



Declaration for availing of Basic Services Demat Account (BSDA) facility

To, THE SOUTH INDIAN BANK LTD
Demat Centre, Marketing Dept, Market Road,
Ernakulam -682 035, Kerala
Ph: 0484-2351923, E-mail: demat@sib.co.in,

Date:

D	D	M	M	Y	Y	Y	Y
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Dear Sir / Madam,

- I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form
- I / We wish to avail the BSDA facility for my / our below mentioned demat account number

DP ID	1	3	0	2	7	9	0	0	Client ID									
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	Name	PAN																
Sole/First Holder																		
Second Holder																		
Third Holder																		

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first / sole holder.

	Signature
Sole/First Holder	
Second Holder	
Third Holder	

=====(Please Tear here)=====

Acknowledgement Receipt

Received BSDA declaration form from:

DP ID	1	3	0	2	7	9	0	0	Client ID									
Name																		
Address																		

Date :

Depository Participant Seal and Signature