

e-Circular

ATM - NATIONAL BANKING GROUP.

Sl. No. : 217/2012 - 13

Circular No. : NBG/ATM-NBG-NBG/1/2012 - 13

Tuesday, June 05, 2012.

The Chief General Manager
State Bank of India
Local Head Office
All Circles

31.05.2012

Circular NBG/AC/ATM/01/2012-13

Dear Sir/Madam,

ATM FACILITIES FOR VISUALLY CHALLENGED PERSONS

The detailed guidelines for issue of ATM card to visually challenged customers were issued to the Circles vide GITC letter no. IT/ATM/STG/RMK/167 dated 18.06.2010. The guidelines stipulate obtention of an undertaking (Annexure-I) from the visually challenged customer before issuance of the card. Recently in a case relating to provision of banking facilities to visually challenged persons, the Chief Commissioner for Persons with Disabilities has directed that “no additional undertaking (undertaking which is not obtained from any non-disabled citizen) be obtained from customers with visual disability.” Accordingly we have modified the document to be obtained from visually challenged customers for issuance of card. Henceforth, only a simple declaration as per **Annexure II** should be obtained along with the account opening form. A clear noting should be made on the first page of the account opening form about the obtention of the declaration. Branches may download the declaration .

Please circulate the instructions to all the Branches/Offices under your control.

Yours faithfully,

General Manager
(Alternate Channels)

CARE : DISCONTINUED . NOT TO BE OBTAINED

ANNEXURE-I

Format of earlier undertaking

To,

STATE BANK OF INDIA

----- Branch

Dear Sir,

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

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/latter or survivor/anyone or survivor or survivors etc. i) One of us namely Shri /Smt _____aged _____is blind/visually impaired and the other namely Shri/Smt. _____aged _____is not blind/visually impaired. ii) Both/all of us namely_____are blind/visually impaired.

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 read out 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 unauthorised hands.”.

I declare that I am capable of operating my account using ATM card issued to me at my own risk and responsibility at the Bank’s ATM with operationally convenient features for visually challenged persons without the assistance or presence of any other person.

I am aware that Bank is no way responsible for operation on my account through ATM card and I hereby assume full responsibility for operating the linked account through ATM Card. I understand that I should ensure the secrecy of ATM PIN and safe keeping of ATM card issued to me so that they do not fall into unauthorised hands. 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, actions, claims, suits, damages, losses etc, and will not hold the Bank in any way liable/responsible for any fraud, losses, damages etc.

Your faithfully,

DECLARATION
(Annexure to the account opening form)

To
STATE BANK OF INDIA

Dear Sir,

ALLOTMENT AND OPERATION OF ATM CARD TO BLIND/VISUALLY IMPAIRED 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 impaired and the other namely Shri/Smt. _____ aged _____ is not blind/visually impaired. (ii) Both/all of us namely _____ are blind/visually impaired.

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 read out 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 unauthorised 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 visually challenged persons.

Yours faithfully,

(Name : _____)
(Account No. _____)