility if he / she is capable of recognizing the articles kept in the locker and also capable of placing articles in the locker and withdrawing the same without the assistance of any other person, on furnishing undertaking to this effect in the prescribed format **SDL Annexure A**, subject to the following conditions. **(Undertaking to this effect is included in indemnity cum undertaking).**

- The Locker hirer may be clearly informed that Bank is not responsible for the contents kept in the locker. This clause has been included in the letter of Undertaking.
- Locker can be operated by the hirer singly. Locker access register should always be signed by the Blind / visually challenged person in the presence of a person known to the bank who should sign as a witness. While such a witness should be preferably customer of the Bank, a Bank official other than the Locker in charge may also sign as a witness.
- Any operation carried out in the locker, by the, hirer is at his own risk and bank is not liable for any claim made at a future date.
- As soon as the locker operation is over, supervisor-in-charge of lockers should go personally to the locker room and verify that the particular locker cabinet is securely locked and that no item has been left out in the locker room. This has to be done, before allowing any other person to carry out their locker operations.
- The hirer should be informed by the supervisor, before the applicant leaves the branch premises, that he has verified the locker cabinet and that it has been securely locked and that no item has been left out in the locker room. This would enhance the confidence of the locker applicant.
- **A declaration from the** hirer for being informed by the bank official on the above lines may be obtained duly countersigned by the Supervisor-in-Charge of lockers. This declaration should be taken on the reverse of the Locker Access sheet with following wordings:

"I declare that I have been informed by the Locker In charge that my locker cabinet has been closed securely".

b) In case of lockers allotted in the name of blind / visually challenged person(s) jointly with other person(s)

(i) Where one of the joint hirers is not blind / visually challenged:

Blind / visually challenged person may have joint operation facility where one of the cohirers is not Blind / visually challenged. Following procedure will be followed in such cases:

1. Where one of the hirer is Blind / visually challenged, a locker in joint names may be allotted. Co-hirer, who is not Blind / visually challenged, may be allowed to operate the locker jointly with the Blind / visually challenged hirer.
2. At no point of time, the joint account holder, without the presence of the Blind / visually challenged account holder, is permitted to operate the locker.
3. Signature in Locker access register should be done by Blind / visually challenged person as well as by joint locker holder in the presence of a person known to the bank who should sign as a witness.

(ii) Where all the joint account holders are blind / visually challenged:

In case of joint operation with E or S, any one of us or survivor(s) or any other mode of joint operation, where all hirers are Blind / visually challenged and if they insist on jointly operated locker facility and are prepared to furnish the undertaking to this effect, then the locker facility shall not be denied to them.

5. Loans & Advances:

Blind / visually challenged persons can avail Personal and Education loan facilities from the Bank provided they fulfill the relative scheme criteria.

Deposits Annexure 'A'
(for Individuals)

State Bank of India
..... **Branch**

Date.....

Dear Sir,

OPENING OF AN ACCOUNT IN MY SOLE NAME

At my request you have agreed to open /opened an account in my name. In consideration of your agreeing to open /having opened such an account, I agree and undertake with you as follows:

2. All the rules and regulations governing the opening and operation of the 'with cheque facility'/'with self-operated cheque facility'/'without cheque facility' SB/CA no. Account, which is in my name have been read out and explained to me by [name & designation of the branch official] of the Branch and I have understood them and their full implications. I understand that I should ensure the safekeeping of the cheque books, passbooks, statements of accounts etc., issued to me so that they do not fall into unauthorized hands. I also understand that when I sign a cheque, the other contents of the cheque like amount, name of the payee etc. are being filled in by me/others designated by me and I will ensure that the correct information is entered and have been properly and faithfully read out to me. I am alive to and conscious of, all the risks in these processes and I hereby, undertake that in case, any misuse of these cheque books, passbooks processes etc. occurs with or without my knowledge, resulting in any fraud, loss or inconvenience to me/any other persons, I shall be assuming full responsibility for all such consequences, losses etc. and I will not hold the Bank in any way liable/responsible for any fraud, losses, damages caused due to the operation of the said account by me.

3. In case of operation of the said account by my constituted attorney, I assume full responsibility for his/her action and will not hold the Bank in any way liable/responsible for any losses, damages etc. caused due to the operation of the said account by her/him.

4. I feel (strike off if not applicable) that my signature may not exhibit consistency due to the vision impairment or some other infirmity. In order to avoid my cheques from being 'returned unpaid on account of difference in the signature' I do not mind getting my cheques branded – "CARE – Depositor Blind / visually Challenged" and while issuing cheque(s) I shall put my thumb impression in addition to my signature, which shall be witnessed by the Branch Manager/Divisional Head as per Bank's laid down procedures.

Yours faithfully,

.....

(Signature of the account holder)

|
|
|
|
|
|

Witnessed by

Name:

Address:

Signature:

Deposits Annexure 'B'
(for Joint Accounts)

State Bank of India
..... **Branch**

Date.....

Dear Sir,

OPENING OF AN ACCOUNT IN OUR JOINT NAMES

At our request you have agreed to open/opened joint account in our name to be operated by us jointly or in the style of 'Either or Survivor / Anyone of us or Survivor(s) / Former or Survivor(s) / Latter or Survivor(s) etc.

2. One of us/some of us namely Sri/Smt/Km
..... aged years & Sri/Smt/Km.....
..... aged years **or** both of us/all of us are Blind / visually challenged.

3. In consideration of your agreeing to open/having opened such an account, we agree and undertake with you as follows:

4. All the rules and regulations governing the opening and operation of the - 'with cheque facility' / 'with self-operated cheque facility' / 'without cheque facility' SB/Current Account no....., which is in our name have been read out and explained to [name(s) of the Blind / visually challenged account holder(s)] Sri/Smt/Km....., Sri/Smt/Km..... & Sri/Smt/Km..... by shri..... [name & designation of the branch official] of theBranch and we have understood them and their full implications. We understand that we should ensure the safekeeping of the cheque books, passbooks, statements of accounts etc., issued to us so that they do not fall into unauthorized hands. We also understand that when we sign a cheque, the other contents of the cheque like amount, name of the payee etc. are being filled in by us/others designated by us and we will ensure that the correct information is entered and have been properly and faithfully read out to us. We are alive to and conscious of all the risks in these processes and we hereby undertake that in case any misuse of these cheque books, passbooks processes etc. occurs with or without our knowledge, resulting in any fraud, loss or inconvenience to us/any other persons, we shall be assuming full responsibility for all such consequences, losses etc. and we will not hold the Bank in any way liable/responsible for any fraud, losses, damages caused due to the operation of the said account by us.

5. In case of operation of the said account by our duly constituted attorney, we assume full responsibility for his/her action and will not hold the Bank in any way liable/responsible for any losses, damages etc. caused due to the operation of the said account by her/him.

6. We feel (strike off if not applicable) that our signature(s) may not exhibit consistency due to the vision impairment or some other infirmity. In order to avoid our cheques being 'returned unpaid on account of difference in the signature(s)' we do not mind getting our cheques branded – "CARE – Depositor(s) Blind / visually Challenged" and while issuing cheque(s) we shall put our thumb impression(s) in addition to our signature(s), which shall be witnessed by the Branch Manager/Divisional Head as per Bank's laid down procedures.

Yours faithfully,

Witnessed by

1.....		Name
2.....		Address.....
3.....		Signature.....

(To be signed by all the joint account holders including Blind / visually challenged)

DEPOSITS ANNEXURE 'C'

(i)

"CARE - DEPOSITOR BLIND / VISUALLY CHALLENGED"

[Stamp to be affixed on the cheque (top centre)]

(ii)

<u>CARE- DEPOSITOR BLIND / VISUALLY CHALLENGED</u> <u>SELF OPERATED CHEQUE FACILITY ACCOUNT</u> ----- RTI/LTI / Sh./Smt./Km./Km _____ Attested ----- SS NO.

[Stamp to be affixed on the cheque (bottom centre)]

(iii)

<u>CARE- DEPOSITORS BLIND / VISUALLY CHALLENGED</u> <u>SELF OPERATED CHEQUE FACILITY ACCOUNT</u> ----- RTI/LTI/Sh./Smt./Km..... RTI/LTI/Sh./Smt./Km..... ----- Attested ----- SS NO.
--

[Stamp to be affixed on the cheque (bottom centre)]

ATM ANNEXURE-I

DECLARATION
(Annexure to the account opening form)

To
STATE BANK OF INDIA

-----.

Dear Sir,

ALLOTMENT AND OPERATION OF ATM CARD TO BLIND / VISUALLY CHALLENGED PERSON

1. At my request you have agreed to issue an ATM Card _____ linked to my account operated by me jointly/either or survivor/former or survivor/anyone or survivor or survivors, etc.

(i) One of us namely Shri/Smt. _____ aged _____ is Blind / visually challenged and the other namely Shri/Smt. _____ aged _____ is not Blind / visually challenged.

(ii) Both/all of us namely _____ are Blind / visually challenged.

2. In consideration of your agreeing to issue an ATM card at my request, I agree and declare as follows:

“All the rules and regulations governing operation of the ATM facility by me have been readout and explained in the language known to me _____ (Name of Blind / visually challenged person/persons) by Mr/Ms. _____ of _____ branch and I have understood them and their implications including the fact that I should ensure the secrecy of ATM PIN and safekeeping of ATM card issued to me so that they do not fall into unauthorized hands.”

3. I declare that I am capable of operating my account using ATM card issued to me at the Bank's ATM with operationally convenient features for Blind / visually challenged persons.

Yours faithfully,

(Name :)

(Account No.)

SDL ANNEXURE-A
(For Individuals)

UNDERTAKING
(To be stamped as agreement)

To,

STATE BANK OF INDIA

_____ Branch

Dear Sir,

ALLOTMENT AND OPERATION OF LOCKER IN THE NAME OF BLIND / VISUALLY CHALLENGED PERSON

At my request you have agreed to allot a Locker----- in my name. In consideration of your agreeing to allot / having allotted such a Locker, I agree and undertake with you as follows:

All the rules and regulations governing the opening and operation of the Locker facility account in my name have been read out and explained to me _____ by _____ of _____ Branch and I have understood them and their full implications.

I declare that I am capable of recognizing the article(s) kept in the locker and also capable of placing articles in the locker and withdrawing the same, without the assistance of any other person. You have allowed self operated locker facility to me at my own risk.

I am aware that Bank is no way responsible for the contents kept in the locker and I hereby assume the full responsibility for the contents kept and withdrawn during the process of locker operation. I understand that I should ensure the safe keeping of the keys issued to me so that they do not fall into unauthorized hands.

I also understand that if I operate the Locker on my own, I will ensure that the locker is operated carefully and nothing is left behind in locker room. I am alive to and conscious of all the risks in this processes and I hereby undertake that in case any misuse of this facility occurs with or without my knowledge, resulting in any fraud, loss or inconvenience to you/ me any other person or persons, I shall be assuming full responsibility for all such consequences, losses etc. and will not hold the Bank in any way liable/ responsible for any fraud, losses, damages etc.

In case of operation of the said locker by my constituted attorney, I assume full responsibility for his/ her action and will not hold the Bank in any way liable/ responsible for any losses, damages caused due to the operation of the said account by him/ her.

I hereby agree to indemnify and keep you indemnified against all losses, costs, charges and expenses that you may incur or suffer on account of operating the locker in my name and allowing operation by me individually or with my assistant, stated above or through my constituted holder of power of attorney.

Yours faithfully,

SDL ANNEXURE- B

(For joint account holders one of whom is blind / visually challenged)

UNDERTAKING

(To be stamped as agreement)

To,

STATE BANK OF INDIA
_____ Branch

Dear Sir,

ALLOTMENT AND OPERATION OF LOCKER IN THE JOINT NAME OF BLIND / VISUALLY CHALLENGED PERSON

At our request you have agreed to allot a Locker -----in our name, to be operated by us jointly in the style of either or survivor or former or survivor etc. i) One of us namely Shri _____ aged _____ is Blind / visually challenged and the other namely Shri _____ aged _____ is not Blind / visually challenged. ii) Both/ all of us namely _____ are Blind / visually challenged -----
----- (mention relationship any).

In consideration of your agreeing to allot / having allotted such a Locker, we agree and undertake with you as follows :

All the rules and regulations governing the opening and operation of the Locker facility account in our name have been read out and explained to me/us _____
_____ (Name of Blind / visually challenged person/persons) by _____ of _____ Branch and we have understood them and their full implications.

I/we declare that I am / we are capable of recognizing the article(s) kept in the locker and also capable of placing articles in the locker and withdrawing the same, without the assistance of any other person. You have allowed self operated locker facility to us at my/our risk.

We are aware that Bank is no way responsible for the contents kept in the locker and we hereby assume the full responsibility for the contents kept and withdrawn during the process of locker operation. We understand that we should ensure the safe keeping of the keys, issued to us so that they do not fall into unauthorized hands.

We also understand that when I/we. _____ (Name of Blind / visually challenged person(s)) operate the Locker jointly with the second locker holder, we will have to ensure that the locker is operated carefully and nothing is left behind in locker room. We are alive to and conscious of all the risks in this processes and we hereby undertake that in case any misuse of this facility occurs with or without our knowledge,

resulting in any fraud, loss or inconvenience to you/ us any other person or persons, we shall be assuming full responsibility for all such consequences, losses etc. and will not hold the Bank in any way liable/ responsible for any fraud, losses , damages etc.

In case of operation of the said locker by our constituted attorney, we assume full responsibility for his/her action and will not hold the Bank in any way liable / responsible for any losses, damages caused due to the operation of the said account by him.

We hereby agree to indemnify and keep you indemnified against all losses, costs, charges and expenses that you may incur or suffer on account of operating the locker in our name and allowing operation by us, stated above or through our constituted holder of power of attorney.

Yours faithfully,

Internet BankingAnnexure – A

PROCESS FLOW FOR GRANTING ACCESS TO VISUALLY CHALLENGED CUSTOMERS ON REGULAR SITE WITH VIEW / LIMITED / FULL TRANSACTION RIGHTS

- The visually challenged customer will apply to the Branch using the prescribed Registration Form (**Annexure-B**) and 'Terms of Service: OnlineSBI' (**Annexure-C**).
- The mobile number furnished by the visually challenged will be registered in CBS and INB for receiving OTPs.
- If a VC customer or a Partially Visually Challenged customer requests the branch to issue normal PPK instead of Braille PPK, the same should be provided as per the request for the following reasons:
 - In case of partial VC customer who cannot read Braille but can read document after scanning it through magnifier glass or screen reading software installed on his mobile or computer, the Branch can give the normal PPK if requested by the customer. As the partially VC customer will be available at the branch, the branch functionary can decide whether he should be considered as VC customer or normal customer considering the fact that he requests for normal PPK and is able to read the contents thereof. In the latter case, "Map Kit to Visually Challenged" in branch interface is not necessary.
 - Some of the Fully VC customers may not be acquainted with the Braille language and request for normal PPK. The normal PPK as per his request should be provided to him after mapping it under 'INB for VC' in branch interface. No additional undertaking is required to be obtained (directive by the Chief Commissioner of persons with disabilities). The clauses "that the transaction executed over 'OnlineSBI' under my username and password will be binding on me" and "transaction executed through valid session will be construed by SBI to have emanated from the registered customer and will be binding on him/her" in the Registration Form and 'Terms of Service: OnlineSBI' respectively, will protect the Bank's interests.
- If a VC customer opts for Braille PPK, after verification of details, the branch will relay the request to INB Department, GITC vide Annexure-D on (Fax No. 022-27563478) for issuing "Braille Pre Printed Kit". The INB officer depending upon the request of the customer for Braille PPK or Normal PPK, will perform the following activities in the Branch INB interface (192.168.25.52)

- ✓ After logging into Branch INB interface, INB officer should go to PPKits> Map kit to Visually Challenged (Blind).
 - ✓ Input the Braille/NormalKit No. and CIF No.
 - ✓ Submit the request.
 - ✓ Confirm the details in the next screen.
 - ✓ A message for successful mapping of the Kit to CIF No. will appear.
- If the mapping in Branch INB interface is successful, then the following step for registration in CBS should be followed on the same day. In case of any error message in branch interface, the Kit must not be registered in CBS.
 - In screen No. 67108, the branch will select the mode of delivery of username and password invariably as 01- hand delivery.
 - As is being done for all accounts requiring INB transaction facility, the branch has to remove the posting restrictions both at customer level and accounts level before giving limited/full transaction rights to the customer,
 - The Branch to give rights (view/limited transaction/transaction) in CBS screen No.007082 as per the request submitted by the customer.
 - Branches need to complete both the processes of mapping Kit in Branch INB interface and registration in CBS to provide INB facility to VC customers. The VC customer can be advised to login after one EOD.
 - The facility of Deadman's switch* available on INB site for VC customers will also be available for VC customers in the Bank's regular site. However the MIVKB (Multilingual Image Based Virtual Key Board) will not be available for VC customers.

* The Internet Banking website for VC customer is specially equipped with Deadman's switch security feature, which allows the VC customers to lock their whole application by pressing **ALT + 0** at any unavoidable circumstances or if they are overpowered. Once this feature is invoked by the VC customer, he/she will not be able to login to the website till it is unblocked by the branch through **Request > Reactivate Username** in Branch INB interface.

- If a VC customer opts for Normal PPK, the INB officer will issue the PPK in CBS and give the access rights, as done in case of normal customers.

Internet BankingAnnexure – B

ONLINE SBI
REGISTRATION FORM FOR VISUALLY CHALLENGED PERSON

To
The Branch Manager

.....
.....

I wish to register as a user of 'OnlineSBI', SBI's Internet Banking Service.

Name of Customer (25 Characters)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

E-Mail:

Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

--	--	--

DD MM YY

My Account Numbers	Single / Joint Accounts*	(Branch Use) Transaction Rights(Y/N)	(Branch Use) ** Limited Transaction Rights(Y/N)

(* Either/Former or Survivor type accounts only. Not applicable for accounts

with Joint operations).

(Transaction rights to transfer funds within own CIF, e-TDR, e-STDAR and e-RD)**

Provisions contained in the "Terms of service document" (Annexure: C) of "OnlineSBI" have been read out to me by _____, one of the witnesses and having understood the meaning and implications of the same, I accept them. I agree that the transactions executed over OnlineSBI under my Username and Password will be binding on me. I shall not disclose my login credentials to a third person. I further state that I have installed the screen reading software to hear the contents of the site in my computer system and mobile handset.

I hereby also declare that two witnesses mentioned below are known to me and I express faith in them.

Date:

Customer's Signature

Witness #1

Witness # 2

Name:

Name:

Address:

Address:

Signature:

Signature:

Terms of service: OnlineSBI

General Information:

1. You should log-in to www.onlinesbi.com.
- 2. Screen Reading Software should be installed by you in your computer system and mobile handset to hear the contents of the site, as the same is not provided by the Bank.**
3. You should register for availing internet banking services with the branch where you maintain the account.
4. If you maintain accounts at more than one branch, you need to register at each branch separately, if your customer number is different.
5. Normally Internet Banking services will be open to the customer only after he acknowledges the receipt of password.
6. We invite you to visit your account on the site frequently for transacting business or viewing account balances. If you believe that any information relating to your account has a discrepancy, please bring it to the notice of the branch by e-mail or letter.
7. In a joint account, all account holders are entitled to register, as users of 'www.onlinesbi.com' and transactions would be permitted based on the account operation rights recorded at the branch. (To begin with the services will be extended only to single or Joint "E or S" accounts only).
8. All accounts at the branch whether or not listed in the registration form, will be available on the 'www.onlinesbi.com'. However the applicant has the option to selectively view/transact the accounts on the 'www.onlinesbi.com'.

Security:

1. The Branch where the customer maintains his account will assign:
 - a) Username &
 - b) Password
2. The Username and Password given by the branch must be replaced by Username and Password of customer's choice at the time of first log-on. This is mandatory.
3. Bank will make reasonable use of available technology to ensure security and to prevent unauthorised access to any of these services. The 'OnlineSBI' service is VERISIGN certified which indicates, that it is a secure site. It means that • You are dealing with SBI at that moment.

- The two-way communication is secured with 128-bit SSL encryption technology, which ensures the confidentiality of the data during transmission.

These together with access control methods designed on the site would afford a high level of security to the transactions you conduct.

4. You are welcome to access 'www.onlinesbi.com' from anywhere anytime. However, as a matter of precaution, customers may avoid using PCs with public access.

5. There is no way to retrieve a password from the system. Therefore if a customer forgets his password, he must approach the branch for a new password.

Bank's terms:

1. All requests received from customers are logged for backend fulfilment and are effective from the time they are recorded at the branch.

2. Rules and regulations applicable to normal banking transactions in India will be applicable mutatis mutandis for the transactions executed through this site.

3. The features provided in the web-site (www.onlinesbi.com) may be altered by Bank any time.

4. The Internet Banking services from 'www.onlinesbi.com' cannot be claimed as a right. The bank may also convert this into a discretionary service anytime.

5. Dispute between the customer and the Bank in this service is subject to the jurisdiction of the courts in the Republic of India and governed by the laws prevailing in India.

6. The Bank reserves the right to modify the services offered or the Terms of services of Internet Banking ('www.onlinesbi.com'). The changes will be notified to the customers through a notification on the Site.

Customer's obligations:

1. The customer has an obligation to maintain secrecy in regard to Username & Password registered with the Bank. The bank presupposes that login using valid Username and Password is a valid session initiated by none other than the customer.

2. Transaction executed through a valid session will be construed by SBI to have emanated from the registered customer and will be binding on him / her.

3. The customer will not attempt or permit others to attempt accessing the 'www.onlinesbi.com' through any unlawful means.

Dos' & Don'ts':

1. The customer should keep his/her username and password strictly confidential and should not divulge the same to any other person. Any loss sustained by the customer due to non-compliance of this condition will be at his/her own risk and responsibility and the Bank will not be liable for the same in any manner.
2. The customer is free to choose a password of his own for OnlineSBI services. As a precaution a password that is in generic in nature, guessable or inferable or personal data such as name, address, telephone number, driving license, date of birth etc. is best avoided. Similarly it is a good practice to commit the password to memory rather than writing it down somewhere.
3. It may not be safe to leave the computer unattended during a valid session. This might give access to your account information to others.

Dated:

Customer's Signature

Name:

Internet BankingAnnexure – D

(On Branch letter head)

The Dy. General Manager (Internet Banking),
State Bank of India,
Global I. T. Centre,
Sector 13, CBD, Belapur,
Navi Mumbai.

No.:

Dated:

Dear Sir,

INTERNET BANKING FOR BLIND / VISUALLY CHALLENGED CUSTOMER BRAILLE PRE PRINTED KIT

We have received a request from Mr./Ms./Mrs. _____ A/c
No. _____, a Blind / visually challenged customer of the branch, to
provide Internet Banking facility.

Registration form and other documents as per e-circular have been obtained and
verified.

Please send a Braille pre-printed kit for enabling Internet Banking facility to the
Customer.

Yours faithfully,

BRANCH MANAGER

APPENDIX

List of Circulars Consolidated in the Master Circular

No	Circular/Letter No	Date	Issuing Department	Subject
1	<i>Book of Instructions Vol. II. Chapter 3 Para 46 to Para 53</i>			<i>Savings Bank Accounts for Illiterate and Blind / visually challenged Persons</i>
2	<i>Book of Instructions Vol. II. Chapter 4 Para 47 to Para 65</i>			<i>Term Deposit Accounts for Illiterate and Blind / visually challenged Persons</i>
3	<i>S&P/18/1995-96</i>		<i>S&P</i>	<i>Deposit Accounts in the name of Blind / visually challenged Persons</i>
4	<i>NBG/PBU/LIMA-SDL/12/2008-09</i>	<i>21/10/2008</i>	<i>PBLIMA</i>	<i>Safe Deposit Locker Facility to Blind / visually Challenged Persons</i>
5	<i>NBG/S&P-SP/4/2009-10</i>	<i>07/05/2009</i>	<i>S&P</i>	<i>Self Operated Cheque Book Facility For Blind / visually Challenged Persons</i>
6	<i>NBG/S&P-MISC/20/2009-10</i>	<i>31/10/2009</i>	<i>S&P</i>	<i>Self Operated Cheque Book Facility For Blind / visually Challenged Persons</i>
7	<i>NBG/NBG-INB-INB/3/2012-13</i>	<i>12/05/2012</i>	<i>Alternate Channels</i>	<i>Internet Banking Facility for Blind / visually Challenged Customers</i>
8	<i>NBG/ATM-NBG/1/2012-13</i>	<i>31/05/2012</i>	<i>Alternate Channels</i>	<i>ATM Facility for Blind / visually Challenged Persons</i>
9	<i>NBG/PBU/PL-GEN/10/13 - 14</i>	<i>09/07/2013</i>	<i>PBU-Personal Loans</i>	<i>Personal Banking Advances: Personal and Educational Loans to Blind / visually Challenged Persons/Persons with disabilities</i>
10	<i>NBG/NBG-INB-INB/3/2013-14</i>	<i>08.08.2013</i>	<i>Alternate Channels</i>	<i>Internet Banking Facility for visually Challenged Access to onlinesbi.com</i>