

**FORM D**  
**Statement of account**  
[See paragraph 4(5)]

State Bank of India, Branch

Site Restoration Fund Scheme, 1999

Branch

Name of Depositor

Address of depositor

Permanent Account Number

Deposit Account No.

Period from \_\_\_\_\_ to

Sl. No.	Date	Cheque/DD/ Bank transfer/ interest	Particulars	Credit (Rs.)	Debit (Rs.)	Balance (Rs.)
			Opening balance			
			Closing balance			

Date :

Place :

Signature of Officer-in-Charge